

Groundstyle Limited

Weston House

Inspection report

344 Weston Road
Weston Coyney
Stoke On Trent
Staffordshire
ST3 6HD

Tel: 01782343818
Website: www.westonhousetoke.co.uk

Date of inspection visit:
23 January 2020

Date of publication:
02 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Weston House provides personal care for up to 33 people who have mental health conditions. At the time of the inspection there were 31 people living in the home.

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

The provider had failed to notify CQC of people's outcomes in relation to their Deprivation of Liberty Safeguards (DoLS) which they are required to notify us by law.

Systems were not effective at identifying areas of improvement that were needed. There were no action plans in place to demonstrate the improvements the home was undertaking and there were no trends analysis for accidents or incidents to demonstrate people risks were mitigated.

We have made a recommendation about End of Life care planning.

People were at risk of not receiving their 'as and when required' (PRN) medication as there was lack of consistent guidance to support staff in recognising when people needed their medication. Weston House also did not recognise the importance of supporting staff to receive specific training in relation to people who may self-harm or be at risk of suicide.

The providers quality monitoring procedures were ineffective in identifying improvements to drive good care and support. This was due to people's risks not being consistently recorded and the care plans did not give staff the guidance to refer to when and if needed. This meant there was a risk that staff would not always recognise when people's mental health conditions were deteriorating.

Although people told us they felt safe at Weston House the systems and procedures were ineffective in mitigating risks to people. Monitoring systems did not identify areas of concern in order to make improvements.

People were protected from the risk of abuse as staff knew how to recognise this when and if it occurred. Staff were able to support people and actions were taken to mitigate further incidents to ensure people remained to feel safe.

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.

People had access to additional healthcare services when required and people were supported to maintain a healthy diet.

People received help and support from a kind and caring staff team and were supported to access the local community and activities within the home. Weston House had good links with the local community and involved neighbours in supporting fund raising during the summer months.

The home was clean and free from malodours and infection prevention and control measures were being followed.

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 outstanding (published 13 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to risk management and governance systems which were not effective at identifying areas that needed improvement. Also, in relation to managers and staff being clear about their roles and understanding quality performance.

Please see the action we have told the provider to take at the end of this report.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Weston House

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 carried out by one inspector and one assistant inspector.

Service and service type

Weston House 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 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. However, the registered manager was on maternity leave at the time of our inspection, therefore, the management of the service was been overseen by the deputy manager. They will be referred to as 'the deputy manager' throughout the report.

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. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with six members of staff including the deputy manager, senior care workers, care workers and the activities co-ordinator.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. PRN protocols had been put into place. We were sent further details in relation to staff recruitment and the home has commenced improvements to people's care plans and medication records. We were also informed the home had purchased a ligature cutter.

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.

Using medicines safely; Assessing risk, safety monitoring and management

- Protocols were not always in place where people were prescribed 'as and when required medicines' also known as PRN. For example, we saw one person needed medication for their anxiety, there was no guidance to inform staff when they needed it, or how they presented. Although, staff knew people well and they could recognise the signs people would display when they were feeling anxious and would encourage them to take their PRN medication. However, there was a risk of these medicines not being given as prescribed if an unfamiliar staff member was administering medication. This meant people were placed at risk of not receiving these medicines when needed because staff had insufficient guidance.
- Those protocols which were in place for people who required PRN medicines, were located in their care records and not with the medicine's records. Therefore, we could not be sure staff administering medicines referred to the protocols for guidance.
- People told us they were not always sure of the medication they were taking. We spoke to the deputy manager regarding this, who stated they were going to be introducing more guidance for staff to support people in understanding their medicines.
- We asked the staff member who was administering medication if they knew the reasons why people needed specific medication. In some cases, they did not know but stated they would find out if a person wanted to know.
- Staff did not recognise the importance of exploring people's coping strategies should their mental health deteriorate. This meant people could be placed at risk of harming themselves due to not receiving the appropriate support.
- We spoke to the deputy manager who stated there was no one currently at risk of self-harm or suicide and people who become high-risk were moved to more secure units for their safety. They said, "If a person is at risk I monitor this, and the registered manager takes belts and dressing gown ties from their rooms and we would monitor them every half hour or more depending on their needs." However, guidance was not always in place for staff to recognise signs of deterioration in people's mental health.
- People's risk assessments did not consistently detail people's risks. The mental health care plans were brief and did not detail how staff should recognise when a person's mental health deteriorates. This meant staff could not rely on these should they need to refer to them for guidance.
- When we asked staff about people's risks they did not mention how to support individual's mental health needs and how people may present when their mental health deteriorated.

The above constitutes a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medication reviews took place for people, these were recorded and detailed the change that had taken place.
- Medicines were stored appropriately, and checks were carried out to ensure this remained the case.
- The deputy manager told us staff who administered medication had their competency checked annually.
- Following our inspection, the deputy manager informed us they had developed a protocol for the person who required medication for their anxiety.
- People had Personal Emergency Evacuation Plans (PEEPs) in place, meaning people were appropriately supported should they need to leave the building in the event of an emergency.
- General maintenance checks were being carried out within the service to ensure the safety of equipment.

Learning lessons when things go wrong

- Although there was no action plan to demonstrate improvements made when things went wrong, staff could tell us of lessons that had been learnt.
- People were referred to specialists, such as the falls team if the number of their falls increased.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Weston House. Comments included, "I feel safe and well looked after, it is nice and comfy", "Yes I feel safe, the door is always locked. When I go out, I go out with a carer which I am happy with", and "I feel safe, very safe, I can get a good night's sleep."
- People were protected from potential abuse because staff understood their responsibilities and could identify different types of abuse and knew how to report concerns.
- One staff member said; "I would document it in the care plan and report it to management."
- The provider had reported suspected abuse to the local safeguarding authority and to the Care Quality Commission (CQC) where required. Investigations had been undertaken to ensure people were protected from the risk of harm.

Staffing and recruitment

- People were supported by enough staff who were available to support them. One person said, "Yes, I think there are enough staff."
- We observed there were enough staff available to support people and their needs.
- Staff recruitment procedures ensured staff were subject to appropriate pre-employment checks to ensure they were suitable to work in a care setting. This included criminal record checks and references from previous employers.

Preventing and controlling infection

- The home was clean and free from odours and people told us the home was always clean. One person said, "Very clean, they [staff] clean all the time."
- Staff had access to personal protective equipment (PPE) and we saw staff using this equipment as and when appropriate.
- The home had received a four-star rating from the Food Standards Agency (FSA) meaning the service had good food hygiene.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received an induction and training and there was a training matrix in place. However, staff were not trained to support people who were at risk of self-harm or suicide, which put people at risk of not receiving the appropriate care and support when needed.
- We raised this with the deputy manager who stated they were due to look at the training with the director and could add this to the training schedule.
- Staff told us they had supervision which they found to be useful.

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

- People had their needs assessed prior to moving into Weston House. However, they did not always reflect people's social needs. For example, we spoke to one person who enjoyed specific past-times, these had not been reflected in their care plans.
- People's mental health needs had been assessed, although they were not always person-centred and did not consistently record how best to support them when their mental health deteriorated.
- People's care plans were reviewed monthly, although people told us they only had 'the odd' conversation with regards to their care.

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

- The deputy manager felt the home could be improved to support people with dementia by means of improving the colour scheme of the home.
- People were able to identify their rooms as they were numbered and had a photograph on the front of their doors.
- People had access to a variety of rooms to spend their time.
- There were outside areas where people could spend their time when they wished.
- People had their own bedrooms and were able to personalise them to their liking.

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

- People told us they enjoyed the food. One person said, "The food is good, they [staff] ask you what you want."
- People had access to a small kitchen area, so they could help themselves to drinks should they wish.
- People had their diet and nutrition recorded in their care records.
- Advice was sought from health professionals such as Speech and Language Therapists (SALT) to ensure

people were supported effectively to reduce risks, such as choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they did not have to wait for prolonged periods of time if they requested assistance.
- People had access to a range of health services, and referrals had been made to relevant professionals as and when required.
- People had health plans in place and visits to other health professionals were recorded.
- The deputy manager told us they believed they had good working relationships with other professionals such as, social workers, and community psychiatric nurses (CPN's)

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were being deprived of their liberty, applications had been made to the local authority to ensure restrictions in place were lawful.
- People had capacity assessments in place and staff actively sought people's consent when providing care.

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 outstanding. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Although people told us they could express their views, when asked if they had been offered an advocacy service people stated they had not been asked. Comments included, "No, I would like one", and "I haven't got or discussed one. It could be useful."
- The deputy manager told us people fed back about the service on a yearly basis, through a satisfaction survey. However, when we asked to see the results from the last survey, the deputy manager stated they did not know where they were.
- We asked the deputy manager if the results from the survey were used to improve and develop the service, they said, "I could not tell you."
- People living in Weston House had the opportunity to attend 'residents' meetings' where they could discuss and make suggestions about the service, for example, activities and meals. Some people had expressed they would like to have their bedrooms painted a different colour and some would like to take a small holiday. The deputy manager told us plans were in place to have people rooms painted.
- We observed staff interaction was positive with people and staff offered choices.

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

- Staff showed a level of knowledge with regards to people's needs, however, there was a lack of knowledge in relation to people's underlying mental health needs and historical background which was a contributing factor to their mental health.
- People told us staff treated people in a kind and caring way. Comments included, "The staff are very good, they are caring", and "As anywhere, some are great, have their heart and soul in it."
- People were supported to maintain contact with their family and friends and could spend time going to visit them and ring and speak to them when they wished to.
- People had their protected characteristics under the Equalities Act 2010, such as, age, gender, culture, religion and disability considered as part of their care planning.
- The deputy manager told us how Weston House supports people to access their place of worship and how the home celebrates cultural days including people's birthdays.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy, dignity and encouraged them to be independent. Comments included, "They [staff] do and they ask rather than tell you", and "Yes, if you are struggling, they [staff] always help you. They [staff] encourage independence, for example making your own drinks."

- Staff understood the importance of maintaining people's dignity and promoting independence and gave examples of this in practice. One staff member said, "We do ask them [people] when they come in, we ask how they like to do things and if they want help or like to do things for themselves."
- Where appropriate some people were supported to move back into the local community. The deputy manager told us of a person who had lived at Weston House and how with their support, encouragement and guidance they have gone on to live in the local community and have secured a job volunteering.

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 outstanding. At this inspection this key question has now deteriorated to require improvement. This meant people's needs were not always met.

End of life care and support

- Although, this service has previously supported people at their end of life, at the time of inspection there was no one who was receiving end of life care.
- We spoke to the deputy manager about how the service supports people at end of life. They said, "Not all people have funeral plans, we are working on them. We are not yet sure if people want a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place. Staff are currently asking people and if they do not understand the staff are asking family members or social workers. We have previously worked alongside Douglas McMillan."

We recommend the provider seeks guidance to ensure people's wishes are recorded in relation to their end of life care including funeral plans and DNAR's.

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

- Staff told us of people's preferences, which people corroborated, however, not all care plans reflected this.
- The deputy manager told us how staff have become more person-centred when working with people. They said, "Staff are more person centred even though the care plans do not reflect this. We try and make sure people are catered for and their needs are met, for example, the meals, their appointments times, some prefer baths, but others prefer to shower. We try to cater for people individually."
- When we asked about discussing people's sexuality, the deputy manager said, "We establish this during the assessment, we would support people to access places depending on their risk."

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.

- People did not have individual communication plans in place. However, staff told us there was no one living at Weston House who had a current communication need.
- The service was able to supply information about people in different formats to support people to communicate. The deputy manager said, "If people cannot understand we try and use pictorial aids, we use body language or we would write it down for people."

Improving care quality in response to complaints or concerns

- People told us they would tell staff if they were unhappy about something. One person said, "I would speak to the staff."
- We asked the deputy manager if the home had received any complaints, they said, "No not that I know of."

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 told us they could be involved in activities. One person said, "We play games, it is all right, I like to read."
- People and staff told us how the activities had improved since a new activities coordinator had been employed. Although those people we spoke with also expressed more could be done. Some people stated they would like to go on more day trips whilst others stated they would like to partake in the favourite past-times.
- People had access to an enclosed garden where there was a green house, the deputy manager told us some people like to grow their own produce in the green house, such as tomatoes and strawberries.
- We spoke to the activities coordinator who said, "There are people that do not want to go out so there are group activities inside. Some mornings I do shops runs with people and spend time with people on a one to one basis. A lot of people do want to go out and it is about getting them out as much as possible, I do try and take people out every day. Some people like to play dominos and colouring I make sure I leave activities for other staff to do when I am out."

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 outstanding. At this inspection this key question has deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team failed to notify CQC of the outcomes of DoLS applications as required by law. We spoke with the deputy manager following the inspection who stated they were not sure if CQC had been notified. Following this we received an email from the administrator with the names of people who had DoLS authorisations in place. However, the deputy manager had still not sent us the formal notifications. We will continue to monitor this.

This will be a breach of Regulation 18 of the Care Quality Commission Regulations (Registration Requirements) Regulations 2009.

- The service was not always learning and improving care.
- There were ineffective systems in place to monitor the quality of the service provided. For example, the audit documentation in place to check the quality of the care plans had failed to recognise areas of improvement, audits were not effective in identifying people's accurate and up to date preferences and they were not consistent in their approach.
- Medicines audits were not effective in identifying concerns. For example, we saw inconsistencies in people's PRN records, these had not been identified through the medicines' audits.
- We asked the deputy manager if we could look at the trends analysis in relation to accidents and incidents that had occurred to establish if lessons had been learnt. The deputy manager said, "There is not trends analysis being completed." This meant changes to the home or to people's needs could be missed.
- There was a lack of quality assurance and governance systems in place. The deputy manager discussed with us the improvements they thought the home needed to undergo, but there was no action plan in place to demonstrate the continued improvements that needed to take place.
- People were consulted with through annual surveys, however, when we asked the deputy manager for the results of the latest survey they were not sure where they were. Therefore, we could not ascertain what people feedback about the service, whether it was positive or negative and whether this had been used to make improvements to people's care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, we were informed the service had started working on improvements to accident follow-up forms, accidents and incidents had started to be recorded through body maps ensuring these were followed up, care plans audits, and information contained with the medication file where people's MAR charts are held. We will assess the effectiveness and sustainability of these improvements at our next inspection.

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

- People and staff felt positive about Weston House and felt the deputy manager was approachable.
- Staff felt supported by the management team, one staff member said, "The management is very good, they always make time for you."
- Staff stated they were happy to work at Weston House and there was generally a good atmosphere. One staff member said, "It is definitely a good place to work, I have worked in different homes, this is the best by far. Everyone generally cares, you don't get that everywhere."
- We saw the last rated inspection was displayed in accordance with the law at Weston House and on their website.

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 deputy manager was open to feedback from our inspection and stated what improvements they would like to make. They said, "I want to organise the medication, which includes having a folder stating side effects and when to give PRN medication which are currently not in place. I want to make the care plans more person-centred."
- The deputy manager understood their responsibilities in relation to the duty of candour, they said, "If a person complained I would listen and report everything they had to say and try to get an answer for them on that day. I would involve other parties if needed such as the director. We would carry out an investigation and then we would apologise, letting the person know the outcome of the investigation."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were able to express their views through the resident's meetings, which brought changes to the home, such as, the suggestion to paint bedrooms in a colour of their choice.
- Staff were able to express their views through staff meetings and handovers.
- People were able to access the local community, either with support from staff or alone.
- The deputy manager told us how Weston House ran a charity fund raising event every summer, inviting people from the local community to attend. They said, "People [who live at Weston House] help to run the stalls and make things. There is always a good community presence."
- Weston House worked in partnership with other visiting health professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effective in identifying and rectifying improvements needed.