Regal Care Trading Ltd

Westlands Care Home

Inspection report

48 Oxford Street
Wellingborough
Northamptonshire
NN8 4JH
Tel: 01933 274430
Website: www.regalcarehomes.com

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 19 February 2015 and was unannounced.

Westlands Care Home provides a service for up to 28 people, who may have a range of care needs including dementia, mental health, sensory impairment and physical disabilities. There were 22 people living in the home on the day of the inspection.

The service is also registered to provide care and support to people in their own homes, as part of an agreed care package. However, this was not being provided at the time of this inspection.

Since May 2012, the home, along with 16 other services, has been operating under an administration company due to the financial difficulties of the previous providers. We were informed during this inspection that there were no formal updates in respect of this arrangement but that it was the intention of the administration company to sell the home as an ongoing concern. A senior member of staff told us they hoped to have more news on this soon and that people, their families and staff were being kept informed.

Summary of findings

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed shortly before this inspection, who informed us they were in the process of applying for registration.

We found that systems were in place to protect people from abuse and avoidable harm but improvements were required to enhance staff knowledge in reporting suspected abuse and managing identifiable risks within the service.

Improvements were also required to ensure staff have the right training and support; to ensure there are sufficient numbers of staff with the right skills and knowledge to meet people's needs, at all times.

Systems were in place to ensure people's medicines were managed in a safe way.

We found that the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support. However, improvements were required to ensure people's liberty is not deprived without proper authorisation.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

We found that overall people's healthcare needs were met. However, minor improvements were required to ensure people's healthcare conditions are properly monitored and managed.

Staff treated people with kindness and compassion. They spent time with people and encouraged them to make their own choices in respect of day to day decisions. We also saw that people's privacy and dignity was respected at all times.

A new activity coordinator had been appointed who was looking at the activities provided by the home and looking at ways to improve these; to ensure people's individual social interests are met.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to. Improvements were required to ensure people's concerns and complaints are recorded properly and a clear audit trail maintained; to show that these are listened to and responded to appropriately.

There were concerns about the effectiveness of the existing quality monitoring systems in place. This is because we found a number of areas during this inspection that required improvement, but these had not yet been addressed. The new manager showed us that she had begun her own audits of the service and had started to identify where improvements were required.

Summary of findings

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.

Systems were in place to ensure there were sufficient staff to keep people safe.

People were not always protected from suspected abuse and identifiable risks.

Systems were in place to ensure people received their medication at the time they needed it.

Requires Improvement

Is the service effective?
The service was not always effective.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People did not always receive effective care from staff who had the right support and training to carry out their roles and responsibilities.

The home acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support. Although, improvements were required to ensure people's liberty was not restricted without proper authorisation.

People's healthcare needs were not always consistently monitored or managed.

Requires Improvement

Is the service caring?
The service was caring

People were treated with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Good

Is the service responsive?
The service was not always responsive

People received care that was responsive to their needs.

The provider had developed a system to enable people to raise concerns about the service. However, there was not always a clear audit trail of the actions taken when concerns had been received.

Requires Improvement

Is the service well-led?
The service was not well led

Requires Improvement

Summary of findings

The leadership of the home has been ineffective, and quality monitoring systems have not been sufficiently robust. As a result, a number of concerns about the service, and the care being provided to people, were highlighted prior to and during this inspection.

A new manager had been appointed about two weeks prior to the inspection.

Westlands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and was carried out on 19 February 2015 by two inspectors.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we used a number of different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences.

We spoke with the new manager, a manager from another home run by the same provider - who was providing support to the new manager, the provider, the home's administrator, three care staff, the home's cook and housekeeper. We also spoke with seven visitors, five people living in the home and one visiting health professional.

We looked at care records for six people, as well as other records relating to the running of the service such as staff records, medication, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in the home. Two visitors told us they had no cause for concern and confirmed their relative was "safe here." Staff talked to us about the internal procedures for reporting incidents and potential abuse. They told us they had been trained to recognise the signs of abuse and were able to talk confidently about different forms of abuse. They knew to report any concerns to the manager or the deputy manager. One staff member said: "If I was worried about people's safety and nothing was done I would go to head office." However, staff we spoke with were not able to describe the actions they would need to take in the absence of a manager, for example reporting concerns to other agencies such as the local authority or the police, if abuse was suspected.

We looked at safeguarding records and found a delay of two days in a possible safeguarding incident being reported to the local authority by a senior member of staff from the home. We also found evidence that proper processes had not been followed at the time, because the member of staff had investigated the concerns prior to discussing them with the local authority safeguarding team. This meant there was a risk that a safeguarding investigation would be hindered to establish the cause of the incident. Other senior staff told us during this inspection they would also investigate potential safeguarding concerns prior to reporting them to the local authority. This demonstrated a gap in staff knowledge, in respect of how to keep people safe when safeguarding concerns are raised.

Staff told us about how risks associated with people's care and support were managed to ensure their safety and protect them. They described the processes used to highlight identifiable risks to individuals, and generally within the service. One member of staff told us: "We watch for triggers and because we know people, we know when we need to support their behaviours." They told us that identified risks were formally documented.

We observed staff supporting people appropriately in order to keep them safe. For example, we saw staff transferring people using moving and handling equipment in a safe way. We noted that staff spoke to people during transfers, to ensure they understood what was happening, and we saw that people were relaxed as a result. We looked at records and found that individual risks to people such as mobility, nutrition, skin integrity and fire had been assessed and had generally been reviewed on a regular basis, to ensure the identified risks were being properly managed. However, we found an entry in the home's accident records which showed that someone had fallen out of bed. Two actions had been identified to minimise the risk to the person in future, which had included purchasing a different bed and increasing the number of monitoring checks by staff. We were able to establish that a new bed had been purchased but records showed that monitoring checks had not been increased. Although there was no evidence that further harm had occurred to the person, it did raise questions about the processes in place to minimise the reoccurrence of identifiable risks. We noted that the incident had happened prior to the new manager starting, and once we brought this to her attention she provided assurances that this would be looked at.

We spoke with the manager about the arrangements for ensuring the premises was managed in a way that ensured people's safety. She told us that a handyman had been employed and was on site five days a week, to undertake routine checks of the building and servicing of equipment such as the fire systems, water temperatures, hoist and wheelchairs, and address any concerns. Records we looked at supported this.

People told us there were sufficient numbers of staff to keep them or their relative safe and meet their needs. One person said: "We always see enough staff." Staff told us it was usual to have three or four care staff on duty at any time, in addition to the manager and ancillary staff. Throughout the inspection we observed that people's needs were met promptly and in a safe way. The manager talked to us about staffing levels and showed us an electronic rota that she had started to use which would assist her to calculate the staffing cover required, based on people's assessed needs. She told us that she had already identified a shortfall of approximately 30 hours a week, which she had plans to recruit for.

Staff described the processes in place to ensure that safe recruitment practices were being followed; to ensure the safety and wellbeing of people using the service. We were told there were sometimes delays in new staff starting because all the required checks had to be completed before they worked unsupervised at the home; these included employment references and criminal record checks to ensure staff were of good character. Recruitment

Requires Improvement

Is the service safe?

records we looked at confirmed these checks were carried out prior to a new member of staff working at the home. This ensured that there were sufficient numbers of suitable staff to keep people safe and meet their needs.

People living in the home told us they received their medicines on time and in a safe way. Staff we spoke with demonstrated a good understanding about medication processes such as administration, management and storage. They also knew how and when to report a medication error, in line with the home's policy. One member of staff talked to us about what they would do if someone refused their medication. They said: "We do not give medication to a person if they don't want it".

We checked the processes in place for managing controlled drugs and found these to be suitable. Medication Administration Records (MAR) we looked at had been completed accurately and we saw that medication was stored appropriately, including temperature sensitive medication. We did however note some anomalies in the recording of 'as required' medication being administered. In some cases, there was a detailed explanation provided to show why it had been given, but this was not always the case.

Requires Improvement

Is the service effective?

Our findings

Staff told us that they had not received consistent support, supervision and training in the months prior to this inspection. One member of staff said: "The new manager has talked about supervision but she can't do everything right away. I would go to her if I needed to."

We looked at staff training records and found significant gaps in the training provided to staff working in the home in important areas such as safeguarding, dementia awareness, and moving and handling. We also saw records for one member of staff who had returned to work following a period of absence. They were not on duty at the time of the inspection, but other staff told us the member of staff had been administering medication to people living in the home. There was no evidence of them receiving recent medication training or that their skills and competency had been checked since returning to work. We brought this to the attention of the manager who arranged for the person to receive training before they were needed to administer medication again.

Staff training records showed that only 13 out of 23 staff had received safeguarding training since 2013. There was no evidence that a new member of staff had received any safeguarding awareness training as part of their induction, despite them working at the home from December 2014 and coming into close proximity with vulnerable people on a regular basis.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the manager about staff support and training overall, and she was able to show us that she had begun to address this deficit with the development of new training and supervision programmes for the staff team as a whole. She also talked to us about her plans to arrange 'virtual dementia tour' training for staff. This training aims to provide staff with the opportunity to experience first-hand some of the difficulties that someone living with dementia experiences on a day to day basis such as disorientation, confusion and communication. We noted during the inspection that the new manager was being closely supported by a manager from another home run by the same provider and other senior staff. She told us that she felt she had the right support to be able to make the required changes and improve the service provided to people living in the home.

Staff confirmed they had some knowledge in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); to ensure people who cannot make decisions for themselves are protected. Throughout the inspection we observed staff seeking people's consent. Although some people did not communicate using many words, we observed that they were able to demonstrate their consent clearly through other methods such as actions and physical movement. Staff demonstrated that they understood people's needs well, and we noted that they explained in advance what they were about to do before they provided care and support to people.

The manager explained that where people lacked the capacity to make decisions about something, best interest meetings were held and documented in people's care records. Records we saw supported this and provided information about people's individual choices and preferences; in terms of how their care and support should be provided. The manager also understood that under DoLS arrangements, providers are required to submit applications to a "Supervisory Body" where it is identified that someone's freedom may need to be restricted if they require more care and protection than others. The manager told us that no applications that had been made for anyone living in the home. However, we noted that a key pad had been fitted to the front door which meant that people - with or without capacity, could not leave the building without staff assistance. The manager told us that she would make the necessary applications.

People told us they had enough to eat and drink and were able to describe what they had had for breakfast that morning. A visitor told us their relative had previously lost weight when they had needed to go into hospital but added: "The staff here know how to encourage him to eat and have time for him."

Throughout the inspection we saw that staff encouraged and supported people to take fluids and everyone had a drink near them at all times. We spoke with the cook who demonstrated a good awareness of how to meet people's nutritional needs and their individual likes and dislikes. She showed us a questionnaire that had been used with people to ascertain what changes needed to be made to the

Requires Improvement

Is the service effective?

menu. She also told us the staff would discuss with her anyone that had lost weight and was at risk of malnutrition; so that she could quickly provide suitable homemade supplements to their diet.

A member of the care staff said: "If I noted someone hadn't eaten well I would try to find out why. I would be sure to handover the information and to write in the care plan so that the next shift of staff could observe." They added: "If someone has a big change in weight, we refer to the dietician." We observed lunch being served and saw that people were offered a choice of food and drink. Lunch looked and smelt appetising and we observed that people enjoyed their food. The meal time was a sociable occasion where good conversations between staff and people living in the home were heard. During the inspection someone arrived who was moving into the home that day. They had had a long journey and staff were quick to ensure they were provided with a drink and snack of their choosing soon after arrival.

Visitors talked to us about how the home supported their relatives with their day to day health care needs. One relative said: "The staff keep us informed about things, for example if they call a GP. I know they would always call if they felt we should come in." Another relative confirmed this was their experience too. Staff told us that they all had the authority to call a GP if a person needed to be visited. One member of staff said: "If I noticed someone had red skin I would call the GP and explain. They may send out nurse to help." Another staff member told us the community nursing service supported them well. We were able to speak with a member of the community nursing team who was visiting the home during the inspection. They told us that the staff requested their advice and support appropriately, and followed any instructions they gave.

We saw evidence of people's specific healthcare needs being met in their care records, such as routine eye tests and weight monitoring. However, we also found some gaps or anomalies in the records we looked at which included one person with diabetes. Their care plan stated that community nursing support was needed to monitor their blood sugar levels and that if this was not monitored and controlled, the person was at risk. We saw no evidence on how regularly the checks should be carried out or evidence to support that these checks had been completed.

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness and compassion. One person living in the home said: "They look after me well" and another person said: "Staff are all very kind." We spoke with a visitor whose relative had needed to move out of the home because they required nursing care. They told us: "We just wish he could take the care staff with him." Another visitor said: "It is OK here. They look after [their relative] well."

People told us they did not have to wait long for attention. We did not hear any call bells ringing during the inspection and we noted people's requests for support or assistance were met in a prompt manner. Throughout our inspection, the staff were observed to be warm, welcoming and helpful. For example, when a new person arrived to move into the home, the staff checked how they wished to be addressed and took time to introduce them to other people living in the home.

People confirmed that they were involved in making decisions about their care as far as possible. A number of people were living with dementia which made it difficult for them to understand complex information and instructions. Despite this, we observed staff explaining to people what they were doing and encouraging people to make their own choices as far as possible. We saw one member of staff spending time with someone helping them to choose between a cup of tea or coffee. We noted they used some signs to assist with this. Afterwards the member of staff said: "I like people to make choices, and sometimes signs are less muddling then words for them. I don't want to overload them." We found that all of the staff we spoke with demonstrated a good understanding of the needs of the people they were supporting, and the care they described was personalised and took into account people's individual preferences and needs. One member of staff said: "We get to know our residents well." Two other members of staff referred to thinking of the people living in the home as their own grandparents, and talked about providing the type of care they would want for them. We observed other positive interactions between staff and people living in the home and heard staff speaking with people in a friendly, supportive and meaningful way. We saw that people living in the home were relaxed and happy in the presence of the staff as a result.

Care records provided guidance to staff about the needs of the people they were caring for, and how to provide relevant care for them. Records we looked at were personalised and made reference to people's individual preferences and assessed needs. Separate records and charts demonstrated the care and support provided to people on a daily basis. Some of the files we looked at contained a great deal of information, which made it difficult to establish people's key needs quickly. The manager was able to show us however, that she had already begun to audit people's care records and had identified areas for improvement. We were also told that a new electronic recording system was to be introduced.

People we spoke with confirmed that their privacy and dignity was respected. One person told us: "When we had a male carer we were asked if we minded." We asked the staff about how they promoted privacy and dignity in the home. They spoke about closing doors when providing personal care and offering choices to people about their daily routines, what to wear and what to eat and drink. One member of staff talked to us about supporting people with a hearing impairment and said how important it was treat people with respect. They said: "Even if someone is deaf we don't shout at them." The manager told us that she had recently identified two dignity champions within the staff team; to promote people's right to be treated with dignity and respect. We observed this to be the case for all staff throughout the inspection, and noted them to be discreet in the way they organised and provided care and support. We also saw that people looked well cared for and presented in terms of their overall appearance.

We saw that people were supported to be as independent as possible. For example at lunch time people who required more help to retain their independence with eating, were provided with plate guards to prevent their food from slipping off the plate. Red plates were also available for people living with dementia. Staff explained that people with dementia can experience difficulties with their sight and perception, so making objects stand out using colour, can make things more visible and enable someone to maintain their independence for as long as possible.

During the inspection a number of visitors came to visit their relatives. They all confirmed that they were able to visit whenever they wanted to and there were no restrictions placed upon them.

Requires Improvement

Is the service responsive?

Our findings

People told us they had been given the opportunity to contribute to the assessment and planning of their care, or their relative's care. A relative confirmed: "I have been involved in mum's care." We saw that people had been asked to provide information about their needs and preferences prior to moving into the home and that this had been taken into account in the development of people's care plans. Records showed that people and their relatives had been involved in subsequent review meetings; to share their views and to check that the care being provided was still appropriate for them or their relative.

People confirmed they felt able to make choices and have control over their lives as far as possible. We observed staff interactions with people and found they encouraged people to make their own choices. For example we saw staff supporting people to make simple choices about what they would like to drink and whether or not they would also like a biscuit. We noted that staff took time to listen to people and supported them in the way that suited them best. We also noted that people were encouraged to personalise their bedrooms; to reflect their individual interests and preferences. Staff spoke to us about planned changes to the environment to make orientation easier for people living with dementia through the use of appropriate signage.

We spoke with the home's activity co-ordinator who had recently started working at the home, about how people were supported to follow their interests and take part in social activities. She told us that she had been spending time initially getting to know people and find out what they liked to do, but she had also arranged some group activity sessions. During the inspection we observed that people were meaningfully engaged in conversation or activities such as colouring and playing dominoes. Music was playing that was appropriate for the age of the people living in the home and we saw that they responded positively by singing and dancing. If people did not want to join in then this was also respected. Staff told us they had had some dementia awareness training and felt that activities for people living with dementia could be improved and discussed some of their ideas for this to happen. It was clear from speaking with the new manager that she supported this approach and shared her own ideas to identify and meet people's social needs and interests in the future.

People told us they would feel happy making a complaint if they needed to. A relative said: "I have been told how to make a complaint. I haven't needed to though." Staff were clear that they would report any complaints they received to a senior member of staff immediately. One member of staff said: "If someone wanted to make a complaint, I would refer them to the management. If something is wrong we want to know so we can put it right."

However, we found that complaints were not appropriately managed. We saw that the provider had developed a formal complaint procedure for people to follow if required. We were also shown a folder which contained records relating to concerns and complaints that had been received in the past. There was nothing recorded for the last 12 months despite the fact that one complaint had been made, and brought to our attention prior to this inspection. This raised questions about what else had not been recorded in more recent months. We had to request additional information from the provider to find out how thoroughly the concerns had been investigated, because we could not piece this together from the information available within the home. We did receive the information we asked for but this did not show whether the outcome of the investigation had been used as an opportunity for learning; to improve the overall service being provided. We discussed our findings with the new manager who confirmed her approach when concerns and complaints are received in the future.

Requires Improvement

Is the service well-led?

Our findings

Prior to this inspection we had received information that raised concerns about the leadership of the home. Our records showed that there had been three different managers since January 2014.

During the inspection, people shared their concerns about the home being in administration, and about the number of managerial changes that had taken place. They told us there had been a period of instability and change.

A senior member of staff told us that the area manager for the home had left, which had impacted on the number of audits being undertaken on behalf of the provider since October 2014. We found concerns in a number of key areas during this inspection where the provider had not maintained adequate oversight. For example, staff safeguarding knowledge, staff training, monitoring of people's assessed healthcare conditions and the management of complaints. This raised concerns about the effectiveness of the provider's quality monitoring systems.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us during this inspection that they were feeling more positive based on the arrival and approach of the new manager. One relative said, "I feel a bit more confident now. I have had a letter about meeting the new manager. I was worried about the financial problems." The manager told us she had met with a number of family members since her appointment on 1 February 2015, and had so far received good feedback. We saw a copy of a letter that had been sent out to families inviting them to afternoon tea so that they could meet with the manager. The manager also showed us that she was in the process of setting up meetings for relatives and people living in the home, to encourage their involvement in developing the service. Satisfaction surveys had also been prepared giving people an alternative method of providing their views and experiences about the service.

The new manager showed us that she had begun the process of applying to register with the Care Quality Commission. We talked to her and other staff about what had gone wrong at the home in the past few months, and what was being done to put things right. We saw that the manager had already made a start on making the necessary improvements. She told us she was in the process of undertaking a number of different audits throughout the service, so that she could have a clear picture of what was working, and what needed to be improved. She showed us her initial findings which assured us that she understood her responsibilities and how to go about meeting these. Staff spoke positively about the new manager. One staff member told us: "[The] new manager is making good changes already." They also told us that the manager listened to them and that they felt they worked well together as a team. We observed this to be the case during this inspection. Staff also told us they would be confident to blow the whistle on bad practice if they observed it. One member of staff said: "People who don't provide good care should not be allowed to work and we must stop it if we see it."

The manager showed us some the areas that she had begun to audit in the home which included dignity, infection control, care plans, staff files and the environment. We saw that a number of actions had already been identified where improvements were required. Despite only working at the service a short time, it was clear from what we heard and looked at, that the manager understood what was required and was taking the necessary steps to ensure the service meets required standards. She told us she had observed the staff to be motivated and caring and felt that she had a strong basis for building the service back up. We read some recent written feedback from relatives of people living in the home which supported her views on the staff team. People had provided positive feedback about the care provided, the food, staff approachability and relative involvement. One person had written: 'I am so happy [their relative] is staying at Westlands. Would recommend to all'.

It was clear from the inspection that the new manager had a good understanding of her role and responsibilities, and had taken prompt action to familiarise herself with the service and to identify areas where improvements were required. However, significant work was still required to meet required standards and to be able to demonstrate a well led service with a sustained delivery of high care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: People using the service were being placed at risk because staff had not been provided with appropriate training to deliver care and support to people safely and to an appropriate standard. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: People using the service were not protected against the risks of inappropriate or unsafe care because systems to assess and monitor the quality of the services provided, were ineffective. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.