

Bere Peninsula Care Limited

West View

Inspection report

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

West View is a residential care home providing personal care to up to 28 people. The service provides support to older people. At the time of our inspection there were 25 people using the service.

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

Quality assurance and governance systems in place to assess, monitor, and improve the quality and safety of the services provided had failed to identify the issues we found during this inspection.

People were placed at risk of unsafe care as their care needs and associated risks had not been routinely assessed, updated and monitored. Records and checks in place had failed to identify when people had lost weight, had not received sufficient to drink or were not having their diabetes monitored effectively.

Risks associated with the environment were not always managed safely as some routine safety checks of the environment were not always being completed.

Medicines management was not always safe as medicines were not always stored appropriately, guidance for staff was not always in place and some liquids and creams were not dated when they were opened. However, we found people were receiving their medicines as prescribed for them and when they needed them.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Mental capacity assessments and best interests decisions had not always been completed for some restrictions.

People and their relatives spoke positively about the service and told us they felt safe and were happy with the support they received. People described staff as "lovely", "Staff are wonderful" and "I'm looked after very well."

People were cared for by enough staff to meet their needs and staff were recruited safely.

Systems and processes were in place to protect people from the risk of infections and people were supported to receive visitors when they wanted.

Staff were provided with an induction and training relevant to the needs of people living at the service. However, there were gaps in the staffs' training and staff supervision that had been identified and action was being taken to address this.

People told us they enjoyed the meals on offer and choices were available. There was a calm atmosphere

during mealtimes with staff respectfully asking people if they needed support before intervening.

People and relatives told us staff responded appropriately to their health needs and staff worked closely with health professionals to ensure people received the support they needed.

People and their relatives were engaged and involved in the service and asked for their feedback.

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

Rating at last inspection

The last rating for this service was good. (published 31 August 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating has changed from good 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 West View Inspection report 27 July 2017 on our website at www.cqc.org.uk.

Enforcement and recommendations

We identified breaches of regulation regarding protecting people from risk, application of the Mental Capacity Act 2005 and good governance.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective?

The service was not always effective.

Details are in our effective 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 View

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.

Inspection team

The inspection was carried out by 1 inspector, a regulatory officer and an Expert 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 View is a care home without 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, the home did have a registered manager who was also the provider. The provider had employed a new manager who would be applying to the commission to become registered manager. The new manager supported this inspection.

Notice of inspection

This inspection was unannounced. Inspection onsite activity was carried out on 4 and 10 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection

During the inspection

We spoke with 8 people who used the service and 3 relatives about their experience of the care provided. We also spoke with 11 members of staff including the provider, the new manager, deputy manager, finance manager, the cook, cleaner and care staff. We reviewed a range of records. This included 8 care plans, 3 staff recruitment files, staff training records and records associated with the provider's quality monitoring systems. We sent emails to 5 health professionals involved with the service to ask for their feedback but did not receive any replies.

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 good. 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

- Risks to people's health and safety had been assessed and care plans and risk assessments were in place. However, people were not always protected from the risk of unsafe care as their care needs and associated risks had not been routinely assessed, updated and monitored. In some people's records information was historic and had not been updated as people's needs had changed.
- People at risk of losing weight were not always managed safely. Whilst there were systems in place to monitor people's weight, timely or appropriate action had not always been taken when people had lost weight. For example, one person had lost a total of 8kg between 2 July and 25 September 2023. However, care records had not been updated and there was no risk assessment in place advising staff on what action to take to mitigate the further risk of harm from malnutrition. Action to prevent further weight loss, such as, referring people to their GP or dietitian, fortifying meals to increase calorie intake, had not been taken. By not acting appropriately to weight loss in a timely way, the provider placed people at risk of harm.
- Some people at risk from dehydration were having their fluid intake monitored. Fluid monitoring records did not always demonstrate people were having enough to drink to reduce the risk of dehydration. For example, one person's nutrition and hydration care plan stated they were prone to urinary tract infections and constipation and needed encouragement to drink plenty of fluids. However, fluid monitoring charts showed they had consumed less than 500mls of fluid on 8 days between 1 September and 3 October 2023.
- Care plans and risk assessments did not always contain sufficient guidance to ensure risks were managed and mitigated. For example, where people were living with long term health conditions such as diabetes, records did not include information for staff on the risks associated with the condition, such as recognising a high or low blood glucose level, how it could impact the person and what action staff should take if they became unwell. This put people living with diabetes, at risk.
- One person was having their diabetes managed by daily insulin. Their care plans stated they needed to have their blood glucose levels monitored twice daily. However, records showed that this was not happening according to their assessed need. For example, between 1 September and 8 October 2023 there was only 4 days where their blood glucose levels were taken twice daily and there were 10 days where blood glucose levels were not taken at all. This potentially put the person at risk of harm from undetected high or low blood glucose levels.
- Risks associated with the environment were not always managed safely. For example, routine safety checks of the environment were not always being completed.
- Following the inspection we made 4 safeguarding referrals to the local authority about people's care and support.

Systems and processes were not sufficient to demonstrate risk was identified, monitored and mitigated.

This exposed people to the risk of avoidable harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the risks we identified; people told us they were happy living at the service. Comments included, "The staff are wonderful, I'm looked after very well", "The staff look after me really well. They are lovely. I'm checked on regularly as I prefer to stay in my room" and from a relative, "I'm better knowing mum is here, it's absolutely excellent."
- Other risks to people had been identified and action had been taken to reduce the risk. For example, where people were at risk from falling, sensor alarm mats were in place to alert staff when people got up to walk unaided.

Using medicines safely

- People's medicines were not always managed safely.
- People were not always protected from risks associated with the storage of medicines as room and fridge temperatures where medicines were being stored, were not always recorded daily. For example, in the month of September 2023 temperatures were only checked on 8 days. This meant that there was a risk that medicines may not be stored at ambient temperatures and therefore may lose efficacy.
- Not all medicines prescribed to be administered as and when required (PRN), had guidance in place to inform staff when they would be appropriate to be given to people.
- Medicines and liquids were not always dated when they were first opened. This meant that staff could not tell how long the medicines had been in use and when it would be out of date.

Systems and processes were not sufficient to ensure medicines were always managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medicines as prescribed and when they needed them. One person told us, "They handle all my meds, and put my eye drops in for me. It's always on time, it's brilliant." Another person confirmed, "I'm on seven tablets. They are usually on time and given first thing in the morning. They watch me take them."
- Medicines administration records were mostly completed accurately by staff and stock balances we checked were correct.
- Staff had received training in medicines administration and had their competency checked.

Learning lessons when things go wrong

- Accidents and incidents were recorded on the electronic care planning system. The new manager told us when accidents or incidents were recorded by staff, the managers received an alert to prompt them to review the accident/incident and take appropriate action. However, whilst they were able to look at people's individual records to identify trends or themes, there was no process in place to analyse accidents and incidents on a wider scale therefore identifying potential accident/incident areas within the service. The new manager told us this was something they were planning to introduce.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "It's very nice here, I feel safe and well looked after."
- The provider had systems in place to safeguard people from the risk of abuse. For example, staff received safeguarding training and a safeguarding policy and procedure was in place explaining what staff needed to do if abuse was identified. One staff member told us, "First of all, I would speak to the colleague and report it to my team leader. If I felt it was not being dealt with, I know I could report it myself."

Staffing and recruitment

- People were supported by enough staff to meet their needs. People told us they felt there were enough staff, and they did not have to wait long for support. One person told us, "I haven't seen any issues with staff. Most of the staff are local, it's a good employer and nice to see familiar faces regularly."
- Staff were recruited safely. The provider ensured all the necessary checks had been made before staff started working at the service, including seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People were supported to receive visitors and there were no restrictions in place.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always working within the principles of the MCA as people's rights were not always being protected from unlawful restrictions.
- Some people had restrictions placed upon them to protect them from harm such as, sensor alarm mats to alert staff when people walked alone or bed rails in place to stop them falling from bed. However, mental capacity assessments and best interests decisions had not always taken place. This meant that restrictions may be placed upon people that may not be appropriate or the least restrictive option available to keep them safe.

The provider did not always ensure that lawful consent to care and treatment was in place, which meant people's rights may not always be protected. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DoLS authorisations had been identified and applied for by the provider.
- Staff told us they always asked for people's consent before they assisted them and assumed people had the capacity to make decisions, unless they had been assessed otherwise. One staff member told us, "It is about giving them (people) as much choice as we can but when we start to notice any deterioration they would be assessed and then we would be making sure we are doing things in peoples' best interests."

Staff support: induction, training, skills and experience

- Staff were provided with an induction and training in essential topics relevant to the needs of people living at the service. However, there were gaps in the staffs' training. The finance manager told us they had identified that there were gaps in staff training and had produced a training plan to ensure all staff were working towards completing their essential training in a timely manner. One staff member told us, "I have done all the training here, so I am up to date. The training is very thorough, and the management is really good, they do a training practical, and it was all very good. We do online training as well."
- People and relatives had confidence in the staff. One person said, "I think the staff are good and know what they are doing." A relative told us, "Many of the staff have been here for years and know mum's needs."
- The management team told us they had identified that the frequency of formal staff supervision and appraisal needed improvement. The management team were in the process of ensuring that all staff received supervision to ensure they had opportunities to discuss their work, training and development needs.
- Staff told us they felt supported by the management team and provider. One staff member said, "We have regular meetings with [new manager's name] and [deputy manager's name] and they all always support the team leaders and are very easy to approach."

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

- People's needs were assessed before moving into the service. This formed the basis of their care plan and was developed further when they started living in the service. However, care records were not always reviewed regularly or kept up to date. Please see the 'safe' section of the report.

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

- Information about people's nutritional needs were detailed in their care plans. However, we found specific information about people's dietary needs, such as, who had recently lost weight and required additional calories added to their foods, was not available in the kitchen for staff to refer to. We brought this to the attention of the new manager who addressed this immediately.
- People who were assessed at risk from weight loss and dehydration were not always monitored closely. Please refer to the 'safe' section of this report.
- People told us they enjoyed the meals on offer. However, one person thought the portions were on the small side and were not always hot. Other people commented the meals were, "Very good" with choices available if they didn't like the meals on offer. Another said, "I choose to have my food in my room. It's always hot, my favourite is the roast beef!"
- We observed there was a calm atmosphere during mealtimes with staff respectfully asking people if they needed support before intervening. There was lots of chatter between the people and staff and extra portions of the meal were offered.
- People received the support they needed to eat their meal. For example, we observed one person who was visually impaired, supported by a staff member who told them that their remaining meal had been cut up for them and left in the twelve o'clock position on the plate enabling them to carry on eating independently. One staff member brought their own lunch and was sat alongside a person whilst they both ate together.

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

- People and relatives told us that staff responded appropriately to their health needs. One person told us, "I've no concerns that they would get the doctor for me if I needed one." Another person said, "I'm happy here. The way they looked after me especially when I was poorly was lovely."
- The service had good working relationships with healthcare professionals. For example, the local GP

visited the service weekly, and people were supported by the community nurses when needed.

- Care records included details of healthcare professionals involved in people's care. Healthcare appointments were documented, and people had access to chiropodists and dentists.

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

- The service was comfortable and homely.
- People's rooms were personalised to their own taste and contained furniture and possessions which belonged to them.
- Adaptations had been made to the service to meet the needs of the people living there. For example, people had access to accessible showers and bathrooms and there were lifts and stair lifts to help people move between levels.

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 good. 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.

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

- The service had undergone recent management changes and a new manager was in place. However, whilst the new manager was enthusiastic regarding the changes they wished to make to improve care, neither the new manager nor provider had identified the concerns we found during this inspection.
- Quality assurance and governance systems to assess and monitor the quality and safety of the service provided to people were either not in place, not being completed or were not robust enough to ensure people were protected from the risk of harm. For example, systems and processes in place had failed to identify when people had lost weight, had not received sufficient to drink or were not having their diabetes monitored effectively. This placed people at increased risk of harm.
- Systems and processes had not enabled the managers to identify some care records were not sufficiently detailed, up to date and reflective of people's current needs. For example, audits were not in place to review people's care plans and some records had not been reviewed for a number of months.
- The provider had not ensured all records reflected that people's rights were protected in line with the requirements of the Mental Capacity Act 2005.
- Audits and checks of medicines administration had not identified that medicines were not always managed safely.

Failure to operate effective systems and processes to assess, monitor and improve the service and to monitor and mitigate risks to people's safety and welfare was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were open and honest during the inspection and told us they were committed to make improvements. Following the inspection, the provider acknowledged the shortcomings and said they were working with the management team to address the concerns and become fully compliant with the regulations to ensure people received safe care.
- The provider understood their legal duties and submitted notifications to CQC appropriately.
- Staff were clear about their roles and responsibilities and knew who to go to if they needed support.

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

- We observed there was a positive culture and the atmosphere at the service was calm and relaxed. One staff member told us, "The residents feel like it is their proper home. We always give residents preferences,

you are just trying to satisfy them and meet their needs, do what they want to, when they want to. We are all here for them and in all aspects."

- It was clear from our observations that people were happy living at West View and were comfortable with the staff that supported them. One person told us, "It's well run, they know how to treat you, never nasty. When my daughter comes to see me, she is happy with my care." Another person said, "I love it here, my relatives are happy with how I'm cared for." A relative told us, "The best thing is the care which is the most important. They make the time to talk and will give mum a cuddle."
- Staff were mainly positive about the changes the new manager was making. One staff member commented, "Yes, the communication is generally good. It is a bit different when someone else takes over, so it will be changing, but generally it is good."
- Staff felt they were supported by the management team and told us they were happy working at the service. Comments included, "Yes, I generally feel supported and valued on the whole. There are odd times, but I do know I can speak to management if I have any concerns" and "I have felt well supported and they are very supportive to the workers. Easy to talk to and very friendly."

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 new manager and provider were aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency, and candour when things had gone wrong.

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

- People and their relatives were engaged and involved in the service.
- People and relatives were asked for their feedback of the service they received through monthly resident's meetings, weekly updates with people's relatives and yearly surveys.
- Feedback from the last survey in January 2023, was extremely positive. Comments included, "West View's ethos shines through, so kind, caring supportive and loving. Also, attention to detail and lots of little touches that are so thoughtful", "The care at West View is exemplary. The care staff are well led by the care managers and owners. Everyone is on the same page, there is empathy, kindness respect care and humour all around the residents with the aim of making the best possible environment for them" and "Thank you for settling my mum so well and creating such a happy, safe place for her to live. We are so lucky to have found you."
- Staff told us they had regular staff meetings and opportunities to feedback about the service provided.

Working in partnership with others

- The service worked closely with a number of different health and social care professionals such as GPs, district nurses, and chiropractors to ensure people received the support they needed.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not always ensure that lawful consent to care and treatment was in place, which meant people's rights may not always be protected.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and processes were not sufficient to demonstrate risk was identified, monitored and mitigated. This exposed people to the risk of avoidable harm.

The enforcement action we took:

On the 12 October 2023 the Care Quality Commission served a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 12, (1)(2)(a)(b)(d)(e), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was required to become compliant with Regulation 12, section Regulation 12, (1)(2)(a)(b), Safe care and treatment, by 15 December 2023.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems and processes to assess, monitor and improve the service and to monitor and mitigate risks to people's safety and welfare.

The enforcement action we took:

On the 12 October 2023 the Care Quality Commission served a warning notice under Section 29 of the Health and Social Care Act 2008 for failing to comply with Regulation 17, (1)(2)(a)(b)(c)(d)(f), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was required to become compliant with Regulation 17, section Regulation 17, (1)(2)(a)(b)(c)(d)(f), Good governance, by 15 December 2023.