

# Three Arches Care Ltd

# Westthorpe Hall

## Inspection report

Westthorpe Hall  
The Street, Westthorpe  
Stowmarket  
Suffolk  
IP14 4SS

Tel: 01449781691

Date of inspection visit:  
04 October 2017

Date of publication:  
17 November 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 4 October 2017 and was unannounced. The service is a care home without nursing care and is registered to provide accommodation for up to 21 people. There were 20 people living at the service on the day of our visit.

The service had a registered manager in post. 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.

At our last inspection of 8 September 2015 we rated the service as 'Good'. At this inspection we have rated the service as 'Good' overall but Well-led 'Requires improvement'.

There was an induction procedure and on-going training in place for the staff, as well as planned supervision and appraisals. The induction training of new staff required further organisation and auditing by the registered manager to ensure all training was covered in sufficient detail.

Regular prescribed medicines were recorded accurately but prescribed creams had not been recorded on people's body maps and there were no individual protocols in place for as required medicines.

Risks to people's health and well-being had been assessed and recorded with actions to reduce the risk in people's risk assessments and care plans.

Regular checks of equipment in use at the service were organised to ensure they were fit for purpose.

There were processes in place for the safe recruitment of staff and there were enough staff to provide the care to meet people's needs. There were systems in place for the safe handling of medicines but there was a need of further recording and auditing of people's medicine records in particular where creams have been prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat and drink sufficient amounts and were encouraged with regard to their capacity to make choices about food and drink and provide feedback. People received effective healthcare support from a range of external healthcare professionals.

The staff knew people well and there was a person centred culture focussed upon supporting people to meet their assessed needs. Some people living at the service had a diagnosis of dementia and staff had been given additional training in dementia awareness. People's rights to privacy and dignity were valued

and respected.

People had been involved in the writing of their care plan. Each person had a care plan written from an assessment of their needs.

Relatives were encouraged to provide feedback on the service and felt they could raise concerns. Complaints were taken seriously, investigated and responded to with understanding.

There was a quality assurance process in operation which required further development by the registered manager to be effective to identify and take actions with regard to the medicines and training issues identified. The registered manager planned to increase and develop with the director the senior staffing at the service to support them. The director visited the service regularly and was well known by the people and staff at the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were systems and processes in place to minimise the risk of abuse and staff were clear about their role in safeguarding people from harm.

The recruitment process was clear and robust.

There were enough staff to support people safely.

### Is the service effective?

Good ●

The service was effective.

There was a supervision and appraisal procedure in operation.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People were supported to eat and drink sufficiently.

People received on going healthcare support from a range of external healthcare professionals as required.

### Is the service caring?

Good ●

The service was caring.

Staff were understanding of the needs of the people at the service.

People were supported to express their views.

People's rights to privacy and dignity were valued and respected.

### Is the service responsive?

Good ●

The service was responsive.

Each person had an assessment of their needs which was regularly reviewed and a subsequent care plan was in place.

There was a wide variety of activities arranged with people at the service

People and relatives were encouraged to provide feedback on the service and felt they could raise concerns. Complaints were taken seriously, investigated and responded to appropriately.

**Is the service well-led?**

The service was not always well led.

The service had not informed the CQC of events regarding the smooth running of the service.

Quality assurance processes required further development to check and take action that people's medicine were recorded and staff completed a full induction process.

**Requires Improvement** 

# Westthorpe Hall

## **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.

We inspected the service on 4 October 2017. The inspection was unannounced. The inspection team consisted of one inspector 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and information received from the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with eight people who used the service, and four relatives. We spoke with three care staff, one member of the catering team, the registered manager and director of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

To help us assess how people's care needs were being met we reviewed five people's care records and other information, for example their risk assessments. We also looked at medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager.

# Is the service safe?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People felt safe living at Westhorpe Hall. One person who used the service told us, "I would have thought there was enough staff, they are not rushing about."

Staff that had worked at the service for sometime were very clear about their role in safeguarding people and had knowledge of the systems in place intended to protect people from abuse. One member of staff told us, "I would report any abuse to the manager and I know I can report this myself directly to the safeguarding team." The registered manager was highly experienced in safeguarding from their previous role, had reported matters of safeguarding and worked with the safeguarding team to investigate safeguarding matters. These matters had been closed to all parties' satisfaction which meant the service had reported and acted upon safeguarding issues to keep people at the service safe.

The staff recorded accidents, incidents and any falls which were analysed by the registered manager. The falls prevention team had been contacted by the registered manager for support and advice regarding how to support anyone who experienced falls. This was to determine any action that could be taken by the staff to support the person and reduce the likelihood of further falls.

Each person had a clear risk assessment in their care plan which had been written in consultation with them and their family, as appropriate, by the registered manager. Written details in the care plan of how to support the person with regard to the risk assessment had been clearly stated. The staff we spoke with were aware of the individual risks to people and how to support them. We saw an example of the work the service had done to reduce the likelihood of a person falling. The risk assessment and plan was reviewed monthly or in response to significant events. This meant risks to people's health and well-being were known and action taken to reduce the likelihood of harm.

We saw the maintenance person working in the service during our inspection and records of testing the fire alarms were carried out weekly. All of the fire safety equipment had been checked that it was in date and fit for purpose. The lift was maintained in good working order as regular planned maintenance had been arranged. This meant there were procedures in place at the service designed to check the environment was safe for people.

There were enough staff available to meet people's needs, respond to requests for support and keep people safe. We examined the staff rota to understand how the registered manager assigned staff to each shift. The registered manager used a dependency tool based upon the individual needs of each person to identify the number of staff required to meet people's assessed needs. One person told us, "We get agency staff come, they are very nice. They do come when I call them." The director informed us that the same staff agency was used to cover staff vacancies from time to time and frequently the same agency staff came to the service so they had built up a knowledge of the people's needs. A relative told us, "There are enough staff and I know

my parents are well looked after and safe."

There were effective recruitment practices in place. The registered manager told us about the recruitment process. Each application form was read and then potential staff were selected for interview to determine if they had the right skills, attitude and values to be employed at the service. We saw that records of interviews had been kept and all staff successful at interview were given a job description and contract. The service carried out checks with the Disclosure and Barring Service (DBS) to ascertain, if the person had a history that would prevent them from working with vulnerable people.

The staff that administered medicines were trained in the safe administration of medicines and had their competency assessed on a regular basis. People received their medicines on time and as prescribed. One person told us, "The staff bring me my medicines on time." Medicines were well organised, stored safely and regularly prescribed medicine records were completed accurately.

Each person had a medication administration record (MAR) chart in place. Information about the person including a photograph and any allergies or long-term conditions such as diabetes had been recorded and there was a clear up to date photograph of the person.

However there was no recording of prescribed creams on people's body maps and there were no individual protocols in operation to direct staff in the administration of these medicines. This meant that the auditing of the medicines had not identified this issue.



# Is the service effective?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Supervision was on-going for all staff as was a yearly appraisal. The staff we spoke with informed us that the supervision sessions were planned and regular with the registered manager. Occasionally they were cancelled due to various events but were re-arranged as soon as possible. Staff told us the supervision sessions were meaningful and an opportunity to discuss their training and support being provided at the service. Each member of staff told us that they had a yearly appraisal and this was a positive experience to plan their future career.

We saw that training was arranged on an on-going basis throughout the year. The staff we spoke with confirmed that they had received training which included the handling of food, dementia care, fire safety and first aid. We saw staff taking time to explain to people what they were doing when supporting them. A member of staff explained to us that from their training and awareness of the person's needs they need to take time to speak slowly and clearly and remind the person of the support they were offering to provide to them.

We noted that the induction training for new staff had not covered the service procedure for the reporting of information to the safeguarding team and also had not covered in depth moving and handling training. This meant the audit in operation at the service had not identified these issues.

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.

The director and registered manager had a good knowledge of the MCA. The mental capacity assessments had involved the person and relatives, as appropriate. They all commenced on the basis that the person had capacity and evidence had been sought and recorded if that was not the case. The staff team then worked closely with the person, relatives and external professionals to assess capacity and develop clear guidance on how best to involve the person in decisions. This enabled the person to be involved in their care as much and as appropriately as possible whilst considering their safety and well-being.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager told us about applications that had been made and the reason was to ensure that people were not being deprived of their liberty unlawfully. Support plans contained information about the restrictions in place. The service was committed to ensuring that people were supported in the least restrictive way possible.

People told us that they were provided with a choice of enough good quality food to eat. One person said, "Food is good, I love the second courses." Another person told us, "I cannot complain, food is good, there is no shortage in that respect, we are pretty much eating and drinking all day." Another person commented, "I can't eat as much as I used to so I asked for beans on toast for dinner, they will always do something for you, it is very very nice food. We get tea and biscuits every day at 3pm, its very nice living here." Another person told us, "The food is excellent here, quantities are reasonable and I'm particularly critical, so when I say excellent that is it excellent."

We observed throughout our visit that people were asked how they were and did they require any food or drinks. The majority of people used the dining room while other people were supported with their meals in the lounge or in their bedrooms. We saw that this information and reasons why had been carefully recorded in the person's care plan.

A member of staff told us that people were weighed monthly and should there be any concerns about the person's diet or fluid intake a food and fluid chart would be commenced. We spoke with one of the chefs and were made aware of how information was passed to them for each person with regard to any dietary need such allergies.

The registered manager told us and we saw evidence in the care plans that the service engaged with and worked with other professionals to meet the needs of the people using the service. This included taking advice from psychiatric nurses regarding how to support people living with dementia which was recorded in the person's care plan. We also saw that doctors, chiropodists and safeguarding officer's advice had been sought and recorded as required. One person told us, "I have a chiropodist come which they [staff] arrange for me and that is all good." A relative informed us about how they had been kept informed about the care of their relative and the service had worked with the doctor. They said, "When [my relative] came they here they had terrible ulcers, now they are completely healed, their health has improved."

# Is the service caring?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The staff knew people well, and people appeared relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves as fully as possible. One person told us, "Carers are okay, 100% really, they brought me up a coffee and a couple of biscuits a while ago." Another person explained to us they were delighted to have been able to have brought their pet with them to the service.

Staff were responsive to requests for support and reassurance. For example, we saw a person appearing lost and confused. A member of staff approached them and quietly asked if they were looking for the lavatory, when the person agreed, they then assisted them to the lavatory. Another person explained to us that moving into a care establishment had been difficult for them and they spoke highly of the kindness that the staff including the director and registered manager had shown to them and their family. One person said, "Most are the staff are very good with many excellent qualities."

A person commented that they enjoyed having their main meal with the staff as this provided a good opportunity to chat with the staff every day. They told us, "You can express your view here anytime you wish but since the staff have started to eat with us then that is a nice natural opportunity to talk about anything." Members of staff also confirmed they welcomed the opportunity to eat with the people as this provided time to chat.

People were treated with dignity and their right to privacy was respected. Staff had attended dignity and respect training with regard to the care of older people and those living with dementia. Staff had a good understanding of how to ensure people were safe whilst respecting their privacy. Each bedroom that we saw had been personalised and the shared bedrooms were clearly designated into each person's area. It was the choice of the people to share bedrooms. We saw staff knocking on people's bedroom doors and waiting to be asked to enter. One person told us they were most impressed with the laundry and that great care had been taken to look after their clothes.

People told us that their choices and preferences were respected to and listened to by staff. One person spoke with us about the respect that was shown to them with regard to getting their bedroom just how they wanted it. Another person told us, "I get up when I want and go to bed when I want, staff are supportive of this and give you as much help and company as you want."

A member of staff told us, "Even when it is obvious you need to do something to help the person you always ask to check, I would consider that is showing respect."

People were given the opportunity to discuss their wishes and preferences in relation to all of their care including, end of life care planning. The care plans were written and developed with the person and their families and focussed upon being person-centred. This meant the care plan was written to support the

person to meet their needs in a way and time of their choosing.

# Is the service responsive?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The care plans had been written clearly and related to the assessed needs of the person. Staff told us they liked the care plan format. A member of staff told us, "The care plans are detailed while easy to understand, the registered manager has put a lot of work into them." The registered manager informed us that each person had a care plan which was based upon the assessment they carried out prior to the person moving into the service.

The purpose of the assessment was to identify and determine if the service could meet the person's needs. A care plan was written with the person to record how the staff would meet the person's assessed needs. The registered manager told us that the care plans were audited monthly to ensure all information such as the person's monthly weight had been recorded. The care plan was also reviewed on a six monthly basis but more frequently if so required with the person and their relative, as appropriate. Records confirmed what we had been told. One person told us, "I know about my care plan and I do look at it with the staff every so often." A relative told us, "Whenever I come in if they [staff] have any concerns they will let me know, or if they need any advice and we do review the care plan."

The service was flexible and responsive to people's individual needs. Staffing levels enabled people to access support as and when they needed and routines were adaptable to suit the needs of people who used the service. For example, staff had identified that one person was not at their best in the mornings and staff would check upon them regularly to determine when they were ready to get up because their choices could change daily. One person told us, "I vary from day to day and sometimes like a wash in the morning and sometimes at night and sometimes both. The staff always ask and check and help me as I need."

People told us there were a wide variety of activities available at the service. People were encouraged to visit the travelling rural café when it came to the nearby village. One person told us, "You can walk out in the garden, they have some nice seats. In Westhorpe there is a lovely Village Hall and I go to the art classes there which is good." Another person told us, "We have people come and play music some afternoons, one lady comes and does exercises with our hands." During our visit a local minister visited and we were informed they came at least once per month to hold a service for the people at Westhorpe Hall. One person told us how they enjoyed the service. They said, "Culture and religion, it is for you to pursue it if you want it, they do not throw it at you."

People told us they knew how to make complaints but did not feel the need to. One person said, "I have never made a complaint, nothing to complain about, I am happy enough." Another person commented, "Lovely place nothing to complain about." A relative told us, "They [staff] are good at communication, they let us know what's going on, staff chat to me when I come in or am going out, no complaints." Another relative said, "Complaints far from it, they look after [my relative] very well."

At the time of the inspection there were no outstanding complaints and the service had a complaints policy and process. We saw that complaints made had been responded to appropriately and a number of compliments had been recorded. Both the director and registered manager informed us that they speak with people in the first instance to try to understand and resolve any complaints made while understanding the importance to record any written complaints.

## Is the service well-led?

### Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating is now 'requires improvement'.

The service had not informed the Care Quality Commission (CQC) of events involving the service in a way that could affect all of the people who used it. The service had experienced problems with the heating in the service. Although the service had acted swiftly to put into operation temporary and now more permanent solutions to the heating of the service this did have an effect on all people and the CQC had not been informed.

Some people were prescribed creams to be administered to certain parts of their body so many times per day. Although this information was recorded on the medicines administration record there were no body maps of the person to record where the medicine was to have been applied. This meant that staff could have applied the cream to another part of the person's body. The registered manager told us they had taken action by the end of the following day to put body charts in place for each person to which creams were administered and all staff had been or would be informed of this when next on duty.

Some medicines are prescribed on a (PRN) basis, which means they are administered as required. A protocol explains how frequently the medicines can be administered and why it has been prescribed. There were no protocols in place to direct staff in the administration of these medicines. PRN prescribing is a highly advantageous and effective way for a person to be treated if they are suffering with an acute or irregular condition. However the medicine must be used safely and hence the reason to have an individual protocol in place for the staff to follow.

Homely remedies were used at the service. Homely remedies have not been prescribed by a doctor and are for the short-term management of minor, self-limiting conditions, for example, headache. There was no individual protocol in place for each person. This meant that people were at risk of receiving medicines for long periods of time without having a medicines review by a prescriber or pharmacist. The registered manager was developing protocols for each person to which this applied.

Positive action was taken immediately on the issues identified. However this demonstrated that there was ineffective auditing of the medicine procedures.

We learnt from staff that the training was not always completed and hence was not fully effective. The staff we spoke with told us that they had been provided with induction training when they joined the service. We saw that the induction programme had been designed to provide staff with the information and skills to provide safe and effective care. However we learnt that a new member of staff had not received training in safeguarding people.

We also learnt that staff had not completed all of the moving and handling training. It is the responsibility of the registered manager to ensure that all staff are trained so that they are familiar with and can operate in

line with the policies and procedure of the service. The auditing was ineffective with regard to checking that the training was sufficiently detailed and staff were completing the full training induction.

The registered manager informed us they had an open door policy for anyone to meet with them. This was confirmed by people and staff. People we spoke with gave positive feedback about the service and registered manager. One person said, "Nothing is too much trouble for the manager." Another person told us, "The staff are nice, you are never rushed." We saw the registered manager set the example to the staff by working with people and supporting people to take their time. A relative told us. "There seems to be enough staff and they are pleasant, also I have found the manager to be very helpful."

The registered manager told us they wished to continue to create a culture of openness and transparency and this included that all staff had received training in whistle-blowing on poor practice. The director of the service told us that they visited regularly and this was confirmed by the staff and relatives. The director oversaw the audits and management reports carried out by the registered manager and gave advice and support as required. This meant that the management of the day to day service issues were being reviewed by the director.

There were clear mechanisms in place to ensure that feedback from people who used the service, relatives and staff informed future developments of the service. Surveys were used by the registered manager to learn lessons from the feedback and take actions to improve the service. For example from a staffing perspective some staff had asked to work a 12 hour shift and this had been agreed to replace the previous arrangements. Feedback stated this was working well. People had been listened to and as a result the menu had been altered so that additional choices had been made available. The director had worked with local suppliers to achieve this outcome.

The director informed us they were looking to develop the service further with the appointment of an additional senior member of staff. This would have the benefit of providing time for the registered manager to focus upon auditing all aspects of the service and implementing actions resulting actions plans. This would include addressing the issues to improve the service as identified with medicines and staff training.

The director told us they were passionate about providing a culture of continuous learning and development to continually improve the service. We saw there were many organised, effective systems in place to monitor and improve the quality of the service. These included supervision for the staff and regular reviews of people's care. This meant that staff were supervised to provide care to people which had been reviewed and accurately recorded in their care plan.