

Weston Park Care Limited

Weston Park Care Home

Inspection report

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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?	Good ●

Summary of findings

Overall summary

About the service

Weston Park Care Home (Weston Park) is a care home providing personal and nursing care for up to 103 people across three units. One unit specialised in providing care for people living with dementia.

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

Recruitment was now more robust, and improvements had been made to the management of medication. Governance was now more effective with robust systems in place to identify any areas of improvement needed.

Improvements had been made in respect of people's nutrition. Our previous visit had found that action taken in response to weight loss and the recording food/fluid intake had not been consistent and had left people at risk. These had now improved.

People felt safe living at Weston Park and felt well supported by the staff team. They felt cared for and had their needs met. Relatives commented that standards of care had dramatically improved. Where relatives had issues relating to their relations care they felt listened to and were confident that the registered manager would address them.

People were generally happy with the care they received. They believed that the registered manager was committed to ensure that quality of care for all was improved and sustained. The registered manager had been transparent following the rating from our last report and, following that, had outlined a commitment to improve.

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

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

Rating at last inspection and update

The last rating for this service was inadequate (published 24 February 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 24 February 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Weston Park on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Weston Park Care Home

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.

The inspection was carried out by two inspectors 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

Weston Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Weston Park is a care home with 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 there was a registered manager in post.

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 7 people who used the service and 11 relatives about their experience of the care provided. We spoke with the nominated individual, manager, general manager, clinical manager, nursing and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included care records and multiple medication records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to request, receive and review information remotely and sought clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

During our previous inspections the provider had failed to ensure the safe management/use of medicines resulting in a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medication was safely managed.
- People told us that they always received their medicines when needed.
- They said, "I get my tablets on time" and "I am on a lot of tablets, but they never miss these."
- An external medication inspection held since our last inspection concluded that improvements had been made, with the service responding robustly to address any actions.
- The storage of thickening agents had been identified at our last two inspections. Daily checks were now in place to ensure that these were safely stored.
- Medication errors had reduced, and staff training/competency checks were in place.

Staffing and recruitment

At our last inspection the provider had failed to ensure recruitment systems were not sufficiently robust resulting in a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were now appropriately recruited.
- The registered manager had a system in place to ensure that staffing levels met the needs of people. Dependency tools for each person outlined the number of staff they required to provide effective support.
- The registered manager outlined difficulties in recruiting new staff and had sought to use agency staff as a last resort.
- People and their families told us, "The staff are very good and there is enough staff to see to us", "Staffing is adequate but sometimes they [staff] can be rushing some days" and "The staff are fine they seem capable enough to me."
- People told us that there was more continuity of staff with the same people supporting them. They told us "Staff appear to be happy working here". People were complimentary of the staff team and commented

that when they used their call alarm staff "sort me out as soon as possible".

Assessing risk, safety monitoring and management.

At our last inspection, the provider had failed to adequately assess risk and had not done all that was reasonable to mitigate any such risk. resulting in a continued breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Risks faced by people were now appropriately assessed, monitored and managed.
- Our last visit found that where people had been identified as being at risk of malnutrition or dehydration; the provider had not fully maintained records to demonstrate that such risks had been addressed.
- These records were now completed to evidence that where people were at risk, appropriate action was being taken.
- Our last visit had also found that staff had not always taken timely action in response to people's weight loss. This had now been addressed and there was a better response to those instances where people had lost weight.
- Relatives commented that their relations were eating well and had put on weight.
- Environmental risk assessments were in place.
- Risks faced by people in their everyday support were also reviewed and in place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us, "[Weston Park is] lovely and yes [I feel safe] safe", "I do feel safe" and "They are very good and caring. I absolutely feel safe."
- Relatives commented, "[name] is safe now" and "I am happy [name] is safe and secure there".
- Professionals told us that the number of safeguarding incidents had reduced and that improvements had been made.
- Systems were in place for the reporting of safeguarding and care concerns with staff receiving relevant training in this.

Learning lessons when things go wrong

- The provider had systems in place to recognise when things go wrong and took action to prevent future re-occurrence.
- Following our last visit; the provider returned an action plan of how breaches in regulation were to be addressed.
- This visit found that the breaches of regulation raised at our last visit, had been addressed.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The providers provided evidence of introducing or reviewing visiting policies in line with government advice. These were communicated clearly to people and their families when required.

- People told us that their living environment was always hygienic.

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 a previous inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's nutritional needs were met.
- As noted in the safe section of this report; the last inspection had identified inconsistencies in the recording of food and fluid intake for those at risk.
- At this visit, recording was more consistent and provided staff with an accurate indication of further action needed to keep people well.
- The monitoring of risk for people who had experienced weight loss had also been inconsistent. This visit found that improvements had been made and risks mitigated.
- There were mixed comments on the food provided although people acknowledged that improvements had been made.
- For those people who were not completely satisfied with the range of meals; catering staff were talking to individuals to clarify their preferences.
- Other comments included, "The food is okay, I get plenty to eat and drink", "[name] has definitely put on weight" and "There are choices and if I don't like what's on offer, I can ask for something else."

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

- The needs of people were appropriately assessed.
- At a previous inspection; care plans were not found to be detailed or reflective of people's needs.
- People told us that care plans were more detailed and had improved. People confirmed they had the opportunity to read and contribute to care plans.
- Assessment information was available when people came to live at Weston Park and this enabled care plans to be developed.

Staff support: induction, training, skills and experience

- Staff were appropriately trained to meet people's needs.
- Staff had access to training relevant to people's needs.
- Training covered mandatory topics with staff encouraged to pursue other training in any topics that interested them.
- Training had identified the need for an inclusion champion to promote the needs of people with protected characteristics. A person has since declared an interest in this.
- A structured induction process was in place.
- People told us, "Staff are fine, they seem capable to me" and "Staff are ok, they know what they are doing."

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

- People had access to appropriate healthcare.
- The service maintained strong links with the local medical centre.
- People confirmed that they had access to medical agencies when needed.
- They told us, "A doctor comes in and you can put your name on the list if you want to see one" and, "There is a doctor available if I need one."
- Other professionals such as dentists, chiropodists and district nurses were also available to people.

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.

- Consent was always gained from individuals during their personal care.
- People confirmed that staff sought their consent before supporting them.

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

- The environment reflected the needs and preferences of people.
- Adaptations, the design and decoration in the building continued to meet the needs of people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At a previous inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported.
- People and their families now felt better supported by the staff team.
- They said, "They do treat me with respect", "They have to do everything for me. They are really good" and "The staff are very nice and look after me. Very caring and look after all my needs."
- People felt there had been improvements in their care and any concerns they had had been dealt with promptly.

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

- People were encouraged to make decisions about their care
- People had the opportunity to influence how they were supported.
- Regular resident meetings were held with all aspects of support within the service discussed.
- People felt listened to and any suggestions they made were acted upon. One family member told us, "[name] goes [to meetings] and is very vocal and has commented on the food which [name] says is now much better."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified manner.
- People felt their independence was respected.
- They told us, "I am quite independent because I can do most things for myself" and "I deal with my own tablets and staff let me do this."
- Observations confirmed the privacy and dignity of people was promoted by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care.
- Staff were knowledgeable about the personal preferences of people and their needs. People were happy with the support they received.
- An electronic care planning system was in place which included reference to the everyday needs of people as well as their social histories.
- People told us that care plans were now more accessible to them. They said, "The Care Plan is now much better and up to date. Now I think they actually read it and discuss with [name] and themselves what is in it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were provided with accessible information.
- The communication needs of people were outlined in care plans.
- Alternative formats to aid with providing information to people was available.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in meaningful activities.
- An activities programme was in place and an activities co-ordinator was employed by the service.
- People told us, "They [staff] do [offer] activities and I do get involved occasionally", "I don't get involved in the activities; I prefer to stay in my room of choice" and, "[Name] has a more active social life now."

Improving care quality in response to complaints or concerns

- A robust system for raising and investigating complaints was in place.
- A complaints procedure was available.
- People and their families told us that when issues had been raised; the registered manager was more responsive in addressing these to the satisfaction of all.
- They told us, "[the registered manager] has grabbed the bull by the horns and is actively implementing changes to staff, rotas, food, contacts, activities and all have made improvements", "I had problem with

some staff but that got all sorted and there was an investigation about it all. I was happy with the way it was all dealt with" and, "If there is an issue it's rectified; we had an issue and felt it was all sorted in the correct way".

- People felt that the registered manager was approachable and had confidence to deal with any complaints they had.

End of life care and support

- People had their wishes respected as they reached the end of their lives.

- The wishes of people, in the event of needing end of life care, along with personal preferences were taken into account by the service.

- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders were in place for people who had expressed a wish not to be resuscitated.

Is the service well-led?

Our findings

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection the provider had failed to ensure governance systems were sufficiently robust or operated effectively to ensure the quality, safety and continuous improvement of the service. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Governance systems were robust.
- Systems to review the quality of care provided were now more coherent.
- Clear actions to address any issues raised by these audits were in place.
- Regular walkarounds by the registered manager took place, highlighting any aspects of care that needed improvement.
- Daily meetings were held with managers of catering, housekeeping and maintenance which cascaded any issues relating to all aspects of care.
- Residents and relatives were quite clear that improvements in the quality of the service had been made and sustained.

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

- The provider fostered a person-centred and open culture for people.
- Our last visit found that there were inconsistencies in how relatives were informed about the wellbeing of their relations. Improvements had been made
- People told us that they felt listened to and were communicated with on a regular basis.
- Where people had specific needs, people confirmed that steps were taken to ensure that these needs would be met.
- The registered manager demonstrated knowledge of each person's needs.

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 provider understood and acted on their legal responsibilities.
- The registered manager had demonstrated transparency in relatives and residents meetings by announcing the rating from the last inspection. A commitment was added to improve standards within the service.

- People told us, "[the manager] has grabbed the bull by the horns", "It's improved since [the manager] came here" and "I hope [CQC's] review is better as they deserve it."
- The provider continued to inform CQC of key events in the service and had displayed their last rating on the website.

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

- People were fully engaged in their care.
- Meetings between the management team and residents/relatives were held on a regular basis.
- Minutes from these meetings outlined a constructive discussion about all aspects of the service and how these could be improved or enhanced.
- One person told us "The meeting used to be very heated affairs but now they are more constructive." Another person told us that they were now the chairperson of the meetings.
- The service worked with commissioners who in turn reported that improvements had been made within the service.