

Coate Water Care Company (Church View Nursing Home) Limited

Westley Court Care Home

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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westley Court Care Home is a residential care home providing personal and nursing care to up to 33 people. At the time of our inspection there were 25 people using the service. The service provides support to people under and over 65 with varying needs, including some people living with dementia. The care home provides support to people over 2 floors, both of which have adapted facilities.

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

Risks to people's health and well-being were not always managed safely and guidance and advice from professionals was not always followed. Risks identified during the inspection were discussed with the manager who addressed them immediately. Medicines were not always managed in a safe way. People and their relatives had mixed views on staffing levels. At the time of inspection the provider was recruiting to a number of vacancies.

People told us staff were kind and caring and people told us they felt safe. Staff respected people's privacy.

Further improvements could be made to the environment to support people living with dementia. Some areas of the home were tired and in need of refurbishment. The manager advised a programme of refurbishment was planned to start in December 2023. Staff had received training relevant to people's needs.

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

People and their relatives told us they were happy with the care provided and spoke positively about staff.

Care records were detailed but sometimes contained conflicting and out of date information. Activities were limited due to vacancies in this area. However, we saw a group activity taking place and evidence of some one to one engagement for people who spent time in their rooms.

Management changes had recently occurred, the manager and regional manager had only been in post a few weeks at the time of our inspection. There were a variety of audits in place to provide the manager with oversight of the service, however these were not fully embedded and had not been consistently undertaken prior to the new manager starting. Audits which had been completed had not identified some of the shortfalls found at inspection.

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 22 March 2019).

Why we inspected

The inspection was prompted in part due to concerns received about people's nursing care needs, medicines management, and staffing. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to the safe care and treatment and good governance at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Westley Court 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.

Inspection team

The inspection team consisted of 2 inspectors and a specialist nurse advisor.

Service and service type

Westley Court Care Home 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. Westley Court Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed and was in the process of applying to become registered with CQC.

Notice of inspection

This inspection was unannounced on the first day. Subsequent visits were announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. 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 6 people living at the home and 4 relatives about their experience of the care provided. We spoke with 13 members of staff including the manager, regional manager, nurses, carers, and auxiliary staff.

We looked at 8 people's care and medication records, handovers, staff files and training records. After the inspection site visit, we reviewed further records relating to the safety, quality and management of the service.

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

- Improvements were required in the way risks to people were managed. Where risks were identified, measures to lessen these had not always been implemented.
- Records did not always accurately detail people's needs, or the actions required to meet those needs. For example, a person told us they no longer had any skin wounds, however their recently reviewed care records stated otherwise.
- Staff did not consistently follow the guidance and advice provided by healthcare professionals. For example, some staff had not been following the recommendations made by the speech and language therapist for a person who required a modified diet.
- Information held for another person was contradictory. They had been identified as needing a minced and moist diet in their care plan but was recorded as a soft and bite sized diet in the kitchen. This left the person at increased risk of choking.
- Care plans regarding skin care were not always reflective of current needs. For example, one person's care plan stated they had a current skin condition, however, a staff member told us this was not correct, and the skin had healed.
- Where people were at risk of developing pressure sores and required assistance to change position, monitoring records were not always completed in line with their care plan. This placed people at increased risk of skin damage.
- Some window restrictors did not meet the safety requirements as described by the Health and Safety Executive (HSE).
- We saw equipment being stored in corridors which was blocking fire exits. This placed people at risk of being unable to safely evacuate in the event of a fire.

The provider failed to ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took action following our feedback to ensure people were safe. For example, people who required modified diets were receiving them as recommended and additional training had been arranged for staff.
- All equipment had been removed from corridors and stored in an unused room.
- Window restrictors had been replaced where required.

- Checks for equipment, gas and electrical safety had been carried out by registered contractors as required by law.

Using medicines safely

- The provider had medicines systems and processes in place however, these were not always effective in ensuring people received their medicines safely.
- One person had been prescribed a short course of steroid cream for a skin condition. We found this cream had been given for longer than was prescribed.
- Where people were prescribed medicinal creams, care plans did not accurately guide staff how these should be applied, and some records contained conflicting information.
- Regular audits of medicine were undertaken. Medication incident forms were in place where errors had been identified and actions taken to address these.
- Medicines were stored correctly.
- Staff who administered medicines had received training and their competencies assessed to ensure they remained competent to undertake this task safely.
- People who required medicines at specific times, for example people with Parkinson's disease, were given their medicines at the required time.

Systems and processes to safeguard people from the risk of abuse

- The provider alerted the local authority and the Care Quality Commission about safeguarding matters in response to incidents. However, we did identify a recent issue that had not been reported. The manager informed us they would do this without delay.
- People living in the home felt safe. One person told us, "I feel safe, there are staff here and if you need anything you just have to ring the bell."
- Staff received training in safeguarding and understood the procedures to follow if abuse was found or suspected. Staff told us they felt any concerns would be listened to and acted upon.

Staffing and recruitment

- At the time of inspection, the provider was in the process of recruiting to several vacancies. Gaps on the rota were covered by existing staff or agency.
- Some people and relatives felt there were not always enough staff on duty. One person told us, "I don't think there's always enough staff on and they often appear short staffed. I use my call bell when I need help but sometimes, I have to wait for a long time".
- On the first day of inspection, whilst we observed call bells were responded to promptly, staff did not appear to have time to spend with people engaging in activities. On the last day of inspection, the activity co-ordinator was on duty and there was more interaction and people were supported to eat in the dining room where they enjoyed pleasant interaction with each other.
- Permanent staff were subject to pre-employment checks including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, profiles for agency staff were not fully available or were out of date. This meant the manager did not have the relevant information to assess the suitability of agency staff to work into the home.

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely. On the second day of inspection, there had been confirmed cases of COVID 19, all staff were wearing facemasks, however, some staff were seen wearing masks incorrectly.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of

the premises or that infection outbreaks were being effectively prevented or managed. Cleaning schedules were not fully completed. During the outbreak of COVID 19 there was no evidence to confirm if enhanced cleaning processes of high-risk areas had taken place.

- 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 responding effectively to risks and signs of infection
- The provider's infection prevention and control policy was in the process of being reviewed and reissued.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- Accidents and incidents were reviewed on a regular basis to identify themes and trends and to learn lessons. Information from this was shared in weekly clinical governance meetings.

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 the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff had received Induction training at the start of their employment. Staff that were new to care were not currently being supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The provider was in the process of implementing a new induction which incorporated the Care Certificate where appropriate .
- Staff had completed training in mandatory areas such as moving and handling, safeguarding and fire training and were also trained in other areas to meet the specific needs of the people living in the home, such as epilepsy awareness, Parkinson's, and stroke awareness.
- Staff supervision and support had not been consistent. The provider had identified this in one of their audits. Following this all staff received individual meetings with the manger. The new manager told us she would be introducing a schedule to ensure supervisions were conducted regularly.

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

- The provider had an initial assessment process and consulted with the person or their relative, where appropriate, as part of this process.
- Detailed care plans were in place about how to support people, however guidance was not always implemented by staff.
- Relatives told us they were involved in providing information about their family member before they moved into the home.
- Systems to assess people's risks were based on best practice guidance. For example, Waterlow assessments were used to see if people were at risk of developing skin damage.

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

- There were some areas of the home that were tired and in need of refurbishment. The manager informed us there was a programme of refurbishment due to start in December 2023. We saw samples of colour themes displayed on the wall.
- The environment did not always promote orientation to support people, including those living with dementia to navigate around the home environment effectively in line with best practice guidance. For example, there was minimal signage to explain different areas to people.
- People's rooms were personalised to their own taste.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- We observed several people eating their lunch in the dining room. Some people said they ate in the dining room regularly and told us they enjoyed the food, comments included "The food is lovely" and "It is very nice."
- A relative told us their family member was underweight when they first arrived at the home but now they were having regular meals, they had gained weight.
- Staff supported people who need assistance to eat their meals.
- We viewed 3 people's records, food intake was detailed in all 3 records, however, one person had not been weighed every month as required by their risk management plan. This meant any weight loss may not be identified in a timely manner.

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.

- We saw examples where mental capacity assessments had been completed. Care records demonstrated family involvement in best interest decisions.
- No one at the home had any conditions on their DoLS.
- Staff had received training on MCA and DoLS.

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

- People were supported to access a variety of health professionals. A weekly ward round was held with the nurse practitioner and the GP carried out monthly visits. We saw evidence of other health professional visits such as chiropodist and opticians.
- One person told us there was one occasion they didn't feel very well, and the staff acted promptly and arranged for the GP to visit them.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 living at the home and relatives told us they were happy with the care provided. One relative told us, "Staff are lovely and supportive."
- Some people's cultural and religious needs were being supported. For example, one person was supported to undertake Holy Communion. The manager acknowledged that further work was required to support people of other faiths.

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

- People were asked for their consent prior to staff providing support to them.
- The manager had introduced a 'resident of the day' system where each person had a full review of their needs.
- Advocacy services were referred to where needed. An advocate is an independent person who can help someone express their views and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- People were supported to make their own choices and decisions. For example, staff asked people what they wished to wear.
- Staff understood how to promote people's privacy and dignity and we observed staff provide support in a kind and caring way.
- All staff had undertaken dignity and respect training.

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 outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's care records were detailed and included information on their life history, relationships, healthcare needs, and things that were important to them. However, we did find some care records contained conflicting information as detailed in the safe section of this report.
- We observed in one record, the sexuality care plan had been completed, however, this was more about appearances such as preferences about make-up and nail varnish rather than about relationships or sexuality.
- The provider was in the process of reviewing all care records to ensure they were accurate and up to date.
- An electronic care record system alerted staff to high-risk concerns, for example, around fluid intake.

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

- During our first day of inspection we observed most people spent time in their bedrooms. There was limited activity or opportunity for social stimulation. However, on the last day of our visit, we observed more engagement. A singer who had been booked prior to our inspection was visiting and several people were happy enjoying the entertainment.
- The service only had one part time activity staff member which impacted on the amount of activity within the service. However, their engagement was meaningful and helped achieve positive outcomes for people. For example, one person's speech had improved by using an I-pad to look at artwork and then being encouraged to talk about it. The activity co-ordinator had undertaken a case study with each person so they could get to know them well and tailor the one-to-one time with them in a person-centred way.
- Where people were less able to do more physical activities or verbally communicate, alternative ways of engaging people were used based on their past histories. For example, picking flowers and using them for sensory engagement.
- The provider informed us a full-time activity co-ordinator was starting the week following our inspection.

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's communication needs were identified during the initial assessment and care plans put in place.
- Staff communicated with people depending on their individual needs.

- The regional manager told us they would provide information in other formats, such as large print and other languages should this be required.

Improving care quality in response to complaints or concerns

- There was a system in place for managing and responding to complaints and concerns.
- Lessons learnt from complaints were shared at staff meetings.
- Relatives told us they knew how to raise a complaint. One relative had raised concerns and had received a response from a previous manager.

End of life care and support

- End of life care and support was provided.
- People had end of life care plans where preferences and advanced decisions about resuscitation were documented.
- The manager reported they had good support from the local hospice when needed.

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; 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 had recently appointed a new manager and regional manager. Both had only been in post a few weeks at the time of our inspection. A new quality manager had also recently started in June 2023. The manager told us they were in the process of applying to register with the Care Quality Commission.
- Quality assurance systems, including a variety of internal and external audits were in place to monitor the quality and safety of the service. However, these had not been fully embedded. Audits had not been consistently completed prior to the new manager, regional manager and quality manager starting.
- Policies had not been reviewed regularly. The provider told us they were introducing a new system of policy management. New policies were due to be issued and would be reviewed annually or sooner if changes were required.
- Systems to ensure communication of relevant information relating to people's care needs were not always effective. For example, daily flash meetings were not held consistently and there was no process in place for these to be held on days when the manager was not there.

The provider's systems and processes had failed to robustly assess, monitor and improve the quality and safety of the services and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The quality manager had completed a comprehensive audit over 2 days and had identified some of the shortfalls we found during our visit. These had been added to a service improvement plan. We saw evidence of actions being taken to address areas for improvement identified.
- The manager understood what actions were required to comply with the duty of candour.

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

- There had been inconsistent managerial oversight at the service due to there being no registered manager in place for some time and interim managers in post. This meant the provider's vision and values had not been fully embedded.
- Meetings for people, relatives and staff had not been completed consistently. The manager told us of their plans to put in place a schedule for regular meetings for people, relatives and staff and for staff to have

individual structured supervisions.

- Feedback in the form of "you said, we did" had been completed following a staff survey. The manager and regional manager were in the process of reviewing relatives' surveys.
- Staff told us daily handovers were held at the end and start of shifts, this ensured important information was shared about people.
- The regional manager was supportive of the new manager and shared their vision in developing and improving the service.

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

- People, relatives, and staff had not always been involved in the day to day running of the service. However, more recently, improvements had been made to ensure people, relatives and staff were more engaged. For example, people and relatives had been given the opportunity to give feedback on suggestions for refurbishment to the communal areas of the home.
 - One relative told us, "The staff always tell us how [Person's name] is doing. If we think there is a problem we talk to the nurses, they review care needs daily."
- Another relative told us, "The care here is very good. (Staff members name) has really engaged with [Person's name] to help them to settle in."
- Staff spoke positively about the new management team. Comments included, "The new manager is very good and nice, she is approachable" and, "Suggestions made to the management team are listened to and acted upon accordingly."

Continuous learning and improving care

- The management team were dedicated to improving outcomes for people.
- Weekly clinical governance meetings had been introduced to discuss and share any learning with the team.

Working in partnership with others

- Staff worked alongside GPs and nurses who visited the home on a regular basis.
- The manager spoke about plans to reengage the home with the local community to improve outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not done all that was reasonably practicable to assess and mitigate risks to people. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not operated effectively to drive through improvements in practice in relation to this regulation. |