

Weston Park Care Limited

Weston Park Care Home

Inspection report

Moss Lane
Macclesfield
Cheshire
SK11 7XE

Date of inspection visit:
13 August 2020
14 August 2020
19 August 2020
20 August 2020

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09 September 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

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 for up to 103 people across three units with one unit specialising in providing care to people living with dementia and one specialising in supporting people requiring rehabilitation following discharge from hospital. There were 51 people using the service at the time of the inspection.

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

Some people did not always receive their medicines as prescribed and there was no evidence of appropriate follow up. Staff's competency to administer medicines had been checked, however we identified that staff required additional training in the use of the electronic medicines management system (EMAR). Although we found no evidence of harm, this placed people at increased risk of harm.

The recording of care interventions at the time they took place had improved and we found no evidence of harm, further improvement was required to ensure that records could be relied upon. Following the inspection, the registered manager provided us with an action plan detailing the measures taken/to be taken to address these issues.

Quality assurance systems were in place, and on the whole effective. We noted that improvement was required in terms of medicines audits and of real-time recording, as noted above, however two additional managerial roles had been introduced to support the registered manager which would address this.

People we protected from abuse by staff who had received training and understood their responsibilities. People and relatives told us they felt they/their relative was safe living at Weston Park. Risk assessments were carried out and regularly reviewed to protect people from avoidable harm. Accidents and incidents were recorded with managerial oversight to capture learning to prevent re-occurrence. There were clear procedures to prevent and control the spread of infection. The service had managed the impact of the COVID-19 pandemic well. There were sufficient staff to meet people's needs although staff on one unit were observed to be busy. We discussed this with the registered manager who confirmed during the inspection that staffing levels had been increased in line with revised dependency calculations.

There was a positive atmosphere within Weston Park. Staff and relatives spoke unanimously about the significant difference that the new registered manager had made since their appointment in terms of staff morale, staff knowledge, person-centred care and quality of care. The registered manager had overseen the opening of a new unit during a pandemic period which had been extremely successful.

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 Requires Improvement (Published 20/01/2020) and there were breaches

of regulation. The service has been rated requires improvement or inadequate at the last five consecutive inspections. 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 that not enough improvement had been sustained and the provider remained in breach of regulation 12, however sufficient improvement was made and they were no longer in breach of regulations 17 and 18.

Why we inspected

We undertook this focussed inspection to check whether the Warning Notices we previously served in relation to Regulations 12 (safe care and treatment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this focussed inspection and remains Requires Improvement.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. 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 Weston Park Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified a continued breach of regulation 12 (safe care and treatment) in relation to safe management of medicines at this inspection.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

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

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 ●

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by three inspectors. The inspection site visit was carried out on 13 August 2020 by two inspectors.

Service and service type

Weston Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short period notice of the inspection. Due to the impact of the COVID-19 pandemic we were mindful of the amount of time inspectors were on site. Therefore, records and documentation were requested before the site visit and one of the inspectors reviewed this information remotely.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and contacted seven of their relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, general manager, office manager, deputy managers/nurses, care staff, activities co-ordinator and maintenance person. 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 speak with us.

We reviewed a range of records. This included multiple care and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found including ongoing investigations.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the registered provider failed to ensure the safe use of medicines and robustly assess the risks relating to health safety and welfare of people. This was in breach of Regulation 12 (Safe Care and Treatment) of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that, sufficient improvements had been made with regard to assessing the risks, however, further improvement was required to ensure the safe management of medicines. This was a continued breach of Regulation 12.

- Some people had not received their medicines as prescribed as supplies had not always been managed effectively and there was no evidence of appropriate follow up. Although we found no evidence of harm, this placed people at increased risk of harm and opportunity to capture learning was missed.
- Staff's competency to administer medicines had been assessed. However, it was identified during the inspection that there was a need for additional training in the use of the electronic medicines management system (EMAR). Since receiving our feedback, the registered manager has arranged for formal training to be provided to all staff and implemented additional competency checks.

The registered provider failed to ensure the proper and safe use of medicines. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments were carried out with plans in place to mitigate risks people faced.
- Accidents and incidents were recorded, and managerial oversight was effective in ensuring that actions identified had been carried out and learning was captured.
- An electronic care management system (PCS) provided alerts and information to staff who were able to access and record this on a hand held device.
- Although we found no evidence of harm and recording on the PCS system at point of care had improved, further improvement was required so that records were accurate and could be relied upon. We discussed this with the registered manager who arranged for additional formal training from the system provider to be delivered to all staff and for expectations to be reiterated.

Staffing and recruitment

At our last inspection the registered person/s had failed to ensure staff were deployed effectively to consistently meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found that sufficient improvement had been made and the registered provider was no longer in breach of Regulation 18.

- There were sufficient staff to meet people's needs, although one unit appeared busy. Staff told us, "Waterside is never short staffed", "Fine on Mulberry but Weaver is busier and more difficult" and "We are still short on permanent staff, but they are recruiting, and it will get better." One person felt there was not enough staff and commented "Sometimes you have to wait." A relative also commented about staffing levels on Weaver unit being "a bit low."
- Staffing levels were determined using a dependency calculation tool which was regularly reviewed.
- We discussed feedback and our observations with the registered manager who advised staffing levels on Weaver unit were being reviewed. During the inspection they confirmed that staffing levels had been increased.
- Safe recruitment procedures were followed. The registered manager advised that recruitment was ongoing to increase the permanent staff group.

Preventing and controlling infection

- Effective systems were in place to prevent and control the spread of infection.
- The impact of the COVID-19 pandemic had been well managed by the registered manager and staff. At the time of the inspection, there had been no COVID-19 related deaths within the service.
- The service maintained adequate supplies of appropriate personal protective equipment (PPE) such as gloves, masks, aprons, visors and goggles. Staff told us, "They [registered provider] always have sufficient PPE."
- Staff received and understood training to support effective infection prevention and control practice. Daily COVID-19 meetings took place to cascade and discuss updated guidance and reiterate policies and procedures. Staff told us they felt well informed and information had been provided in an easy to understand way.
- Relatives told us the registered manager had ensured they were kept up to date with measures implemented during the pandemic. A relative told us, "It had been very hard over the last few months because of the virus, but communication and the way they have handled it has been very good."

Systems and processes to safeguard people from the risk of abuse

- Systems, policies and procedures were in place to protect people from the risk of abuse. Staff had received training and understood their responsibilities with regard to safeguarding and whistleblowing.
- Staff felt able to raise any concerns with the registered manager and were confident they would be dealt with appropriately. Staff comments included, "I have 100% confidence things would be dealt with" and "Very much so."
- One person told us they were happy and felt safe living at Weston Park. They said, "I'm very happy here, I feel safe here. It's a nice place this."
- Relatives told us they felt their family members were safe living at Weston Park. They told us, "I have no concerns about Weston Park at all, [relative] is safe and well looked after"; "I think (relative) is safe there, they are doing their very best" and "[Relative] has certainly not been ill-treated."

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement.

This meant the service management and leadership was not always consistent. However, it is proportionate and fair to note the significant impact of the COVID-19 pandemic.

At the last inspection the registered provider's quality assurance systems had failed to ensure continuous and sustainable improvement within the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, although further improvement was still required in relation to audit quality and oversight, sufficient improvement had been made and the registered provider was no longer in breach of regulation 17.

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

- Quality assurance systems were in place and were, on the whole, carried out effectively. However further improvement was required, particularly in terms of medicines audits and real time recording as noted in the Safe section of this report.
- The impact and priority of the COVID-19 pandemic, and the opening of a new unit, had impacted upon the registered manager's ongoing oversight. Measures were taken to address this issue with the introduction of a general manager and office manager roles to support the registered manager. However, commencement had been delayed from March to August due to lockdown restrictions.
- Although there was some initial misunderstanding regarding notifications for events dealt with under care concern procedures, CQC have been notified about events which happened within the service and the rating of the last inspection was displayed as legally required.

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

- Without exception, feedback was positive about the new registered manager and the difference they had made to Weston Park, her knowledge and support. Staff comments included, "I thought things were never going to change, but now it has really improved", "She is so knowledgeable and very person-centred" and "[Registered manager] is great, she has completely changed the atmosphere, the ethics. She has made a massive difference."
- Similarly, relatives felt the new registered manager had made improvements. Their comments included, "The new manager has improved things in the short period of time she has been there. Things are looking up", "[Name] has done very well, she is very good" and "I think they [staff and manager] are absolutely brilliant. Brilliant with me as well".
- The morale within the staff team had improved significantly. Staff commented there was now a feeling of

working as a team. Other staff comments included, "There is a good team feeling and they [staff] are all very supportive of each other"; "I come to work feeling more positive now" and "We have got a good team, work is more enjoyable."

- Outcomes for people had improved, for example regarding weight management and pressure wound care. Staff also had better knowledge of people's individual needs and we observed some person-centred interactions. A relative told us, "I am quite happy [relative] is at that home. I am happy she is getting the attention she deserves."

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

- Staff meetings took place daily to inform of changes and to answer any queries or concerns that staff may have.
- Verbal feedback was sought regularly from people and from their relatives by telephone and email. Relatives were happy with how changes had been communicated and the efforts made to provide visiting arrangements via window/microphone. One relative told us, "We get emails, so we know what is going on, we appreciate that. It is very comforting."
- People were treated as individuals and without discrimination. Policies provided staff with guidance to ensure that characteristics protected by law, including race, religion and gender were respected and incorporated into care planning.

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;

- During the inspection the registered manager was open and transparent in their communication, open to feedback and responsive in their actions to implement measures to make the required improvements.
- Although complaints were not reviewed as part of this inspection, we were aware from information received from the provider that complaints were responded to appropriately with a detailed response including an apology where appropriate.

Working in partnership with others

- Whilst managing the impact of the COVID-19 pandemic, the registered manager had overseen the opening of a new 16 bed unit which supports people discharged from the local hospital where a period of rehabilitation is required. This had been hugely successful with Weston Park working closely with the local authority and NHS.
- All feedback received or shared about the new unit was positive, including from professional agencies. Staff were positive about the opportunity this had provided to enable them to develop their skills and provide high quality care.
- Staff spoke with pride about the success of the new unit. Their comments included, "I feel quite emotional talking about Waterside. It's been really nice to see staff grow, learning. They have done so well" and "With the NHS staff there has never been a them and us, we are a team."

Following the inspection, the registered manager submitted a detailed action plan which included measures implemented addressing areas identified and the introduction of further improved quality assurance systems.

We recognised that improvements had been made to address the previous concerns and the significant difference the new manager has made. However, due to the need for on-going and sustained improvement in safe management of medicines and real time recording we have rated this domain as Requires Improvement. We will check improvements at our next planned inspection.

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
Treatment of disease, disorder or injury	The registered provider failed to ensure the safe use of medicines.