

Weston Park Care Limited

Weston Park Care Home

Inspection report

Moss Lane
Macclesfield
Cheshire
SK11 7XE

Date of inspection visit:
20 November 2019
05 December 2019

Date of publication:
20 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Weston Park Care Home is a care home providing personal and nursing care to 55 people aged 65 and over at the time of the inspection. The service can support up to 103 people. Weston Park Care Home accommodates people across two separate floors. Each floor provides care and support to people with different needs, including residential and nursing care. There are two further units which are currently unoccupied.

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

Governance and quality assurance systems did not effectively identify and address concerns. Audits and systems had identified some areas for improvements. However, some of the issues we found at the inspection had not been identified by the provider's own governance systems. Records were not always complete and accurate.

Risk assessments were carried out. However, where people were at risk of pressure ulcers developing, staff had not always followed measures identified to reduce this risk. Systems in place to monitor nutritional risks such as weight loss, were not always effective, timely action was not always taken to reduce further risk.

Medicines were not always managed safely at the home. We identified issues in relation to staff following correct procedures to administer medication covertly (Hidden in food or drink), safe storage and ensuring an effective supply of medicines. The registered provider could not demonstrate that all staff responsible for the administration of medication, were competent to do so.

There were not always enough staff adequately deployed on duty to meet people's needs in a timely way. The management team had focused on the recruitment of new staff and the use of agency staff had reduced. We saw that procedures had been followed to ensure that staff were recruited safely.

Overall, people were well treated by the staff and their dignity and privacy was respected. However, people also told us that staffing levels and unfamiliar staff sometimes had a negative impact on their care at times.

People were supported by staff who had received appropriate induction and training. The management team had focused on providing further training. Supervision sessions with staff had been carried out but not as frequently as required by the provider and action was being taken to address this.

The management team had undertaken a review of the safe management of nutritional risks and were undertaking regular observations in the dining rooms. Records had been reviewed and the chef had undertaken further training. People were generally positive about the food available and had seen improvements.

People usually had access to healthcare as needed, however, at times there had been a delay in staff

reporting and asking specialist health care professionals advice when people's needs changed. 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 were supported to have choice and control over their care. Work was being undertaken to review people's care needs in consultation with them and their relatives. Care plans were in place which included person centred information, however care plans did not always reflect people's changing needs.

People were supported to take part in activities and their spiritual needs were considered.

A new operations director and operations manager had been appointed just prior to this inspection and had identified some of the issues raised at this inspection. They appeared knowledgeable and were receptive to feedback given at the inspection. After the first day of the inspection they sent us a detailed action plan that indicated that steps were going to be taken to address the concerns identified.

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 26 July 2019) and there were breaches of regulation. This service has been rated requires improvement for the previous four consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also met with the provider and the local authority to discuss the action the provider needed to do to improve to good. At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted in part by the notification of a specific incident and this incident is subject to a police investigation. As a result, this inspection did not examine the circumstances of the incident, but examined any further risk.

Enforcement

We have identified breaches in relation to safe care and treatment, insufficient staffing levels and the governance of the service, at this inspection.

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

Follow up

We will request an action plan for 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 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 safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our responsive findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our responsive findings below.

Requires Improvement ●

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 well-led.

Details are in our safe findings below.

Inadequate ●

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.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Weston Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced on the first day. The provider was then given short notice that we would return for a second day of inspection.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with ten people who used the service about their experience of the care provided. We spoke with 14 members of staff including, the operations manager, two deputy managers, a care team leader, care assistants, a nurse, agency chef, the administrator 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 talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records and meeting minutes

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risk assessments were in place but, action was not always taken to reduce the identified risk. Where people had or were at risk of pressure ulcers developing, staff had not always followed measures identified to reduce this risk. We reviewed repositioning charts and found gaps where positional changes had not always been carried out.
- Staff confirmed that they were unable to carry out positional turns at the intervals identified. We saw that one person was in bed mid-morning. They had not received two positional turns, as required in their planned care. Staff told us they were supporting other people when these turns were due.
- Systems in place to monitor nutritional concerns such as weight loss, were not always effective to ensure timely action was taken to reduce further risk. For example, a person had lost 8.3 kgs in weight from August 2019 to October 2019 but no action had been taken until November 2019.
- Staff had not always taken the correct action in relation to falls. The service had a post falls protocol in place following a fall. The staff thought they did not need to follow the protocol unless the person sustained a head injury. This was contrary to the provider's policy, which indicated action was required even when there was no apparent injury.

This failure to assess and respond to risk was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular safety checks had been carried out on the environment and on the equipment.
- PEEPs (Personal emergency evacuation plans) were in place in the event of an emergency.

Using medicines safely

- Staff had not followed the correct procedures for a person when medication was administered covertly (Hidden in food and drink). This meant their rights may have been infringed. We asked the operations manager to raise a safeguarding referral with the local authority and action was taken to address this.
- Systems for ordering medication left people at risk of not being given their medication as prescribed. We

spoke with one person who told us they were in pain and had only just received their pain medication, as it had run out the previous day. Records confirmed that the medication had not been available in the previous 24 hours.

- The storage of powders used to thicken drinks, did not always follow best practice guidance. We saw two pots of thickener stored in an unlocked cupboard in a communal lounge, these should be stored away safely when not in use. The operations manager was aware of this requirement and acted to address this straight away.
- At the time of the inspection the provider could not demonstrate that all staff responsible for the administration of medication were assessed as competent to do so. A staff member told us they had not had their competency checked and records were unavailable for three other staff members.

The failure to ensure the safe management of medicines was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Feedback from people and staff, combined with our observations indicated there were not always enough staff on duty to meet people's needs in a timely way. People's comments included, "They are very short staffed most of the time," and "Sometimes you have to wait for hours. At getting up time, there's a high demand." Staff said, "If we had more staffing, we would be able to provide care at the right time."
- We observed lunchtime and the hostess based in the dining room was extremely busy. Two people waited for assistance with their meals and did not receive any support for thirty minutes.
- Staff were not always deployed effectively. The home has several lounges and corridors for staff to supervise and they told us they could not always respond to people when they used their call bells.

The registered provider 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.

- The operations manager told us a tool was used to work out the staffing levels based on people's level of dependency and they had planned to review this in line with the lay out of the building.
- The management team had focused on the recruitment of new staff and the use of agency staff had reduced. Procedures had been followed to ensure that staff were recruited safely.
- Whilst the use of agency staff had reduced, during the inspection we observed that agency staff required significant oversight and guidance from the permanent staff team.

Preventing and controlling infection

- Cleaning was carried out. The operations manager told us they were reviewing cleaning schedules with staff.
- Staff had undertaken training in the prevention and control of infection. Staff used person protective equipment such as gloves and aprons as required.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken training in safeguarding and staff knew how to recognise abuse and what actions to take if they felt people were at risk of harm.
- We found that any safeguarding concerns had been identified and reported to the local authority and CQC had been appropriately notified.

Learning lessons when things go wrong

- Accident and incidents were recorded, and the management team undertook a regular audit to identify any themes or trends. These were reviewed to consider any further action required to reduce ongoing risks.
- Action had been taken in response to health and safety incidents and an action plan had been implemented by the provider to help improve practice.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and their relatives had been involved in the assessment of their needs prior to moving to the home.
- Staff used nationally recognised assessment tools to assess people's needs, such as those to assess the risk of a person developing a pressure ulcer.

Staff support: induction, training, skills and experience

- Training records showed most staff had completed eLearning in areas the provider deemed mandatory,.
- The management team had recently focused on providing specific training updates in relation to areas such as first aid and nutrition.
- People told us the regular staff team were knowledgeable and skilled to meet their needs, however some people said agency staff were not as familiar with their needs.
- Each new member of staff undertook an induction when they started, and staff told us they received sufficient training to carry out their roles. Staff told us they felt supported by the management team and were provided with information through handovers and other meetings.
- Staff received one to one supervision sessions with their line manager but the frequency of these had fallen behind. The management team had focused on ensuring all staff had received a recent supervision session.

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

- Following the specific incident, the management team had undertaken a review of nutritional risks, including relevant records, such as those related to the risk of choking. They were undertaking regular observations in the dining rooms and the chef had also undertaken further training.
- Records used to demonstrate the specific consistency of food or drinks provided, were not always fully completed. Therefore we were not assured people's needs had been met safely. The operations manager had identified this and had started to address this recording issue with the staff.
- The provider had commissioned a food supplier to provide meals to the service. People and visitors had taken part in taster sessions and gave some positive feedback about the food available.
- People commented that the food was "Very good, there's plenty of choice" and "There's been a big improvement in the food."
- We have referred to issues around the management of risks in relation to weight loss in the safe section of this report.

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

- People were helped to find their way around the building through signage and different coloured doors. People had access to several lounge areas and a garden.
- There were accessible toilets and bathrooms in the home. Access to the building and different units were controlled to help ensure people's safety.
- People's bedrooms were individual and personalised with their belongings.

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

- At times there had been a delay in staff reporting and asking specialist health care professionals advice when people's needs changed. For example, when a person had lost a significant amount of weight there had been a delay in obtaining dietician input.
- People usually had access to healthcare professionals as needed. Records demonstrated referrals were made to health professionals, such as tissue viability nurses and speech and language therapists.
- A local GP visited the home on a regular basis, which enabled people's health needs to be reviewed as required.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Overall, assessments had been completed when people lacked capacity and best interest decisions were recorded as required. However, we have raised a concern in the safe section of this report regarding the covert administration of medication where the MCA had not been followed.
- Staff had received training in MCA and asked people for consent to ensure they were able to make daily choices.
- Where required appropriate DoLS applications had been made in people's best interests to ensure their rights were protected. Any conditions which had been made were being met.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Occasionally people didn't feel well supported especially when staff were unavailable to respond to their needs. We saw one person in their bedroom who had been unwell, they told us they had told a member of staff but had been kept waiting for some time to go back to bed.
- At times, the lack of consistent staff impacted on how familiar people felt with the staff. For example, one person told us they felt worried in a morning about who was a duty and how they would be supported with their continence needs. They also commented, "I have to start explaining my problems to new people, it's great when it's someone I know."
- People told us familiar staff understood their needs, treated them well and in a caring manner. Comments included, "They're very very caring," and "When they eventually come they are really good with me, nothing is too much trouble."
- We observed some positive interactions between people and staff who were sensitive, kind and considerate in the way they treated people.
- People's diverse needs were respected, and care plans detailed people's cultural and spiritual needs. Religious services took place regularly at the home.

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

- The management team had now introduced a "resident of the day" system and were working through reviewing people's care needs with the person and/or their relatives where appropriate.
- Some people were able to make decisions about how they spent their days and staff respected these choices. For example, where they ate or whether they wished to take part in activities.
- Regular relatives' meetings were held, which enabled people to give feedback about the service. "You said, we did" information was displayed to demonstrate action taken in response to feedback.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. Staff understood how to promote people's dignity and we also saw examples of this, such as knocking on doors
- People were supported to maintain their independence where possible. One person told us they liked to be as independent as possible and were able to manage aspects of their personal care independently.

Is the service responsive?

Our findings

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

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

- The majority of staff knew the people they were supporting. Overall people told us they had choice and control over the support they received, for example the time they wished to go to bed. However, one person told us they used to have a regular bath but since staff changes they did not have this as often as they would like.
- Each person had an electronic care plan in place. These care plans contained individualised information including peoples likes, dislikes, interests, communication and healthcare needs.
- Care plans did not always reflect people's changing needs. For example, one care plan stated a person had a pressure ulcer. This had now healed but the care plan had not been amended to reflect the changes. The person had lost weight and despite staff telling us action was being taken, this was not recorded in the care plan.
- The new operations manager told us they had developed a new tool for auditing care plans and had started to audit and review plans to ensure they included all the necessary information and were up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly assessed and detailed in their care plans.
- The operations manager had identified some areas where the service could meet the AIS more effectively, for example they planned to introduce pictorial menus.

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

- Two activity coordinators were employed at the home and people were supported to take part in a range of activities. One person told us, "In the main it's good, entertainment is very good".
- The new operations manager had started to work closely with the activities team to provide guidance and an improved structure. A programme of activities was available.
- During the inspection we saw people taking part in an armchair travel session. Christmas themed activities were taking place including crafts, decorations and entertainment.
- The home provided namaste sessions for people, where they received therapeutic interventions designed specifically for people living with the advanced stages of dementia.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints. The complaints procedure was on display within the home.
- People told us they felt able and knew how to raise any concerns or complaints.
- Records showed us that complaints had in the main been responded to appropriately. However, there were two concerns recorded, but there was no further information to demonstrate how these issues had been addressed. We raised this with the operations manager.

End of life care and support

- People had been consulted about their wishes if they should need end of life care and care plans developed to ensure their preferences in this area were met.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders were in place for people who had expressed a wish not to be resuscitated
- Nurses had undertaken end of life training with a local hospice and further training was planned.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the previous inspection we found the provider continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of effective oversight or systems to monitor and improve the quality of the service. At this inspection we found that the provider had not made the improvements needed and were still in breach of this regulation.

- The service has failed to meet the fundamental standards since 2016, Whilst there have been changes to the management team, the provider has failed to improve the service.
- At our last inspection we found two breaches of regulations. At this inspection there were two continued breaches and a further breach of regulation. Governance and quality assurance systems had not effectively identified and addressed our concerns.
- There were audits and systems which had identified some areas for improvements but some of the issues identified at the inspection had not been identified by the provider's own governance systems. These included acting quickly to address nutritional risks in relation to weight loss, identifying where staff had not carried out required care and the safe administration of medicines.
- Systems in place to monitor and respond to potential injuries following falls, had not always been followed. Monthly accident and incident audits had failed to identify the falls protocol was not always adhered to
- There was a continued failure to highlight or address concerns raised about poor record keeping, such as gaps in positional charts and records in relation to food and fluid.
- Staff used electronic records which contained information about service users care needs. However, the provider had not ensured records were complete and accurate and staff had been given effective information about the use of systems.
- At the last inspection we identified that photographs taken of bruises and wounds were not always stored correctly on the electronic system. Again, we found photographic evidence of bruising was not always been stored effectively. The Operations manager had already highlighted this as an area of concern and was providing guidance to staff about requirements.
- Records in relation to fire drills were not robust enough. There was no records in place to evidence that night staff had been included in any recent fire drills.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had responded to the previous inspection and had recently commissioned the services of a consultancy agency. A new operations director and operations manager had been appointed just prior to this inspection.
- The new management team had identified some of the issues raised at this inspection, they appeared knowledgeable and had started to act to address some of the areas for improvement.

Continuous learning and improving care; Working in partnership with others

- The new management team were receptive and responsive to feedback given at the inspection. After the first day of the inspection they sent us a detailed action plan that indicated that steps were going to be taken to address the concerns identified.
- The provider was working with the local authority to address issues they had identified through a recent quality audit and working on improvements via an action plan.

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

- Notifiable incidents had been reported to the CQC as legally required.
- The provider had their latest CQC rating on display in the home and on their website as legally required.

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

- Overall staff told us they felt supported. They told us the registered manager and management team were approachable and visible.
- The provider had sought people's views and staff views using satisfaction surveys.
- Meetings were held on a regular basis for relatives. We saw that staff meetings were held, and the management team had reintroduced daily communication meetings.

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 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	People did not receive care and support from adequate numbers of staff to meet their needs at all times and keep them safe

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to do all that was reasonably practicable to reduce risks. Medicines were not managed safely.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider's quality assurance systems had failed to ensure continuous and sustainable improvement within the service.

The enforcement action we took:

Warning notice