Weatherstones House Care Limited

Weatherstones House Nursing Home

Inspection report

Chester High Road
Neston
Cheshire
CH64 7TD

Tel: 01513368383

Date of inspection visit:
15 November 2021
24 November 2021

Date of publication:
14 January 2022

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

Weatherstones House Nursing Home is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 31 people in one adapted building.

People's experience of using this service and what we found
There were sufficient care staff on duty to meet people's needs. However, improvements were needed to make sure staff files contained all the required information before staff started work.

Domestic staff vacancies meant there was not always enough staff available to undertake deep cleaning. The provider was trying to recruit to the posts and had rearranged tasks so that more cleaning could be undertaken at night.

Improvements had been made to the governance and oversight of the service, however, these needed to be further developed and become embedded into day to day practice.

We made a recommendation about the governance of the service.

Improvements had been made to the arrangements for the management of risk of COVIDovid-19 and record keeping. Risk assessments had been completed and care plans had been brought up to date. Medication was safely managed, and systems were in place to identify and report events that could place people at risk of harm.

People and their relatives spoke highly of the caring nature of the staff and had confidence in the managers' ability to lead the staff team and manage the service.

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 9 July 2021 and there were multiple 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 8 July 2021 . 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 was a planned inspection based on the previous rating.

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 Requires Improvement. 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 Weatherstones House Nursing Home on our website at www.cqc.org.uk.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well led findings below.

Weatherstones House Nursing 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 so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Weatherstones House Nursing Home 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 did not have a manager registered with the Care Quality Commission . This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service one hours' notice of the first day of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We also received feedback from the local authority and the Clinical Commissioning Group commissioners.

During the inspection
We spoke with three people who used the service about their experience of the care provided and four people's relatives. We spoke with six members of staff including the provider, manager, a nurse, two care workers, the deputy manager. We also sought feedback from the local authority and the local clinical commissioning group (CCG).

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We requested records and documentation to be sent to us and reviewed these following the inspection visit. We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 inadequate. At this inspection this key question has now improved 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.

Staffing and recruitment

● Recruitment processes were not robust. Evidence the required security checks had been completed prior to staff being deployed, was not available in staff files. Assurances were provided these had been obtained but not filed appropriately however, full work histories had not always been obtained. This was an area of practice that needed to improve.

● There were sufficient numbers of staff on duty to meet people's needs. However, staffing levels were not determined by an assessment of people's needs and were inconsistent. The manager assured us they would be introducing a dependency tool in the near future to calculate the actual number of staff needed to provide safe care and treatment to people.

● People and their relatives felt there were enough staff on duty and their loved one's needs were met. One relative told us, "It is an exceptionally caring home, the care the carers give is very good. That is what makes the difference; they have care and compassion and those two things combined is rare to find."

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

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm and was a 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.

● Arrangements for the prevention of the spreading of COVID-19 had significantly improved. Although, improvements had been made to the cleanliness, deep cleaning schedules had not always been followed. The provider explained they had not been able to recruit to the vacancies they had for domestic staff. Following the inspection, they confirmed they had re-advertised the roles and rearranged the cleaning schedule so more cleaning could be completed at night.

● Care plans had been updated and contained up to date and appropriate risk assessments to meet people's care and support needs. The fire risk assessment and peoples' personal evacuation plans (PEEPS) had been brought up to date.

● The management of 'as required' medicines (PRN) had improved. Staff had access to guidance for when PRN medicines, such as painkillers, could be administered and the rationale for administering these medicines was recorded. People received medication from appropriately trained staff.

● Accidents, incidents and unexplained injuries had been recorded and the manager told us they had been reviewed to look at how risks could be minimised in the future. However, records were not sufficiently detailed and needed to improve.
● People and their relatives felt the service was safe. One relative commented, "My relative feels safe there and now refers to it as their home. We have the security knowing they are safe and I've never had a moment when I've worried about them being there. They have never had a fall or injury since they've been there."

Systems and processes to safeguard people from the risk of abuse
● People were protected from harm. The provider had systems in place to recognise safeguarding concerns and acted and reported on them appropriately. They reported other events which did not meet the threshold for safeguarding investigation, to the local authority in line with local protocols.

Requires Improvement

Is the service well-led?

Our findings

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 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; Continuous learning and improving care.

At our last inspection there had not been sufficient oversight of the safety and quality of the service being provided for people. This placed people at risk of harm. This was a breach of regulation 17 (Good 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.

● Improvements had been made to the oversight of risk within the service and the quality assurance systems in place. However, these systems needed to be further developed to make sure they measured against current guidance and are embedded and sustained over time.

We recommend the provider seek advice and guidance from a reputable source, about implementing, measuring and reviewing the delivery and safety of the service against current guidance.

● Records had improved. Care plans were more detailed and accurately reflected people's care needs. Systems had been introduced to monitor whether staff had completed training essential to their role.
● Oversight of the adherence to the COVID-19 government guidance and infection, prevention and control guidance for care homes had improved.

Working in partnership with others
● The manager worked well with other agencies such as the local authority and Clinical Commissioning Group (CCG). This helped them to bring about improvements and ensure good outcomes for people.
● Relatives felt informed and consulted. One relative told us, "The management is massively different and brought about big changes. I've every confidence in the new manager's ability to lead the team and manage the home." Another relative commented, "As far as we're concerned, they treat us as part of their extended family. We take part in their testing and they provide us with PPE. I have complete confidence in the manager and trust them. They keep me fully informed, I don't have to ask for anything."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People's care plans had been written in consultation with them and their family members. One relative told us, "We filled in all the documentation and the care plan recently. The manager asked my loved one

questions about what was important to them. We arranged it for a day I was visiting, and we did it together." Another relative told us, "We reviewed my relative's care over the phone. The meeting was planned in advance. I can pick up the phone anytime; if there were any issues, I know the manager would sort it out, not that I need to."

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

- People's wishes to see their relatives were documented. Records of people's contact with their relatives and visiting professionals had been maintained. Records of discussions with the relatives and healthcare professionals of people who lacked the capacity to make certain decisions, was documented.
- People were encouraged to take part in activities at the service. One relative told us, "[Staff members name] is amazing, they do all the activities and always encourage my relative to come and take part. Sometimes they just watch what is going on but it's nice that they feel involved in what is going on."

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 registered manager was aware of their responsibilities around Duty of Candour legislation. There had been no specific incidents which required them to act on that duty.