

West House Carehome Limited

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Inspection report

West House
Waldrige Road
Chester Le Street
County Durham
DH2 3AA

Tel: 01913871533

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19 October 2022

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16 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

West House Care Home Limited is a care home providing personal and nursing care to up to 26 people. The service provides support to older people. At the time of our inspection there were 26 people using the service.

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

Fire safety systems had improved. A new fire risk assessment had been carried out and staff had completed fire safety training. The provider was renovating the home, new bathrooms and shower rooms had been installed and areas of the home had been redecorated. Quality assurance systems were effective, but the registered manager had plans to make further improvements. Risks to people were identified and managed. The registered manager had submitted the required statutory notifications to Care Quality Commission following significant events at the home.

The provider operated a robust recruitment process. Medicines were managed safely. Infection prevention and control systems were effective. The provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training.

The home had a warm friendly atmosphere. Staff were kind and considerate when supporting people.

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.

The registered manager had a hands-on approach. Staff told us they felt supported by the registered manager and provider. The home worked with external healthcare professionals to support and maintain people's health. People, relatives and staff were regularly asked for feedback.

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 17 May 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. 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 West House Care Home Limited on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

West House Care Home Limited

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

An inspector carried out this inspection.

Service and service type

West House Care Home Limited 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. West House Care Home Limited 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 October 2022 and ended on 28 October 2022. We visited the service on 19 October 2022.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people about their experience of the care provided. We spoke with 8 members of staff including the registered manager, the deputy manager and a nurse, a cook, and 4 care staff.

We looked at the care records of 3 people, a sample of medicines records and other records related to the management of the home.

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

- The provider had improved the fire safety systems. A new fire risk assessment had been conducted, staff had completed fire safety training and fire drills were regularly carried out.
- Environmental improvements had been made. New shower rooms and bathrooms had been installed and areas of the home had been decorated. The registered manager explained that the provider's plan had not been fully completed due to unexpected essential work needed.
- Environmental and individual risks were identified and managed. Nurses had recognised the electronic care plan system did not support effective risk assessments and had produced additional supporting documentation to ensure risks were managed.
- People lived in a safe environment. Regular checks were carried out of the premises and equipment.

Using medicines safely

At our last inspection systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

- People received their medicines as prescribed. Staff were kind and patient with people when administering medicines, ensuring people received their medicine as they preferred.
- Staff responsible for administering medicines had completed the appropriate training and competency checks were regularly carried out.
- The provider was proactive in making changes. They recognised the electronic medicines recording system was not effective due to the internet connection and an alternative written process was introduced whilst a solution for the problem was found.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to reduce the risk of abuse and harm. Staff had completed safeguarding training.
- Information from accidents and incidents were analysed to identify any lessons learnt.

Staffing and recruitment

- A safe recruitment procedure was in place. The home conducted checks included Disclosure and Barring Service checks and obtaining references before new staff were employed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough staff were on duty to meet the needs of people. The registered manager regularly reviewed staffing levels to ensure people's changing needs were met.

Visiting in care homes

- People were supported to maintain contact with their family and friends and visitors were welcomed at the home.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 changes to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had not notified us of all relevant events at the service as required. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager understood the legal requirement to notify the CQC of certain accidents, incidents and events. The home had submitted the required statutory notifications to CQC.

At our last inspection systems were either not in place or robust enough to demonstrate the service was effectively managed. 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.

- The provider had created a plan to improve the environment and quality assurance processes had been developed.
- The provider and management team carried out audits to monitor the quality of the service. The registered manager recognised further improvements could be made and a plan was in place to achieve this.

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

- People and their relatives had opportunities to share their views. People were encouraged to give feedback daily. One person told us, "They look after me well."
- Staff had opportunities to express their opinions in supervisions and team meetings.

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

- The home had a warm friendly atmosphere. Staff worked well together and were passionate about ensuring people received good care and support.

- The registered manager had a hands-on approach. Staff told us they felt supported by the registered manager and provider.

Working in partnership with others

- The service worked closely with health and social care professionals to ensure people received joined up care.

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; Continuous learning and improving care

- The registered manager and the provider understood their duty of candour responsibilities. The home was responsive to concerns identified and quick to put things right.
- The registered manager and staff fully engaged with the inspection process.