

Advinia Care Homes Limited

West Ridings 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

West Ridings Care Home is a nursing home which provides nursing and personal care for up to 180 people with various health conditions, including people living with dementia. Accommodation is provided in 4 purpose-built, single storey buildings with disabled access. These were known as Wensleydale, Calderdale, Swaledale and Wharfedale. There were 94 people using the service at the time of our inspection.

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

There was a system in place to manage medicines. However, we identified some shortfalls in relation to the storage and management of people's medicines. The service was clean overall, although there was a need for more thorough monitoring of equipment in the kitchenettes in each unit.

People were supported to have maximum choice and control of their lives and staff supported them in them in the least restrictive way possible and in their best interests. The management team was working to ensure the records, policies and systems in the service always supported this practice. The management team were aware of the need for improvement in some areas of people's care planning and records, including records about the Deprivation of Liberty Safeguards (DoLS). The manager had created an improvement plan and was working to this, to ensure shortfalls were addressed.

The manager was working to ensure the system to monitor and manage the quality and safety of the service was effective. However, there was further work to do to achieve this and some audits and checks needed to be strengthened.

Some areas of the home had been redecorated and further redecoration was needed, as not all units were of a similar standard. We received mixed feedback about the food and the staffing levels, although overall, we found people were supported to eat and drink enough and there were enough staff to keep people safe.

Staff received the training and support needed to help them to meet people's needs. People said staff were proactive in supporting their health needs and arranged any health care they needed promptly. We received a lot of very positive feedback about the care staff from people and relatives. One person said, "I would know who to complain to. It is lovely and well run here. Just being here is the nicest thing. Nothing to improve. They [staff] are all nice and I love them all."

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 21 December 2022).

Why we inspected

We received concerns in relation to nutrition, unexplained injuries, and the standard and culture of nursing

care. As a result, we undertook a focused inspection to review the key questions of safe and well-led. During our inspection visit, issues were identified, and the inspection was expanded to include the effective key question.

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.

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 good to requires improvement based on the findings of this inspection.

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

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

Enforcement and Recommendations

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to safe care and treatment, and good governance during this inspection.

We have made recommendations regarding staff deployment and internet access in relation to people's electronic care records.

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 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 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 not always effective.

Details are in our effective 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 ●

West Ridings 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.

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 4 inspectors, including a member of the CQC medicines team and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection team was also accompanied by 2 members of the CQC management team.

Service and service type

West Ridings Care Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under 1 contractual agreement dependent on their registration with us. West Ridings 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

A new manager had been recruited and had been in post for 2 months at the time of our inspection.

Notice of inspection

The inspection was unannounced. We visited the service on 5 July 2023.

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 also contacted 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 (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 15 people who used the service and 8 relatives. We spoke with staff including the manager, clinical deputy, nurses, care staff, activities coordinator, administrator, laundry and domestic staff and a member of the provider's management team. We reviewed records relating to medicines management. We looked at 10 people's records relating to their care, and a range of records relating the management of the service.

After the inspection visit the manager sent further records to us for review, in relation to the management of quality and safety of the service, medicines, Deprivation of Liberty Safeguards, staffing, staff training and support, and engagement with people using the service, their relatives and the staff.

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.

Using medicines safely

- We identified shortfalls in relation to the storage and management of people's medicines.
- Medicines were not always kept safely. A medicine trolley in use in the lounge where people were present could not be locked. The temperature of medicine refrigerators was not accurately monitored, and we found medicated creams in unlocked cupboards in 2 people's bedrooms.
- Stocks of controlled drugs (CDs) were checked weekly. However, a recording error in the CD register for 1 drug had been unnoticed at each check. A controlled drug is a prescription medicine that is subject to strict legal controls to prevent it from being misused, obtained illegally, or causing harm. Some CDs were not stored in the way required by law.

The provided had not always ensured the safe management and storage of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they were happy with the support people received with their medicines. Staff administering medicines were appropriately trained.
- The clinical deputy told us a recent review of medicines in a unit caring for people living with dementia had led to positive outcomes for people, including reductions of the use of people's antipsychotic medicines.

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

- Overall, people's risk assessment and care plans provided sufficient information on how staff should support people.
- There was guidance to help staff assist people safely, although in one person's moving and handling plan would have benefitted from further detail. Food and fluid intake charts were in place for those assessed as at risk in this area. However, these records would also benefit from being more detailed, to support monitoring if people were achieving their target intake.
- The manager was aware of the need for improvement in some areas of people's care planning and records. They had created an improvement plan and were working to this to ensure shortfalls were addressed.
- Systems were in place to manage accidents and incidents. Monthly analysis was undertaken, and any actions were identified and completed. The management team had oversight of all incidents in the service.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Whereas the main catering kitchen was clean, there was a need to strengthen the audit of equipment in the kitchenettes, where drinks and snacks were prepared, and meals were served in each unit. For instance, some fridge seals were broken, and fridge temperatures were not monitored. We discussed this with the management team at the time of the inspection and they took immediate action to address this. We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People's care records showed visiting was enabled. The service supported visits for people using the service in line with current guidance.

Staffing and recruitment

- Recruitment checks were carried out before staff started work at the home.
- Overall, there were enough staff to keep people safe and the manager told us there were systems in place to review and adjust staffing levels, as needed.
- We received mixed feedback about staffing. Half of the people and relatives we spoke with felt there were enough staff to meet people's needs but there were others who felt there were times when staff were 'thin on the ground'. People using the service told us, "Yes, there are enough staff." Whereas, another person said, "When I ring my buzzer, [staff] are a bit slow as they are run off their feet. They need more nurses."
- One relative said, "Oh yes, there are enough staff. There is always 1 person in this area and often 3 or 4." While another relative said, "No, there aren't enough staff. Also, agency staff, there's lots of things they can't do, permanent staff always do best."
- We saw times when people were left unsupported in communal lounges while staff undertook other care duties. Staff told us there were times they felt under pressure to be in more than one place at a time. This was particularly at key times of the day. One staff member said, "We have people that need 2 staff to support, this is hard. People do get their needs met, but it is a rush."

We recommend the registered provider review their deployment of staff to make sure all aspects of the service operate in line with current good practice guidance.

Systems and processes to safeguard people from the risk of abuse

- An effective safeguarding system was in place.
- People told us they felt safe; comments included, "I feel safe here because I feel comfortable. I am happy here. The staff are good, and kind", "I am happy with the care, and I feel safe as there is always somebody here" and, "I feel safe, and if I am not happy, I tell [staff]. They are my family." Relatives confirmed they felt people were safe. One relative said, "[My family member] is safe and well cared for. They have had no accidents here. The staff are good and caring. There is always consistent staff."
- Records showed safeguarding allegations and incidents were appropriately identified, reported, recorded and monitored.

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.

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.

- It was not always clear in people's individual records if appropriate legal authorisations were in place, where needed, to deprive a person of their liberty.
- We discussed this with the manager who was fully aware of the need to improve people's records in relation to consent and DoLS. They had created a register of DoLS in place for people and their date of expiry. The register included the date DoLS had been applied for and action taken to follow up any applications that remained unassessed by the relevant local authorities. This ensured there was information available to staff while progress was made with updating people's records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed before they moved into the service and this information was used to develop care plans and risk assessments. This helped to make sure staff understood how people's care was to be delivered.
- People said staff were proactive in supporting their health needs and arranged any health care they needed promptly and with their consent. One relative said, "They get an optician for [my family member] and a chiropodist. We mentioned about a dentist, and they get a doctor."
- Records reflected a range of professionals were involved in people's care and treatment and people were supported to access healthcare services to meet their needs.

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

- Whilst re-decoration was ongoing and some areas the service had been redecorated, further improvements were needed to make sure the décor was of a good standard throughout the service. Some units, for example, Calderdale, were less well presented than others.
- The units for people living with dementia were more 'dementia friendly' than others. Signage and the use of colour helped support people's orientation. Although, in some units, people's bedroom doors were the same colour as other doors and had small identifying numbers on them. This would make them difficult to read for people with impaired sight.
- People said they were happy with their rooms. One person said, "My bedroom is small but is good and I have my family photos up." And one relative told us, "[My family member's] room is clean and pretty, and their bed is always made."

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

- Overall, people were supported to eat and drink enough and were offered a choice of food and drink.
- However, several people said there was a lack of fresh vegetables. People also said their meals had often gone cold before they received them. We also saw meals were not covered when taken to people who had their meals in their rooms. The manager was aware of these issues and told us they were working with the kitchen staff to improve meal provision. A meeting was scheduled to enable people and relatives to discuss people's food choices and menus.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to meet people's needs.
- New staff completed an induction which incorporated 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.
- Records reflected staff training and support was conducted in line with the provider's policy and mandatory training, support, and development requirements. Staff confirmed this. One staff member said, "We do a lot of training." Staff confirmed they had regular 1 to 1 discussion with their line managers.

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; Continuous learning and improving care

- There had been a period of change in the management team and the new manager had been in post for 2 months. They had undertaken an initial assessment of the areas they felt needed improvement and created an improvement action plan, to address the shortfalls they identified.
- The manager was making progress in ensuring the provider's quality assurance systems were properly implemented and effectively monitored the quality and the safety of the service. However, there was further work to do with this. This included in the areas of DoLS, staff deployment, risk management and care planning, records, and environmental improvements. In addition, not all the shortfalls we identified during the inspection had been picked up.

The provider had not ensured systems and processes operated effectively to monitor and mitigate the risks relating to the health and welfare of people and to improve the quality and safety of the service provided. This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Management staff told us the provider was further developing the electronic care management system, which was used to record, report and monitor people's care and support. However, at the time of our inspection, staff told us they often struggled to gain access to people's records and complete entries due to issues with internet connection.

We recommend the registered provider review the internet systems within the service and take action to ensure reliable access for staff to people's electronic records.

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

- We received positive feedback about the caring nature of staff from people and relatives. One person said, "I would know who to complain to. It is lovely and well run here. Just being here is the nicest thing. Nothing to improve. They [staff] are all nice and I love them all." A relative told us, "The staff are very friendly and are approachable, kind and caring. They are always able to help answer questions."
- Staff spoke respectfully and fondly of the people they provided care to and told us their colleagues were helpful and supportive.

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

- There were systems to involve people in the running of the service.
- Some people confirmed they had completed questionnaires about the quality of the service. There had been a residents' and relatives' meeting since the new manager had come into post. Although, one person told us this had been the first in some time. There was evidence of people's feedback influencing the way the service was run.
- People's comments included, "It is well run and organised. I have spoken with the manager, and she is approachable." And, "I have told the boss I like it here. I don't want to go anywhere else. They are good. If I didn't like it here, I wouldn't be here."
- Staff reported to their line managers in each unit. They spoke positively about the support they received from them. However, some staff commented about the negative effect of several changes of home manager in recent years. One staff member said, "The home managers don't stay for long, they come, and they go. We need stability."
- Staff we spoke with were worried about the future of the service. One staff member said, "We are uneasy, we feel like we never know what is going on, we hear rumours that [the service] is going to shut. No one ever tells us anything." The manager was aware of these issues and was taking action to improve information sharing within the management and staff teams.

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; Working in partnership with others

- Staff worked with health and social care professionals to make sure people's needs could be met.
- Records demonstrated the provider was aware of and was meeting their responsibilities under the duty of candour.
- The provider notified CQC of incidents at the service in line with legal requirements.

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 provided had not always ensured the safe management and storage of medicines. Regulation 12(2)(g).
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 had not ensured systems and processes operated effectively to monitor and mitigate the risks relating to the health and welfare of people and to improve the quality and safety of the service provided. Regulation 17(1).