

Westmorland Healthcare Limited

Westmorland Court Nursing and Residential Home

Inspection report

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Date of inspection visit:
08 February 2023
10 February 2023

Date of publication:
22 March 2023

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

Westmorland Court Nursing and Residential Home is a residential care home providing personal and nursing care for up to 48 people aged 65 and over. At the time of this inspection the service was supporting 32 people. The service provides care for older people, older people living with dementia. The accommodation is provided over 3 floors.

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

Medicines were not always being managed safely. However, since the last inspection in 2019 where we found some similar concerns, we did find that some improvements had been made to address those concerns at that time.

Most risks relating to people's needs had been identified. However, some assessments for managing the risks were not in place. The registered manager took immediate action to ensure these were completed. There were enough staff to adequately support the number of people using the service. Recruitment processes in place ensured staff were suitable to work with vulnerable people.

Systems were in place to record accidents and incidents. These were consistently monitored to identify any lessons learned, themes or trends. Safeguarding incidents were identified and shared with the local authority. However, not all of the incidents had been notified, as legally required, to us. We have made a recommendation about submitting statutory notifications.

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.

Training records seen demonstrated appropriate and relevant training was completed. Referrals were made to other healthcare services where necessary. People told us they thought the care they received was very good and spoke positively about the staff who supported them. People told us the staff treated them with respect and dignity and were kind and caring towards them.

There was regular oversight of the safety and quality of the service. However, the processes in place did not identify all the concerns we found with the safe management of medicines. We have made a recommendation the provider further develops the systems and processes used to oversee the quality and safety of 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 requires improvement (published 28 August 2019)

We carried out an unannounced comprehensive inspection of this service on 17 June 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe management of medicines.

At the inspection on 17 June 2019 we also made a recommendation about checking practical training for the management of medicines. We also made a recommendation at the last targeted inspection published 16 November 2022 about having a robust system in place for recruitment checks for agency staff. At this inspection we found the provider had acted on these recommendations and had made those improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. At this inspection we found the provider was in breach of regulation. We found no evidence during this inspection that people were at risk of harm from this concern.

The overall rating for the service has remained as requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

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.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westmorland Court Nursing and Residential Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to the management of medicines at this inspection.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Westmorland Court Nursing and Residential 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 an inspector, a medicines inspector and Expert 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.

Service and service type

Westmorland Court Residential and Nursing Home 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. 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.

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 8 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, clinical lead and care workers. We also spoke with a visiting social worker. We reviewed a range of records. These included 5 people's care records and 8 medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including some policies and procedures.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

At the inspection in June 2019 the provider had failed to safely manage as and when required medicines, self-administration and storage of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection some compliance of that breach was seen in self-administration and the storage of medicines was found to be safe. Not enough improvement had been made in the management of as and when required medicines. The recording of thickeners and the safe timing of medications meaning the provider was still in breach of regulation 12.

Using medicines safely

- At the inspection in June 2019 we found the written care plans (protocols) for medicines used for as and when required (PRN) were not always available. Those that were did not always contain person-centred information particularly for medicines used for agitation.
- We found for 2 people with medicines prescribed to be used when required for agitation the written protocols were not available. We also found some protocols were not always available at the point of administration of medicines for staff to refer to.
- The provider had a procedure in the clinic room for staff to follow in the event of the medicines fridge being found to be out of recommended temperature range. However, staff were only recording the minimum and maximum temperature and not the current temperature. These recordings were not always consistently completed.
- Staff were not always recording when thickened fluids were being given to people so we could not be sure these were being managed safely.
- We found for 2 people prescribed paracetamol the required safe 4 hour gap between doses had not always been observed by staff and on several occasions people had received doses too early.
- Medication administration records for topical preparations such as creams were not always completed accurately, and we could not be assured that people were having them applied correctly
- Staff managed covert medicines (medicines that are hidden in a person's food or drink) well and ensured they had instructions from a pharmacist to be sure they were administered in a safe manner. Medicines were stored securely throughout the service.

We found no evidence that people had been harmed. However, medicines management was not always safe which put people at risk of harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and clinical lead responded immediately during and after the inspection. They confirmed care plans, medication records and risks assessment documentation were being reviewed and

improved.

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

- Not all risks relating to people's needs had been identified. Some records seen did not always provide a detailed plan for managing the risks. The registered manager took immediate action to ensure records were updated and reflective of people's needs.
- The provider has systems in place to record accidents and incidents. We saw evidence that action had been taken to appropriately deal with them.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse and to provide people's care in a safe way.
- People and their relatives told us they felt the service was safe. One person said, "Yes I do feel safe."
- Staff told us they were comfortable raising any concerns with the registered manager.
- The registered manager reported any concerns to the local authority safeguarding team in line with their guidance. However, some statutory notifications that should have been submitted to us had not always been sent.

We recommend the provider ensures systems are in place to identify when statutory notifications are required to be submitted.

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

We made a recommendation at the last inspection that a robust system for recruitment checks for agency staff was implemented.

- The provider had made improvements to the recruitment processes to show the relevant right to work checks were being made for staff employed from overseas. Staff employed had been checked to ensure they were suitable for their role.
- The provider was continually recruiting, and we noted recruitment was difficult due to the rural location of the home. The provider ensured staffing levels remained consistent with the use of regular agency staff.
- The registered manager continually assessed staffing levels to ensure there were enough staff available to support people. One person said, "I think there are enough staff." Another person said, "They never have enough staff." Staff told us they thought there were always enough staff to care for people.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.
- People could visit the home freely as and when they wished unless the home had been advised to restrict visiting due to an infection outbreak.

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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service management and leadership was inconsistent. Oversight of the safety and quality of the service was not fully embedded.

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

- While the provider had made improvement since the inspection in June 2019 and confirmed compliance in their action plan following that inspection, we found the medicines management systems still needed to be further improved.
- Various audits had been undertaken. However, we found those related to the management of medicines had not been effective in identifying the concerns we found.

We recommend the provider further develops the systems and processes used to oversee the quality and safety of the service.

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 and staff understood their responsibilities to share information with relevant parties, when appropriate. They had notified CQC of most events, such as safeguarding and serious incidents as required by law. However, we found 2 incidents that had been appropriately shared with the local authority safeguarding team but not with us.

Working in partnership with others; Continuous learning and improving care;

- The staff continuously monitored people's clinical needs and where relevant engaged with the support of external professionals. People we spoke with confirmed their health needs were met. One person told us, "They notice if I am unwell and they call the doctor."
- The registered manager and staff had established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met.
- The provider took action following our last inspections to implement changes to improve the safety and quality of the care provided by acting on recommendations we made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems to gather the views of people and relatives. People using the service and their relatives felt their contributions were respected. One person said, "They always listen to you and try and do

what you want."

- Feedback from staff was very positive about the leadership and management. Staff told us they were confident they could make suggestions to the registered manager and felt listened to.

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 provider had failed to ensure the safe management of timing of medications and when required medicines the use of thickeners.