

Your Care Provider Ltd

# West Park Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

West Park Care Home is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

There were improvements in the way medicines were managed, recording of important information and governance systems. There remained some improvements needed in quality monitoring, especially in relation to environmental checks, redecoration and refurbishment. The registered manager was developing a plan to address these issues.

People were safeguarded from the risk of abuse and harm. Risk assessments were completed and reviewed when people's needs changed. People received their medicines as prescribed and in a safe way. There were good systems in place to manage and plan for future outbreaks of infections including COVID-19.

Staff were recruited safely and there was enough staff to support people. Relatives and people who lived at the service were very positive about the staff team describing them as kind and thoughtful.

The provider and registered manager had developed a culture of openness and inclusiveness. People were able to raise issues of concern and had meetings where they could make suggestions, for example about meal changes or additions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 December 2019). 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 carried out an unannounced comprehensive inspection of this service on 29 and 30 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve medicines management, quality assurance systems and recording.

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 Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

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 read the report from our last comprehensive inspection, by selecting the 'all reports' link for West Park Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# West 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.

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 team consisted of two inspectors.

#### Service and service type

West Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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.

#### 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.

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 used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, deputy manager and a senior care worker.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives, a team manager and two care workers.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider had failed to ensure medicines were managed safely. This 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.

### Using medicines safely

- People received their medicines as prescribed. There had been improvements in recording medicines and the use of codes when medicines were omitted. One person said, "I always get my medicines, in the morning, evening and sometimes at lunchtime if I need a paracetamol."
- Stock control was better managed; responsibility for ordering and checking in medicines had been designated to the deputy manager.
- Staff who administered medicines completed training, although medication competencies were not routinely completed. This was mentioned to the registered manager to address.

### Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The provider had systems in place to safeguard people from the risk of harm and abuse. These included staff training, and policies and procedures to guide their practice.
- Staff knew how to recognise abuse and how to alert concerns to the appropriate authorities.
- Relatives told us they felt people were looked after well and were safe in the service.
- Individual assessments were completed to highlight any potential risks to people. These were kept under review and updated when people's needs changed. The assessments included personal emergency evacuation plans to guide staff when dealing with any emergency.
- Equipment used in the service was maintained and serviced.

### Learning lessons when things go wrong

- Accidents and incidents were recorded. However, analysis of accidents could be expanded to record patterns and trends. This was mentioned to the registered manager to address when completing audits and monitoring checks.
- We saw analysis had occurred with incidents for two people; staff completed assessments, adjusted care plans, and ensured all staff were made aware.

### Staffing and recruitment

- The provider had a safe recruitment system. This included employment checks and an interview before staff started work in the service. The recruitment files were untidy, and some documents had been stored in other places, however, all were located. The registered manager had been without administration support during the pandemic, which accounted for the files.
- There was enough staff to support people safely. People and their relatives spoke highly of the staff team. Comments included, "I think the staff are wonderful - as soon as the buttons go (call bells) they are there" and "The staff are gems; there's enough as far as I know, I don't have to wait."

### 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.

We have also signposted the provider to resources to develop their approach regarding environmental checks.



# 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 remained the same. This meant the service management and leadership was inconsistent.

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

At our last inspection, the provider failed to have a robust quality monitoring system and accurate recording. 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.

- Although improvements were noted in general governance, the provider and registered manager needed to ensure the quality monitoring system was embedded into daily practice.
- A 'resident of the day' system of quality monitoring had been introduced. This involved reviewing documentation relating to the person such as care plans, monitoring charts and medication records, speaking to them and checking their bedroom for cleanliness and maintenance. There were some shortfalls in the documentation regarding the environment; these had been ticked as checked but issues were found during the inspection.
- Communal areas were not included in the checks and a planned response to redecoration and refurbishment was required.
- General recording had improved.

We recommend the provider strengthen the quality assurance system to ensure an audit trail from checks to action plans and to completion of shortfalls.

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

- All staff and people spoken with described a culture of openness, being able to speak to managers and being able to make suggestions. Meal suggestions had been listened to and menus changed. Comments from people included, "I think it's excellent here; it's clean, friendly and the foods good. We have activities; we had an exercise class this morning - wonderful."
- Staff said the registered manager was supportive and ensured communication was good within the service. Comments included, "[Name of registered manager] is pleasant and always willing to listen and give advice."
- The provider or senior management team were available to the registered manager. The registered

manager said, "I do feel supported by the provider. I speak to them daily at least" and "The staff have been amazing when we had COVID-19 in the home. We received a cash bonus and little gifts to say thank you."

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 provider and registered manager were aware of the need to be open and honest when things go wrong and to offer apologies. A relative told us they raised a concern once; it was dealt with quickly and they received an apology.
- The registered manager was committed to learning and improving the service. For example, the care plans have improved significantly since the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings took place for staff and people who lived in the service. These provided an opportunity to raise issues and express preferences. People and their relatives said the registered manager and staff listened to them and they felt able to raise concerns.
- The staff team had built up relationships with health care professionals who visited the service. A visitor told us they came in every day and never had any issues. They said they would raise concerns with the registered manager if necessary and staff always take note of their advice.