The Riverside Group Limited

Weetslade Court

Inspection report

Weetslade Court
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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

We carried out an unannounced comprehensive inspection of this service in August 2016 at which two breaches of legal requirements were found. These breaches related to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, entitled 'Safe care and treatment' and 'Good governance'. We issued a warning notice in relation to the breach in Regulation 17, setting a date by which the provider must achieve compliance with this regulation. After the comprehensive inspection, the provider created an action plan about what steps they would take to meet the legal requirements in respect of the breach of Regulation 12 and by what date compliance would be achieved.

We undertook this focused inspection to check if the provider was now meeting legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Weetslade Court on our website at www.cqc.org.uk.

Weetslade Court is an assisted supported living service based in Wideopen, North Tyneside. The people accommodated at the service receive a range of personal care, from minimal support such as being prompted to wash, to more extensive practical support. Some people are living with a range of physical and cognitive impairments. People live in their own individual flats and have 24 hour personal care and support available to them from a team of care staff based within the building. There are communal areas and restaurant facilities available, as well as activities provided on a daily basis.

This focused inspection took place on 14 February 2017 and was unannounced. This meant the provider, manager and care staff did not know we would be visiting.

At the time of our visit a manager was in post who was in the process of applying to the Commission to become the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We did not review all of the key lines of enquiry in the safe and well led domains. This was because at our last comprehensive inspection, legal requirements in relation to the other regulations that fall within these domains, had already been met and incorporated into the overall rating.

We found at this visit that improvements had been made in relation to both of the regulations that had previously been breached, although some further work around the management of medicines, risk assessment documentation and governance was necessary to ensure improvements continued and reflected best practice guidance. We have not changed the ratings in the relevant domains and the overall rating of the service at this inspection, as we need to be sure that improvements continue to be made. We also need to be satisfied that those improvements implemented to date, are sustained in the long term.

Risks that people were exposed to in their daily lives had been assessed and risk assessments drafted to ensure that staff had relevant and pertinent information available to them to support people safely. However, some of these risk assessments would benefit from being expanded to include more specific person-centred detail. We fed this back to the manager who told us that this would be addressed promptly.

The management of medicines had improved and where there had been gaps in recording about the medicines that people had been offered, refused or not offered for some reason, these had reduced to a lower level. In addition, explanations about these gaps and why they existed could be found in people's daily notes which reflected the care they had received each day. People's medicines were appropriately stored and systems were in place to book medicines into and out of the service, for example, when they were ready for disposal. The provider's medicines policy needed to be reviewed as it did not contain clear procedures about the actions staff should take when people refused their medicines. The manager told us they would review this policy and all other areas of medicines management so that improvements continued.

At our last inspection the manager post at the service was vacant. Since our last visit a new manager has been recruited, who has applied to the Commission to be the registered manager for the service. The new manager displayed a positive approach to the service and a willingness to drive improvements across the board. An action plan had been created which was regularly reviewed and updated to reflect the current improvements made in relation to set objectives. Auditing within the service had improved and external management input from a regional manager and members of the quality team from the provider's head office, had been introduced. This had led to increased governance and management oversight of the service delivered. Paperwork had been reviewed since our last visit and staff competencies in medicines administration and moving and handling had been assessed. The manager shared with us their plans for the further development of the service. This included some new tools they planned to introduce imminently, designed to encourage reflective practice by staff and lead to an improved handover of information.

At our last visit to the service there were no formal feedback tools in place via which the provider could measure the satisfaction levels of people who used the service and other third parties who engaged with the service. At this visit we found surveys had been introduced about various elements of the service, and these had been sent out to people who used the service in December 2016 and January 2017. We saw that where people had given negative feedback about the activities provision within the service, action had been taken by the manager to address this. The manager told us that there were plans in place to expand surveys to people's relatives and external healthcare professionals.

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 now safe.

Risks that people were exposed to in their daily lives had been assessed and measures put in place to mitigate these risks.

The management of medicines had improved although some further development in this area was needed to confirm with best practice guidance about the safe handling of medicines in a social care setting.

We could not improve the rating for 'Safe' from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires Improvement

The service was now well led.

A new manager was in post who was committed to driving improvements within the service.

Records had been improved, although some further detail was needed in certain documentation.

Audits were carried out and auditing in general had been expanded.

Surveys to gather people's views about the service had been issued and the results reviewed. In addition, there were future plans to gather the views of external professionals and relatives.

We could not improve the rating for 'Well Led' from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Weetslade Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At our last inspection of this service in August 2016 the provider was found to be in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely, 'Safe care and treatment' and 'Good governance'. This inspection was undertaken to check that improvements to meet the legal requirements of these regulations, had been made. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well led.

This focused inspection took place on 14 February 2017 and was unannounced. It was carried out by one inspector.

Prior to our inspection we reviewed all of the information that we held about the service within the Commission. We obtained feedback about the service from North Tyneside contracts and commissioning team, and North Tyneside safeguarding adults team. We used the information that we had gathered and reviewed, to inform the planning of this inspection.

During our inspection we spoke with the manager, the deputy manager, two members of the care staff team and two people who used the service. We carried out observations around the premises and reviewed records related to people's care, the management of medicines, auditing and governance.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, as medicines were not managed appropriately and safely, and risks had not been duly assessed and mitigating measures put in place.

At this inspection we found improvements had been made and the provider was meeting the requirements of this regulation. Risks that people were exposed to in their daily lives had been assessed, such as those associated with poor mobility or dementia related conditions. Formal documented risk assessments were held within people's care records to ensure staff had relevant and pertinent information available to them, which would help them to protect people from the risk of harm. Some extra detail was needed in some people's risk assessments and when we fed this back to the manager, they told us this would be promptly addressed. Staff told us the much improved paperwork had meant they felt fully informed and this had increased their confidence in delivering safe care.

The management of medicines had improved. At our last inspection we found that Medicines Administration Records (MARs) which recorded medicines people had been offered, taken, refused or not offered for some reason, were not appropriately maintained. There were gaps in recording which meant we could not reconcile if people had been offered their medicines, not offered them for some reason, or if they had refused them. At this inspection although there were still some gaps in recording on MARs, improvements in this area were evident. Where there was a gap in recording, the reason for this could be tracked and was documented within people's daily care records. There was an issue in that MARs were held within people's flats and care staff could not always access these to make entries onto the records, for example, if people were out at the time of a care call, or if they made a choice to refuse their care at a particular time. We discussed this with the manager who told us they would seek advice from the community pharmacy team, to ensure that where staff were not able to administer medicines and access MARs in order to record this at the time of a care call, best practice guidance was followed.

People's medicines were stored in locked cabinets within their flats. Appropriate systems were in place for the ordering and booking in of medicines which were delivered to the service on a weekly basis. Regular checks and audits on medicines were carried out to ensure that any errors were promptly identified and addressed. We saw that where there had been some missed medicines administrations due to an error by a staff member, these had been recorded, analysed and dealt with appropriately by the deputy manager. Staff involved in a medicines error received a supervision about the incident, which was referred to as a 'critical conversation', in order to discuss and review the circumstances which led to the error. If necessary, staff were retrained in the safe handling of medicines.

We reviewed the provider's medicines policy and found that it lacked some detail about the procedures staff should follow when people refused their medicines. The manager told us that they would seek advice about their medicines policy, and any other aspects of medicines management in the service (such as auditing), and these would be reviewed and updated as necessary.

We did not review the other key lines of enquiry under this safe domain at this focused inspection visit. However, we spoke with staff and were satisfied that since our last inspection in August 2016, the provider had continued to follow safe care practices in these other areas. We have not changed the rating of this domain as we need to be sure that the improvements we have noted are sustained. We will again review this domain at our next comprehensive inspection of this service.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we identified shortfalls in respect of the management oversight and governance of the service. An interim care manager was in post at that time, who was covering the service whilst the recruitment process to appoint a new manager was in progress. Relatives told us the service needed stability in management in order to deliver continuity of care. Auditing, whilst done in some areas, was limited and documentation was not always appropriately maintained.

At this inspection the previous concerns we raised had been addressed and improvements were evident. A new manager had been appointed since our last visit and they had submitted an application to the Commission to be the registered manager of the service, which was being progressed. People gave us good feedback about the new manager. They described them as, "nice" and someone they could "talk to". One person said, "It is fantastic here. The best place I have ever lived. There is nothing that I need to complain about".

Staff reflected how the new manager had been instrumental in effecting positive changes within the service since her appointment. One member of staff said, "It is a lot more settled, a lot happier here. (Manager's name) is lovely. She has time to listen when you take things to her and she acts on things straight away. A lot of work has been done and staff morale is a lot better now". Another member of staff told us, "Things are great since (name of manager) came. It is like a new place; the files and paperwork are much better. It has completely turned around. If you have an issue it is resolved and (name of manager) is very approachable. (Name of deputy manager) is very approachable too. We all work as a team that is the best thing. I love it here. I am very proud of how far we have come".

The new manager displayed a desire to drive improvements within the service. They told us they received good support from a regional manager who visited the service regularly, and who was available remotely by telephone at any time. In response to our last inspection findings, the regional manager had drafted an action plan in conjunction with the new manager, which they regularly reviewed to check the progress that had been made against set objectives. The manager told us that the action plan was designed not only to address the previous shortfalls identified at our last visit, but to look at improvements and sustainability in governance.

We looked at the latest position with the service's action plan and found that most objectives and actions had been met. Care plans and risk assessments had been audited and revamped, to try and ensure they were appropriate and contained relevant and pertinent information. However, some minor improvements were needed to certain care related paperwork, for example, information in some risk assessments needed to be expanded so that more detailed information was available. Overall, care plans and risk assessments had improved a lot since our last visit. They had also been placed in people's individual flats so they were available at the point of care delivery, which was not the case at our last inspection.

All staff had received a one to one supervision with the new manager since our last visit, and plans had been made to allocate specific tasks and responsibilities to individual staff, so they were more involved in the

running of the service and recognised their own accountability. Administrative tools had been introduced to track when reviews of people's care and their care records were due.

Audits linked to the management of medicines within the service were carried out weekly and these included reviewing MARs each week and stocks of medicines. In addition, strengthened auditing around the management of people's finances had been introduced and we were satisfied that these improved procedures helped to safeguard people from financial abuse. Regular health and safety checks and auditing of the premises took place.

An extra medicines audit had been introduced which was carried out by members of the auditing team based at the provider's head office. Any issues they identified were logged and colour coded in line with a 'RAG' (Red, Amber, Green) rating system, to reflect if requirements were met, not met, or if there were any specific concerns. Issues highlighted in red were the most serious, those highlighted in amber had some concerns and those highlighted in green reflected issues where requirements were met. The manager told us that they had also asked the supplying pharmacist to visit the service and carry out an external audit and they were awaiting confirmation of the date that this was to take place. A peer audit had also been introduced where a manager from another of the provider's services in a separate geographical area, visited the service and reviewed five people's care records. We checked that the issues they raised from the first audit conducted in January 2017, had been addressed by the manager and they had.

The manager had reintroduced competency assessments of staff practice related to the safe administration of medicines and supporting people with moving and positioning. These competency assessments had previously been in place but completion of these had lapsed.

The manager showed us some paperwork and checks that they had designed and planned to introduce. These included; a daily handover record sheet to be submitted to the manager each morning; a reflective learning template that staff would have to complete if there were any concerns about their practice or any errors made; and more detailed moving and handling competency assessments grouped into different types of assistance such as assisting to stand and separately, transferring people with the use of a hoist. This showed the manager had plans in place to improve the service.

At our last inspection no formal feedback tools were in place to gather the views of people, relatives and external healthcare professionals. At this visit we found that a survey had been issued to people who used the service in December 2016 and January 2017 and their views and comments had been analysed. Most comments about the care people received were positive. There were some negative comments about the activities provision at the service. The service provides personal care and support, and there is no requirement for the provider to promote communal activities for people as part of their registration or commissioning remit. However, they had decided to offer activities daily and had purchased new activity props and games in response to these survey findings. This showed the provider sought to promote social inclusion and offer a range of activities for people to partake in if they so desired. The manager told us that in the first instance until more improvements were made, they planned to issue this survey quarterly.

A tenants committee was in place but this had not been meeting regularly and the new manager told us they planned to facilitate these meetings again and get them 'up and running' again.

We did not review all of the key lines of enquiry under this well led domain at this focused inspection visit. However, we spoke with staff and were satisfied that since our last inspection in August 2016, the provider and new manager were committed to improving the overall management and governance systems in place within the service. We have not changed the rating of this domain as we need to be sure that the

improvements we have noted are sustained. We will again review this domain at our next comprehensive inspection of this service.