Care Quality Commission

Bainscare Limited

Westbourne Care Home

Inspection report

Westbourne
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Westbourne Care Home is a residential care home providing personal to up to 27 people. The service provides support to older people, some of whom are living with dementia, in one adapted building. At the time of our inspection there were 23 people using the service.

People's experience of using this service and what we found
People were supported safely and told us they felt safe. More robust documenting of risk management was needed to ensure staff had clear information to follow. For example, ensuring timings of repositioning was in the skin integrity plan and updates following an incident were completed swiftly. Medicines were managed safely. We found that records and quantities tallied and recording systems were used consistently. Protocols for medicines to be administered as needed were not always in place.

Infection control practices were in place and staff knew what they needed to do. However, we identified occasions when staff were not wearing their masks correctly. The carpets in the lounges needed to be cleaned or replaced.

People had their care needs met. In most cases this was done in a person-centred way. However, we raised awareness of some areas needing a review to ensure care was always delivered in a way that promoted people's choices and dignity. For example, respecting people's gender preferences of staff.

People were supported to eat and drink well and had access to health and social care professionals as needed. People had access to food, drink and call bells throughout our inspection. We saw that staff were friendly in their approach with people and knew people well. People and relatives were positive about the staff team's approach and abilities.

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. People told us they could choose how care was delivered and how to spend their day.

People and staff said there was generally enough staff to meet people's needs. Agency staff were supporting the home, many having worked at the home often. Staff told us they had enough training and felt well supported.

People had a range of activities and events to get involved with and told us they enjoyed. There was a quarterly newsletter shared with people and relatives to recap on what they had been joining in with. People had end of life care plans in place and staff had been trained. Feedback about the care people received at the end of their lives was positive.

People had their communication needs assessed on moving into the home and reviewed monthly.

Information could be given in a different format and assistive technology available when needed. Staff spoke with people in their preferred way.

The manager was new in post after previously working in the home as a deputy manager. There were management systems in place and the manager was further developing these to drive improvements in the home. People, relatives and staff were positive about the management and leadership in the home.

Lessons learned were recorded and actions implemented. We found that they had made improvements in the areas raised at previous inspections.

Following our feedback, action was taken to address all points raised. These actions, and supporting records provided, gave us reassurance that any risks were mitigated.

We found the manager to be open and responsive to feedback. Visiting healthcare professionals told us that the management team and staff worked well with them.

People told us that their needs were met, and staff were nice. They told us they felt safe. Relatives were confident about the standard of care and told us staff were friendly. Relatives felt the management team and staff were approachable and knew people well. People and relatives were confident to raise any concerns and the manager responded to them appropriately. They looked for themes and trends.

Rating at last inspection
At the last inspection the service was not rated (published 12 January 2022.). The last rating for this service was requires improvement (published 22 April 2021).

Why we inspected
We undertook a focused inspection of safe and well led based on our internal monitoring of the service and to follow up on information which we had received about the service about management, infection control and staffing.

We inspected and found there were improvements across the service, so we widened the scope of the inspection to become a comprehensive inspection which included all key questions.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westbourne Care Home 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

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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 one inspector.

Service and service type
Westbourne Care 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. Westbourne Care Home is a care home without 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.

At the time of our inspection there was a manager in post who was planning to apply to register with us.

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 a health and social care providers. 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 visited the service location on 29 September 2022 and had a video call with the manager on 6 October 2022. We spoke with five people and had feedback from six relatives. We also spoke with six staff including the manager, ancillary staff and support workers. We received feedback from health and social care professionals.

We reviewed a range of records. This included five people's care records and medication records. A variety of records relating to the management of the service were also reviewed. These included training records, incident records and quality assurance processes.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

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 did not rate this key question. At the inspection prior to that, we rated this key question requires improvement. At this inspection the rating has remained the same. 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.

Assessing risk, safety monitoring and management; Using medicines safely

- There were individual risk assessments in place for people and these were reviewed monthly. At times these were not always recorded in the relevant care plans. For example, repositioning instructions to help prevent a pressure ulcer was recorded in the sleeping or mobility care plan, but it was not always added to the skin integrity section where staff would look for guidance. However, repositioning was added to 'must do' tasks on the electronic system so staff were prompted when this was needed.
- We reviewed medicines recorded and counted a random sample of medicine quantities. We found they were correct and tallied with the records held.
- In some most cases, 'as needed' medicines had a plan which detailed when people may need them. However, we also found that some 'as needed' medicines needed this plan to be completed.
- One person had gone out to a planned hospital appointment, but staff had not ensured they had taken their medicines before they went. A lesson learned exercise was completed by the manager to help ensure this did not happen again.
- People and most relatives told us they felt they were supported safely. One relative said, "We have no worries at all." However, one relative was not confident that the service was equipped to ensure their family member was safe. This was following a recent incident. We looked into these concerns and found the staff had responded to the incident appropriately and had the required professionals involved. However, the care plan needed an update to reflect the recent incident and new support plan.
- People were supported to change their position regularly. There was equipment in place to help prevent pressure ulcers developing. We were told by a healthcare professional that staff followed their guidance in relation to safe pressure care management.
- People who were at risk of malnutrition were provided with fortified foods and drinks. Weights were monitored and concerns were reported to healthcare professionals.
- People had access to their call bells and drinks were available.
- We raised a query about the storage of laundry around the tumble dryer. Following our visit, the manager sent us photos showing that a new storage area had been created away from the dryers.
- Fire checks and drills were completed. One staff member said, "We get knowledge checked on zones, what we would do in smoke filled room. We have had to show how we would use the walkie talk, to switching it on- getting on the right channel checking before we would go look for fire etc."

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. However, we saw some

staff during our visit that were not wearing face masks properly. Current Government COVID-19 guidance states face masks should still be worn by all care staff. This was also an issue at the previous inspection. Correct mask wearing was raised on team meetings. Staff identified on the day of the inspection received a formal supervision with the manager.

● 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 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. One relative told us, "The home is clean."
● 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.

Visiting in care homes
● People were able to have friends and family visit them freely. Controls, such as wearing a mask, were in place for visitors. This meant they were able to support people with meals and visit people in communal areas, or in their rooms.

Staffing and recruitment
● People and relatives told us that staff were kind and mostly came when needed. However, one person told us they would like their breakfast earlier than when they usually had it. We passed this on to the manager at the person's request.
● Staff told us staffing at the home was enough to meet people's needs. One staff member said, "There is enough staff, care is never missed." Another staff member said, "Every day is different as we are working with people and over time their needs change, but this is always looked at."
● Prior to our visit we received a concern that at night there were two staff members on duty. We found that there were only two staff on duty however, people and staff did not raise any concerns about this. We reviewed accidents and incidents and reviewed for any pressure ulcers to indicate care was missed but found that there were no increase in these areas.
● One person had expressed a concern that they felt they were not checked on at night. However, rooms had a QR code to be scanned by staff on their daily and night-time checks. These were recorded. Following the person expressing concerns the plan for this had been reviewed and the QR code was moved to the other side of their room so they were assured staff had been in while they were asleep.
● The manager told us they had worked night shifts, and this assured them it was staffed appropriately. They went on to say, "If people's needs change or people with higher dependency move in, this can be reviewed as needed."
● The staff were attending to people as they requested support and call bells were answered promptly.

Learning lessons when things go wrong
● The management team told us they reviewed all events and incidents to see if there was any learning to take from them. The registered manager told us that they shared this with staff through meetings and supervisions. Some staff confirmed learning was shared with them.
● The manager used a form to capture learning, actions and outcomes from any events or incidents.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at the service. One person said, "I feel safe here and would tell them

[staff] if I was worried."
● Staff were able to tell us how they would report concerns relating to risks of abuse. Training had been provided and information was displayed for anyone to know how to report their concerns.
● The management team reported allegations of abuse to CQC and the local authority when they felt it was required. However, we noted one incident that had not been reported. The manager did this retrospectively as stated they had not realised it was notifiable.

Good

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 requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had their needs assessed prior to moving to the service and these were reviewed over a transition period. Following this updates and changes were made to people's plan of care if needed.
● Regular reviews were carried out to ensure care was being given in the required way and standards were maintained.

Staff support: induction, training, skills and experience
● People and relatives told us they felt staff were well equipped for their roles. One relative told us, "The staff are cheerful and efficient."
● Staff told us they felt they had the right knowledge for their roles. One staff member said, "We have a mix of face to face and online training. We are offered more training for our personal development including things from [Care provider's association] and Hertfordshire (local authority) and [local] hospice end of life care."
● We observed staff working safely on the day of the visit. Staff told us the manager checked they worked in line with their training.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed their food, and choices were available. One person said, "The food is good, there is enough." Another person said, "They will always make you something else if you don't like what's on the menu." One relative told us, "The food looks lovely."
● People's weight was monitored and where needed fortified diets were provided to help improve people's nutritional intake. There were modified diets provided for people who required them.
● Referrals were made when people needed a health professionals' input.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to health and social care professionals as needed. One person said, "If I want the Doctor I just say."
● We saw that the staff made appropriate referrals when the need arose. For example, to district nurses, speech and language team (SLT) and mental health professionals.
● Health professionals we spoke with told us that staff followed their guidance and they had no concerns

about the service based on observations on their visits.

Adapting service, design, decoration to meet people's needs
● The building was an older house and the decoration was in keeping with this. People and relatives told us it felt homely.
● The dining room had been refurbished and people told us they liked it. The manager told us, "There are plans for a refurbishment program for the home particularly around decor, in which residents will be involved in regarding furnishings, wallpaper and colour schemes."
● There was dementia friendly signage to help people orientate themselves.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.
● 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.
● Assessments of capacity were completed appropriately and for the required decisions. Best interest decisions were also in place where needed. These were completed by senior staff. Care staff gave people choices. These were reviewed monthly.
● When supporting people who had limited ability to verbally communicate or those living with dementia, staff continued to ask them before supporting them and gave people the opportunity to choose.

Good

Is the service caring?

Our findings

Caring – this mean All is we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People told us staff treated them well. One person said, "It feels like being at home which is what I want."
- We heard a staff member assisting a person with their belongings. They clearly knew the person well and were even aware they were missing a sock and helped them find it. The staff member asked before taking anything from the person's room and offered assistance to put things away. They also respected the person's response.
- All interactions we heard and observed were positive.

Supporting people to express their views and be involved in making decisions about their care
- People told us they could choose how and when they wanted their care and how they wanted to spend their day. One person said, "They're (staff) good here. I can choose what I do, they're nice." A staff member told us, "Everyone has their own routines of what they like down to time of day they get up, go to bed, where they spend day, how they spend their day, preference on carer (gender) - is on handover sheets as we have a few."
- The manager had introduced a review sheet to encourage more involvement from people and asked about all aspects of their care and lives to help ensure they had everything they wanted and needed.
- We saw feedback from reviews and meetings were added to people's care plans.

Respecting and promoting people's privacy, dignity and independence
- People told us their privacy was respected and visits could be taken in private if this was their preference.
- Staff knocked before entering rooms and explained what they were doing ahead of doing it.
- One person told us they would prefer a gender specific staff member for their personal care. They had care from a different gender of staff on the morning of the visit. They told us, "I tell them, but they say they're all carers." The person did go on to tell us that the staff member who assisted them was good and delivered care in a nice way. We observed interaction between them and the staff member. We discussed with the manager and asked that this was reviewed to ensure people were receiving care that was person centred and promoted their dignity.
- Following our visit, the manager sent us a record of a review discussion and the plan going forward to ensure the person's preferences were reflected.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People told us they had care in their preferred way. They told us the staff cared for them well. One person said, "They do it how I like it." Relatives also told us they were happy with the care people received. One relative said, "The care is generally quite good."
● Care plans were detailed, and person centred. They covered people's support needs and life history to ensure staff knew them well. One staff member said, "I can see that staff go that extra mile for residents to put that smile on their face. We have life history's which are good for a talk with the residents."
● People had their needs met. This included hair care and appropriate clothing.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's individual communication needs were detailed in care plans. Communication needs were assessed at time of moving into the home and any required aids or technology sourced.
● We observed staff speaking with people in a way that they were comfortable with and ensured they were listened to.
● All information could be provided in large print or braille or translated if a person's first language was not English. The manager told us, "Residents have access to their own mobile devices and supported to if they wish and have full access to the internet. We often copy and enlarge their mail and encourage use of magnifying glasses to support them with their reading. We have pictorial menus for those with communication problems at mealtimes."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People told us they had enough to do and enjoyed how they spend their days. One person said they didn't like joining in with things but when asked how they spend their time they said, "People (staff) are in and out all day, I'm happy here." We asked another person who spent their days in bed, they told us they enjoyed watching TV.
● On the day of our visit the hairdresser was in the home and people told us they enjoyed having their hair done. This was planned alongside manicures for the day.

● A newsletter captured all the events, activities and people's involvement with these over the past three months. There had been a range of events, outings and crafts that people had enjoyed. One to one activities were offered for people who stayed in bed.
●There was a wish list to which people had added things they really wanted to do. These ranged from going for coffee and cake with a family member, riding in a sports car and going for a picnic. These were signed as completed and where they had yet to happen, a date was added as an action.
● Monthly resident care reviews included reviewing activities and events, and asked if there was anything else they wanted to do. These were actioned when completed.

Improving care quality in response to complaints or concerns
● People and their relatives told us they felt confident to raise a concern if they needed to. One person said, "I'll tell them if there's something wrong, [manager] sticks their head in and asks if things are ok."
● On the day of inspection, we saw the manager meet with relatives to discuss their concerns. Following this the manager implemented different systems for supporting a person. They did this through liaison with the person and their relatives.
● There was a log of complaints and any minor grumbles. The manager said, "This is so we can see any emerging issues and address any themes."

End of life care and support
● People's care plans included how they would like to be supported at the end of their lives.
● Staff had received training to enable them to support people in a dignified and pain free way.
● The manager told us, "We have an end-of-life care box which includes a number of personal items such as rosary beads, bible, cross, religious books, CDS, lip balm, bed socks, oils, candles, prayers and poetry items. The idea is to use those items to help the individual practically, emotionally and spiritually."
● We saw feedback from relatives having been supported through the death of a family member. One of these read '[Family member] can't thank the staff enough for all the care and attention they gave to [person] and made it so easy for her to leave her in their capable hands.'

Good

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 for this key question has remained the same.

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, 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 manager had worked at the home as a deputy manager since January 2022, they had only been in post as the manager for around two weeks at the time of our inspection visit. They were in the process of establishing checks and developing their action plan to address any areas in need of improvement in the home.
- The manager was sharing findings from their audits and checks with staff. They addressed areas of shortfalls through meetings and supervisions. They had recently implemented a 'prompts and tips' sheet to help staff complete more robust care plan reviews.
- Feedback from people, relatives and staff about the manager and running of the home was mainly positive. One relative said, "I like it, it's homely and there are familiar faces." Another relative said, "The current manager of the home is doing a really good job. [Manager] is very hands on and knows the residents very well. [Manager] answers any queries I have satisfactorily and will contact me if they have concerns."
- The manager had implemented a tracker to identify the frequency in which relatives wanted to be contacted for reviews.
- Staff told us the manager checked they were working in accordance with guidance and standards. One staff member said, "The last check was done by the most senior manager."
- The manager shared any notified events to the Care Quality Commission appropriately in most cases. Where a notification had recently been missed, this was completed retrospectively. We saw they apologised when things went wrong and responded to complaints. We noted that the manager met with relatives and shared information with them to help resolve issues and ensure people's care was right.

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; Continuous learning and improving care

- Most people had all their care needs met in a way their preferred and said they were happy at the service. A relative told us, "I can confirm that my relative is receiving excellent care."
- We saw staff to be attentive and they told us they felt they provided good care for people. Staff said they would be happy to have a relative of theirs living at the home. One staff member said, "It's kind, caring, great teamwork, residents are happy and well looked after. Their needs are met." Another staff member said, "Our

manager and seniors are always visible on the floor, the manager has a very hands-on approach, so will always help and assist, sit and talk with residents, dance in the lounges with the residents."

● The manager was trying to promote engagement through meetings, feedback and newsletters. They told us that this was an area they had identified as needing development. People and relatives told us that they knew the manager and they gave them confidence. There was an `opinion box` and views could be added to it. We saw a 'You said, We did' board displayed to show views were listened to and acted on.

● The manager was aware of areas that needed to be improved to ensure care provided and people's experiences were to a good standard. They were working through action plans that had been developed. This included training and guiding staff and carrying out quality checks.

● Following our feedback, the manager took action which included reassessing people's needs, training, carrying out supervisions with staff and carrying out audits. This gave us reassurances that risks had been mitigated.

Working in partnership with others

● The manager had linked in with a local care provider's association to help provide training opportunities.

● The provider was working with the local authority to help make the improvements they had identified in the home. The manager had developed a plan to implement these changes ahead of the action plan being received.

● The manager was also linked in with other agencies to help ensure people had a good quality of life. Such as gaining accreditation for nutrition and scoring well on an external medicines audit. There was also regular contact with a healthcare professional who reviewed areas such as care plans.