

Maria Mallaband 7 Limited

# The Westbourne 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 responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Westbourne is a care home providing personal and nursing care to 45 people at the time of the inspection. The service can support up to 50 people across two separate floors, each of which has separate adapted facilities.

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

The management of risk to people was not always sufficiently robust. Where risks had been assessed, staff had not always followed the identified guidance to manage the risk safely. Aspects of training and induction was not sufficiently effective to support staff knowledge and understanding. Systems and processes to maintain oversight of the quality and safety of care were not always effective.

Staff worked within the principles of the MCA. Appropriate Deprivation of Liberty Safeguards (DoLS) authorisations were in place where required. However, the service had not ensured all conditions attached to 1 person's DoLS authorisation were being met. We have made a recommendation about this.

New staff had been recruited, which meant the home was fully staffed. Overall, staff had been safely recruited, the provider and was in the process of reviewing current policy and procedures. The current registered manager had focused upon supporting and building an effective staff team. People told us they felt safe living at The Westbourne and staff understood their role in safeguarding people.

Overall medicines were managed safely. On the first day of the inspection aspects of the building needed cleaning, this was addressed along with some redecoration during the inspection. A planned refurbishment programme was due to commence at the home. There were no visiting restrictions in place, and we saw various visitors in the home.

Care plans were developed from assessments. However, the level of detail varied and some contained contradictory information, including some around nutritional needs. They did not always contain enough person-centred information about people's individual needs and requirements to guide staff. Managers had already identified this was an area for improvement and actions were underway to amend aspects of the electronic care planning system and to improve regular communication with relatives.

Feedback indicated that due to recent recruitment, overall staffing was more consistent, which was helping to ensure staff knew people well and understood any changes to their needs. Staff worked in partnership with health and social care professionals.

The provider had a lifestyle manager who was supporting the team to review and develop activities, especially for people who were living with dementia. The provider had a feedback policy in place, overall feedback indicated the registered manager was responsive and acted to address any issues or concerns raised.

Records were not always complete and/or up to date with person centred information and some were contradictory.

The registered manager understood their role and responsibility under the duty of candour. They were open and honest about shortfalls found during the inspection and acknowledged there was ongoing work to build on learning and improvements which had already been made. Staff told us they were well supported and there were some positive examples and compliments about the care provided.

The provider's quality team were supporting the service and were responsive to feedback for ongoing improvement.

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

The last rating for this service was good (published 26 May 2021).

Why we inspected

This inspection was prompted by a complaint about the service.

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

Enforcement and Recommendations

We have identified breaches in relation to risk management, staff training and good governance. We have also made recommendations in relation to The Deprivation of Liberty Safeguards (DoLS)

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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 responsive?**

The service was not always responsive.

Details are in our responsive 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** ●

# The Westbourne 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 2 inspectors, a nurse specialist advisor and an 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

The Westbourne 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. The Westbourne 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 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 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 12 people about their experience of the care provided, along with 6 visiting relatives. We spoke with 14 members of staff including the registered and deputy manager. We reviewed a range of records, this included 13 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also 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.

# 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.

Assessing risk, safety monitoring and management

- The management of risk to people was not always sufficiently robust.
- Risk assessments were undertaken but had not always considered all aspects of risk to people. Care plans were not always sufficiently detailed. For example, 1 person had experienced recent falls and was unable to alert staff when they wanted to move. Their risk assessment had not considered changes to their needs and all possible options to support the person as safely as possible. The registered manager took action to address this.
- Where risks had been assessed, staff had not always followed the identified guidance to manage the risk safely. For example, where a person required a sensor mat to alert staff if they stood up to help prevent risk of falls, we saw this had not been placed correctly and in 2 cases call bells were not within reach of people. Where people ate their meals in bed, we saw an example where a person had not been assisted to sit up, to reduce any potential risk of choking or spillage of hot drinks.
- Whilst people had moving and handling risk assessments and guidance in place, we found hoist slings were sometimes shared between people, rather than each person having an individual sling. The registered manager confirmed appropriate slings would be obtained for everyone who required one.
- Some creams/ointments and toiletries were stored in people's ensembles and bedrooms, this could pose potential risks to people living with dementia. We raised this with the registered manager who reviewed a risk assessment to manage any potential risk from this.
- There were environmental risk assessments in place including fire, and regular checks and testing of the premises/equipment were carried out. However, not all actions identified following a fire risk assessment in August 2022 had not been signed off as complete. Whilst some actions had been undertaken, 1 action identified as "high priority" to ensure a piece of equipment was serviced had not been carried out. The regional manager confirmed arrangements had now been made to complete this.

We found systems were either not in place or robust enough to demonstrate that risk management and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People spoken with told us they felt safe living at the home. They told us, "Course I feel safe here" and "Staff are very nice."
- The provider had a safeguarding policy in place. Staff received training and understood their duty to report any concerns. They were confident the management team would act on any concerns.
- Where required, safeguarding concerns had been reported to the local authority and records were

maintained.

#### Staffing and recruitment

- There were sufficient staff to meet the needs of people. Staff told us overall they were able to respond to people's needs in a timely way. A relative commented, "It is very bright and there are plenty of staff."
- The provider used a dependency tool to calculate the number of staff required to support people safely.
- New staff had been recruited, which meant the home was fully staffed. Agency staff were no longer being used, this promoted a more stable team and more consistent care.
- Overall, staff had been safely recruited. Staff had pre-employment checks to ensure their suitability before they started working with people. However, in 1 case a risk assessment was put in place due to difficulties obtaining sufficient references. However, this had not been fully followed. We were subsequently assured sufficient references had been obtained and the provider was already in the process of reviewing current policy and procedures.

#### Using medicines safely

- Overall medicines were managed safely.
- In some cases, medicines were administered covertly (hidden in food or drink), appropriate procedures had been followed to ensure this was done in the person's best interests. However, in 1 case whilst staff understood how to administer this medicine, we found contradictory information within the person's care records to guide staff about the method of administration. The registered manager confirmed this would be amended.
- Some topical creams did not have the date of opening recorded in line with best practice guidance. The registered manager told us they had subsequently sought guidance from the local pharmacy to ensure creams in use were safe.

#### Preventing and controlling infection

- On the first day of the inspection we found aspects of the environment needed more robust cleaning. Feedback from people and their relatives varied with some people telling us their rooms were always clean and others who raised issues on occasion with the standard of cleanliness.
- Records had not been fully maintained to demonstrate adequate cleaning was taking place. This had been identified by the registered manager who was addressing this. They arranged for some areas to be redecorated and refreshed during the inspection process, rather than waiting for a planned refurbishment to commence.
- The provider had an up-to-date infection prevention and control policy in place.
- Staff had access to PPE and had received training in its use.

#### Visiting in care homes

- The provider supported families and friends to visit in line with government guidance. There were no visiting restrictions in place, and we saw various visitors in the home.

#### Learning lessons when things go wrong

- The provider had a system in place to record and analyse accidents and incidents
- The registered manager completed a lessons learnt record following any accidents to help prevent reoccurrences. They had been open and transparent about lessons learnt following a recent incident.



# 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.

Staff support: induction, training, skills and experience

- Staff new to the service received induction training including eLearning. However, feedback from staff varied about the effectiveness of this. Although no harm had occurred, 2 recent incidents highlighted gaps in new staff's knowledge. Induction records did not always demonstrate inductions had been fully completed.
- Records relating to the staff response to a person living with dementia, did not always indicate they had responded in the most effective way. We were advised that further training sessions would be planned to support staff in this area.

We found the provider had not ensured staff had received appropriate support and training to carry out their roles effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received some ongoing training and updates. The registered manager kept an oversight of this via a matrix. In some topics, training was required for a small number of staff. The registered manager confirmed this training had been scheduled.
- The current registered manager had focused upon supporting and building an effective staff team. Regular supervision sessions and meetings were held. Staff told us they generally felt well supported in their roles.

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.

- Overall, staff worked within the principles of the MCA. Appropriate DoLS authorisations were in place where required. However, the local authority informed us the service had not ensured all conditions attached to 1 person's DoLS authorisation were being met. The registered manager confirmed they had now taken action to ensure these would be fully followed in future.
- Where people lacked capacity to make their own decisions, staff completed MCA assessments and best interest decisions.
- Staff involved people in decisions about their support and care where they were able to.

We recommend the provider ensures appropriate training, oversight and support is in place, to enable staff to work fully in line with the MCA

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

- People's nutritional needs were considered within their care plans. However, 1 person's records in relation to the consistency of fluid and diet required were contradictory. Whilst staff were aware of the correct information, such recording could lead to confusion. The registered manager addressed this straight away.
- The local GP confirmed staff monitored people's weights and referred any concerns in relation to weight loss or gain. However, some records did not fully reflect action was taken by staff in a timely way. Charts to record people's food and fluid intake had not always been fully completed.
- Staff supported people with eating and drinking in a sensitive manner. However, at times we found some people needed further prompts and encouragement.
- People had a choice of meals and access to snacks and drinks. Menus were available, but the print was small and difficult to read. The registered manager told us the "dining experience" was currently under review with various plans to help improve the experience for people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to make sure staff understood and were able to meet their needs.
- Nationally recognised assessment tools were used as part of the assessment process.
- Care plans were developed from these assessments. However, the level of detail varied and some contained contradictory information. The provider had already identified this was an area for improvement and actions were underway to amend aspects of the electronic care planning system.

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

- A planned refurbishment programme was due to commence at the home. The provider's dementia lead was supporting with changes to the environment to ensure the refurbishment promoted a dementia friendly environment.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Feedback indicated that due to recent recruitment, overall staffing was more consistent, which was helping to ensure staff knew people well and understood any changes to their needs.
- However, 1 person had a specific condition recorded in their records, but there was no further guidance to staff within their care plan about how this may affect the person or how to provide individual support. Staff spoken with were unaware of this condition. The registered manager agreed to explore this further and take any necessary action.
- Staff liaised with health and social care professionals. They worked closely with the local GP practice to

ensure people's health needs were reviewed on a regular basis. People were also referred to other professionals as required.

# 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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Overall, people and their relatives told us staff responded to their needs and preferences. Comments included "I have no complaints about the staff they are very helpful, and I am under no restrictions. I please myself when I go out" and "If you want something doing, they do it and go out of their way to do it". However, 1 person's feedback indicated staff had not always fully met their preferences including where they sometimes preferred to eat.
- Care plans were in place but did not always contain enough person-centred information about people's individual needs and requirements to guide staff. In some cases, there was no record of recent care plan reviews or input from people's families or loved ones. The registered manager was focused on working more closely with relatives to promote person-centred care and had introduced key workers to aid communication. The provider was in the process of making improvements to the care planning system.
- We found further attention to detail was needed to ensure people were well groomed and supported in line with their preferences. For example, some people needed support to clean their nails. A relative told us they felt their relative could do with a shower more often. However, another person told us, "I can have a shower as and when I feel like it."

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 had communication care plans in place and people's communication needs were considered.
- The provider was able to provide information in alternative formats if needed. However, 1 care plan wasn't reflective of their need for information to be provided in an accessible way.

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

- The service employed 2 activities coordinators and there was a plan of activities on offer. We saw for example bingo taking place. Some people were supported to go out to the local area.
- During the inspection, several people remained in their bedrooms and were not engaged with any activities. We were advised that the coordinators spent time with some people on a one-to-one basis. The provider had a lifestyle manager who was supporting the team to review and develop activities, especially for people who were living with dementia.

- Relatives and families were able to visit and supported to maintain relationships with their loved ones.

#### Improving care quality in response to complaints or concerns

- The provider had a feedback policy in place, outlining how they would respond to both negative and positive feedback. Records were maintained of any complaints received by the service and how they had been addressed.
- People and their relatives told us they knew how to raise concerns should they need to.
- Overall feedback indicated the registered manager was responsive and acted to address any issues or concerns raised.

#### End of life care and support

- We received positive feedback from a health care professional about the support staff provided to people at the end of life.
- Care plans were in place which considered people's end of life preferences and wishes.

# 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. The rating for this key question has remained 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; 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

- Systems and processes to maintain oversight of the quality and safety of care were not always effective. Whilst audits and checks were undertaken and the provider had an improvement plan, not all the issues found during the inspection had been identified by the provider.
- Records were not always complete and/or up to date with person centred information and some were contradictory.
- Staff used handheld devices to record information electronically, such as the care provided to people. On the first day of inspection, staff were sharing devices which potentially impacted on them being able to record information contemporaneously. We raised this with the registered manager who arranged for more devices to be obtained.
- Improvements were required to ensure risks to people were robustly assessed and mitigated. In addition, improvements were required to ensure staff fully worked in line with DoLS conditions and person-centred care planning.

Systems to ensure compliance with the regulations, and systems to assess monitor and improve the service were either not robust enough or operated effectively. This was a breach of regulation 17 (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their role and responsibility under the duty of candour. They were open and honest about shortfalls found during the inspection and acknowledged there was ongoing work to build on learning and improvements which had already been made. The provider's quality team were supporting the service and were responsive to feedback for ongoing improvement.

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

- Staff had daily handover meetings and various other meetings were held to support communication between the staff team.
- Staff were positive about the management of the service, they told us current managers were accessible,

supportive and had promoted team building.

- Compliments had been received about the care and support provided and the registered manager shared examples where staff had provided caring and individualised support to people.
- There were processes in place to seek feedback from people and their relatives. There was a focus on improved communication, including resident/relative meetings. Surveys were used to gather feedback.

Working in partnership with others

- The registered manager worked in partnership with other agencies including the local authority. They had recently completed an action plan in partnership with the local authority around some improvement actions.
- A visiting health professional's view was that the current leadership team had made significant improvements to the overall management of the service and were effectively working with them to promote positive outcomes for people.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were either not in place or robust enough to demonstrate that risk management and safety was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to ensure compliance with the regulations, and systems to assess monitor and improve the service were either not robust enough or operated effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured staff had received appropriate support and training to carry out their roles effectively.