

Westbourne Care Limited

Westbourne Nursing Home

Inspection report

190 Reservoir Road
Gloucester
Gloucestershire
GL4 6SB

Tel: 01452506106
Website: www.kewcaregroup.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

Westbourne Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Westbourne Nursing Home accommodates 36 people in one adapted building. At the time of our inspection visit there were 28 people living at the care home.

At our previous inspection in April 2016 the service was rated "Good". At this inspection we found the service remained "Good". At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of our inspection visit Westbourne Nursing Home did not have a registered manager in post. 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. The current manager was planning to apply to be registered with the CQC.

We heard positive comments about the service such as "I'm quite happy here". "I am very happy we chose Westbourne" and "Very pleased with Westbourne and the caring staff".

People were protected from harm and abuse through the knowledge of staff and management. Robust staff recruitment procedures were used and staff were supported through training and meetings to maintain their skills and knowledge to support people. Sufficient staff were deployed.

We found the environment of the care home was clean and had been well maintained. People's medicines were managed safely using a new electronic system.

People received personalised care and support from caring staff who respected their privacy, dignity and the importance of independence. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had opportunities to take part in a variety of activities. People were supported to maintain contact with their relatives. There were arrangements in place for people and their representatives to raise concerns about the service. Care was provided for people at the end of their life.

The provider had informed commissioners of their decision to end provision of nursing. A plan was being followed to end the provision of nursing care at the care home. Effective quality monitoring systems were in

operation.

Further information is in the detailed findings below.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Westbourne Nursing Home

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 25 January 2019 and was unannounced. The inspection was carried out by one inspector. We spoke with three people using the service and four relatives. We spoke with the manager, the operations manager, a registered nurse, two shift leaders, the head cook, the activities coordinator, the administrator, the trainer and four members of care staff.

We reviewed records for four people using the service and looked over the premises of the care home. We examined records relating to staff recruitment and the management of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any safeguarding concerns reported to the manager would be dealt with correctly.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

People had individual risk management plans in place. For example, people's risks in relation to nutrition, the use of bed rails, moving and handling, falls and pressure area care had been assessed. These identified the potential risks to each person and described the measures in place to manage and minimise these risks and had been reviewed on a regular basis. People were protected from risks associated with the environment of the care home and such as legionella, fire and electrical systems through checks and management of identified risks. Equipment used to support people's care such as hoists and wheelchairs were regularly checked and serviced to ensure they were safe.

People were supported by sufficient staffing levels. The manager explained how the staffing levels were currently organised throughout the care home in response to people's needs. During our inspection we found staff responded promptly to people's requests for assistance. We saw that staff were regularly visiting people who chose to stay in their room or who were unable to leave, providing support or just chatting. We saw no examples of people being socially isolated. A registered nurse on was duty for the day and night shifts. A person told us the response to the call bell was "quite quick". A relative told us they thought there were enough staff and responses to call bells were satisfactory.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People's medicines were managed safely. An electronic system of managing people's medicines had recently been introduced and apart from a few 'teething problems' this was reported as being successful. The system worked to ensure people did not miss their prescribed medicines as it alerted staff if medicines were not administered on time through alerts to staff using the system. It also ensured people did not run out of their medicines by ensuring appropriate stock levels were maintained through electronic communication with the supplying pharmacy.

People's care plans gave staff guidance when administering medicines prescribed to be given 'as required'; such as medicines for pain relief or to relieve people's distress. The system allowed daily or weekly reports to

be produced to give the manager oversight of how people's medicines were being managed. The provider was planning to re-introduce full auditing of medicines following the recent introduction of the system. Medicines were stored securely with monitoring in place to ensure they were kept at the correct temperature.

People were protected by the prevention and control of infection. We found the environment of the care home was clean and people told us it was kept clean. One person told us, "The cleanliness is pretty good". The latest inspection of food hygiene by the local authority for the care home in September 2017 had resulted in the highest score possible. Staff had received training in food hygiene and infection control. Regular infection control audits were also completed which included a review of any outbreaks of infection by people using the service.

The registered manager described how accidents and incidents were analysed for any lessons learned. For example, a full investigation had been undertaken following an incident in 2018. Following this, a critical analysis of the incident took place involving a meeting with relevant staff and a review of procedures to ensure such an incident would not be repeated. Accident records included checks for updating other relevant documents such as care plans and risk assessments.

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they moved in to Westbourne Nursing Home. The Provider Information Return (PIR) stated, "Respite admissions have a thorough pre-admission assessment as for permanent placements so that we understand the resident's needs and their medical conditions". On-going assessments were in operation using recognised assessment tools relating to areas such as nutrition and pressure sore prevention.

People using the service were supported by staff who had received training for their role. Staff had received training such as, moving and handling and dementia. Staff had also achieved nationally recognised vocational qualifications in social care. A member of staff had recently been employed as a trainer to provide training to staff. Their plan was to increase the skills and knowledge of staff in areas such as managing people's health conditions and medicine administration which would support the planned change to end the provision of nursing at Westbourne Nursing Home. Staff had regular individual meetings called supervision sessions with senior staff. Annual performance appraisals were completed. A member of staff told us, "I definitely feel supported".

People were supported to eat a varied diet. One person enjoyed the meals provided and told us, "The head cook is very good" A person's relative commented, "The food is really good and (the kitchen staff) have gone to great lengths to get the food dad likes". Pictorial cards were used to help people with communication needs choose their meals. At lunchtime we observed staff offering people choices of drinks and checking meal preferences. Tables were laid with condiments appropriate for the meal that day and meals were served covered to the tables to ensure they stayed warm.

People's healthcare needs were met through regular healthcare visits and appointments. Care records indicated that other health professionals were involved in the provision of care such as GPs and chiropodists. One person went out to a dental appointment during the first day our visit.

People had access to communal areas used for sitting and watching television and a dining area. There was also a garden which people could access in fine weather. This included raised flower beds for people to tend. This was the venue for the annual summer fete. A person's relatives told us how they were impressed with the coordination of the furnishings in the person's room. They had raised the issue of the person needing a brighter lamp in the room and were impressed with how quickly this was dealt with.

The 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 Act 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. Assessments had been made of people's capacity to consent to decisions about aspects of their care and support. Where decisions had been made about resuscitation these were prominently displayed in people's care plan folders.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications for authorisation to deprive three people of their liberty had been made. One application had been approved, we checked and there were no conditions associated with this application.

Is the service caring?

Our findings

People had developed positive relationships with the staff that supported them. People commented on the caring nature of the staff such as, "They are very kind", "Very considerate and I'm well looked-after". People's relatives told us, "The staff are very caring". "Staff are kind and polite" and "He is well cared for and always looks clean and tidy".

We saw how staff distracted a person who was distressed by playing music to them with good effect. During our observations we saw staff checking on people's wellbeing, ensuring they were warm enough and comfortable and responding appropriately to people's requests for help. Staff maintained a good rapport when communicating with people.

People were supported to maintain contact with family in response to their wishes. People could receive visitors without restrictions and some people's relatives chose to have a meal when they visited or assist the person with their meal if required. People's relatives described how they felt welcome when they visited.

People and/or their relatives were involved in planning and reviewing their care and support. The Provider Information return (PIR) stated, "Our highly detailed care planning documentation is developed from our first meeting of a potential resident for their pre-admission assessment so that, with their consent, we can glean as much information and understanding of them and their needs, wishes, choices and preferences as possible. They are part of the care planning process and its regular reviews and updates. Where appropriate, families and representatives are also involved".

Information about advocacy services was available and on display at the service. The PIR stated, "Service users are made aware on admission of possible advocacy support should it be required". Advocates help people to express their views, so they can be heard.

People's privacy and dignity was respected. Staff described how they would act to maintain people's privacy, dignity when providing personal care such knocking on doors, closing doors and covering people. They also explained the importance of explaining tasks to people when providing personal care. This approach was reflected in people's care plans which also included people's preferred forms of address. One person confirmed staff always knocked on their door and their privacy was respected.

People's care plans for personal care acknowledged the need to promote their independence in this area. Staff described how they would promote people's independence for example encouraging them to feed themselves using suitable utensils. We observed staff enabling people to wipe their hands before they took their lunch.

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their needs. People's care plans included guidelines for staff to follow to provide care and support in an individualised way. These records had been kept under regular review. Information was recorded about people's life histories for staff reference. People's care plans had been evaluated on a monthly basis. Staff commented on the approach to personalised care such as, "Each resident has their own needs and requirements, likes and dislikes and equipment."

Consideration had been given to complying with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The provider had a policy in place to guide staff with supporting people with relevant communication needs.

People took part in a range of appropriate activities. The activities schedule for January 2019 included, musical entertainment, baking, reminiscence discussions, musical bingo, quizzes and visits from a 'pat dog'. One person told us how they were able to choose the activities they took part in. They enjoyed the 'fun and fitness' activity session and said, "If I'm not feeling up to it I'm just brought back". During our inspection visit a bagpiper played to people as part of the celebrations for Burns night. Local children visited the home at times for performances such as a gymnastic display. Holy communion also took place regularly through a local church.

People who chose or were unable to join activity groups were provided with interaction and activities on an individual basis. The activities coordinator was part of a local network to promote activities for people using care services. Praise for the activities programme emerged strongly from the comment we received from people's relatives such as, "The activities programme is very well run" and "The activity ladies are a credit to Westbourne".

There were arrangements to listen to and respond to any concerns or complaints. Records of investigations had been kept and appropriate responses given to complainants. Information was available for people using the service to guide them in how to make a complaint. A record of previous complaints received and the responses to them had been kept. Concerns raised with CQC about staffing levels in 2018 which we had passed to the provider were investigated with an appropriate response given. A person's relative told us, "Any issues we may have had have been minor and when raised with staff, quickly rectified".

People were supported at the end of their life. The PIR stated, "The End of Life care planning at Westbourne is thorough and detailed involving advanced wishes and consultation and we have equipment and experience to provide a variety of pain management options. Our close links with the GPs and the Palliative Care Team mean that anticipatory medicines can be quickly put in place and we can work with families to support them at the end as well". Positive comments had been received from a family of a person who had previously received such care.

Is the service well-led?

Our findings

The service was following a plan to end the provision of nursing care and the service was changing from a nursing home to a care home. We discussed this decision with the manager and operations manager. Recent challenges with maintaining consistent nursing care over Christmas 2018 had been a factor with making the decision. An action plan had been drawn up and was being followed to realise the change. Discussions had taken place with commissioners and people who may be affected by the change were to be assessed in the week following our inspection visit. Consultations had taken place with people's relatives and staff and a relative's meeting was planned.

A person's relative told us they were satisfied with the communication regarding the change. Plans were in place to increase the skills and knowledge of care staff and advice and training had been sought from the local Care Home Support Team. The employment of a deputy manager was also part of the plan. A registered nurse was to continue working at Westbourne for a period of time following the change to provide support to staff with clinical oversight until new skills and knowledge were embedded. Care staff were positive about their future roles and the challenge presented by the end of nursing care.

The vision of the service was described in the provider's aims and objectives which included, "At Westbourne, we aim to provide the highest quality of holistic care within a homely and family-structured environment. The central focus of our caring is to promote the wellbeing and fulfilment of our residents, in a trusting relationship. We believe our residents; their relatives and friends should be informed partners in the provision of this care and that their beliefs and wishes are respected and valued". Throughout our inspection we found examples of staff caring for people in accordance with the provider's objectives.

At the time of our inspection Westbourne Nursing Home did not have a registered manager. The current manager's intention was to apply for registration. The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.

Daily morning meetings were held by the manager with head staff to ensure the effective operation of the service on a daily basis. Other regular staff meetings ensured staff were aware of planned developments within the service and the expectations of the management and provider. We heard positive comments about the manager from people, their relatives and staff such as "absolutely marvellous" and "very approachable".

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance information was up to date and available to staff. Audits were completed

on a regular basis and in accordance with the provider's quality monitoring arrangements such as, care plans, medicines, infection control and staff supervision. Night visits were also carried out to check on aspects of the care provided to people at night and the safety of the care home. The results of audits formed action plans to monitor the progress of any identified improvement actions. These showed that actions were identified and completed and this led to improvements and developments being made such as completion of staff training, planning meetings and review of the fire risk assessment. Visits were also carried out by the representatives of the provider such as visits by the operations manager to examine the delivery of the service to people, staff support, the environment, maintenance and fire safety.