

Maria Mallaband 7 Limited

# The Westbourne Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Westbourne is a residential care home providing personal and nursing care to 47 people aged 65 and over 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. Each bedroom had its own en-suite bathroom.

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

At this inspection we found improvements had been made and the provider was no longer in breach of regulations, however further assurances were needed to ensure governance systems which demonstrated these improvements were sustained and embedded into everyday working practice.

There was a new manager employed at The Westbourne. Relatives knew who the new manager was and how to raise concerns or make a formal complaint. We received consistent feedback about the positive impact the new manager had on people's quality of care as well as contributing to staffing stability and motivation. However, the provider still needed to appoint a new deputy manager and ensure the new manager was registered with the Care Quality Commission.

Care plans were person centred and risks to people's health and wellbeing were safely monitored and reviewed. This included where people needed support with prescribed medicines or had diagnosed health conditions requiring specific plans of care. Where possible people had been involved in developing and reviewing their care plans. Further plans to improve this were in place with the easing of visiting restrictions caused by the COVID-19 pandemic.

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.

Support around mealtimes had improved and people had access to a range of activities within the home.

People were able to personalise their bedrooms. A number of environmental improvements had been made. These included improvements designed to assist people living with dementia. Further improvements were planned within the home and to the outdoor areas.

The home was visibly clean and well maintained. We were assured systems and practices were in place to manage any risks relating to the COVID-19 pandemic.

Recruitment of permanent staff had improved; plans were in place to reduce dependency on temporary (agency workers). Checks were in place to ensure the safe recruitment of all workers at The Westbourne.

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

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 December 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 05 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contained those requirements.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Westbourne on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by one inspector 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 or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager who had not yet registered with the CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from professionals involved with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and 10 relatives about their experience of the care provided. We spoke with and received feedback from 14 members of staff including the regional director, manager, nurses and care workers, activity workers, housekeeping staff and the representatives from the provider's support team. We also spoke with one healthcare professional who regularly visits the service. 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.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and monitor the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks had been assessed. Appropriate care plans were in place to safely manage identified risks.
- Systems were in place to ensure people's health conditions, including diabetes, were managed safely.
- Recording documentation to monitor risks relating to pressure care and dehydration were fully completed. Records demonstrated these were now being monitored and reviewed by senior staff.
- Regular checks on the suitability of equipment were maintained. For example, specialist mattresses were checked daily by staff to ensure they were set to the correct setting based upon people's weight. This helped to protect people against the risks of developing pressure sores.
- Routine checks on the environment were up to date; and certificates supported this.

### Using medicines safely

At our last inspection we recommended the provider considered current guidance on administering 'homely remedies' to people alongside their prescribed medication and update their practice. The provider had made improvements.

- The provider had recently introduced a new electronic system which demonstrated medicines were managed safely. Records of administration were well maintained, in line with best practice and completed comprehensively.
- Medicines were stored securely, and only administered by staff who were suitably trained.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse; policies and procedures supported this. Staff had completed safeguarding training and were aware of how to raise concerns. Referrals had been made appropriately to the local authority safeguarding team.
- Systems were in place to record accidents and incidents. They were reviewed regularly by the manager to look for any trends; and identify whether future incidents could be prevented.

### Staffing and recruitment

- Staff were safely recruited. Appropriate checks had been made before being offered employment. This included checks on temporary (agency workers).
- Staffing levels were safe. The manager was in the process of recruiting additional staff and had a plan to significantly reduce the use of agency workers, particularly on nights. We reviewed rotas. Where agency was used, workers were consistent, which helped to ensure people received continuity of care.
- People we spoke with told us staff usually attended quickly if they pressed their call bell or called out for assistance.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider reviewed the mealtime experience to ensure it reflected best practice for people living with dementia. The provider had made improvements.

- The dining areas on each floor had been refurbished and created a welcoming environment. We observed lunchtime. We found staff were much more organised and there was plenty of crockery and cutlery available for people to use.
- Staff offered appropriate choices to people and could access snacks throughout the day. Some people chose to eat in their bedrooms or the lounge area. This was respected; we observed staff supporting people to eat at their own pace.
- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within care plans.
- People spoke positively about the food on offer. One person told us, "The food is very nice, I like the food."

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

- People's needs were assessed. Care plans had been developed based on these assessments, as well as advice and guidance provided by other health professionals.

Staff support: induction, training, skills and experience

- Staff received appropriate training; and received an induction when they started working at The Westbourne.
- New staff spoke positively about their induction to the home. One told us "It's been the best place I've ever worked at. From the beginning everyone's been so welcoming and helpful. I've never worked in care before. Everyone from care assistants to nurses have been so helpful and made being in a new job a lot less scary. Through their support, even though I haven't worked here long, I feel confident in my job role and supported by other members of the team."

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 healthcare services and support; care records showed referrals were made to other agencies when their specialist advice was required.
- Staff worked closely with a number of agencies to ensure people's needs were being met, including GP's

and community health teams.

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

- People had the equipment they needed to be supported effectively and were able to personalise their own bedrooms.
- Further environmental improvements had been made since our last inspection to assist people living with dementia. There was also a planned initiative with the local college to develop the gardens. This would provide a sensory area of people, a memorial garden and a play area for visiting children.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were unable to consent to their care, identified areas of support were appropriately assessed under the MCA. Decisions were clearly recorded when care was delivered in the person's best interests.
- Where appropriate, DoLS applications had been made and identified conditions were being addressed. We were informed of one issue by the local authority in relation to DoLS conditions. We discussed this with the manager. We were assured this was being resolved.
- Throughout our inspection, we observed staff asking people for consent before they delivered care. We also discussed the MCA with staff who confirmed they received training; and were able to describe what this meant in practice.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people'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

At our last inspection we recommended the provider ensured they captured people's views and wishes and their involvement is clearly recorded throughout the care plan process. The provider had made improvements.

- Care plans were person centred and reflected people's personal preferences. People we spoke with confirmed staff were aware of their likes and dislikes.
- Visiting restrictions imposed during the COVID-19 pandemic had created some difficulties in involving relatives directly in care plan reviews. However, we were assured people who were able had been involved and plans were in place to address this now visiting restrictions had been relaxed.
- Throughout our inspection we observed positive, caring interactions by staff who knew people well. People we spoke with confirmed this. One person told us, "The staff are very, very, nice. Absolutely great."

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

At our last inspection we recommended the manager referred to best practice to review the existing activity programme. The manager had made improvements.

- There was now a planned approach to activities. Activity staff were motivated and encouraged people to engage in a wide range of activities within the home including physical exercise, music and crafts.
- Although the opportunity to provide some activities was limited due to COVID-19 restrictions, we saw recent newsletters which demonstrated a number of events had recently taken place to celebrate and commemorate recent national events and birthdays.
- A sensory room was being developed to provide additional areas for people to relax and spend their time.
- Relatives confirmed they were supported to keep in touch with their loved ones when unable to visit in person. One relative told us, "I have a zoom meeting with mum each week."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication needs were identified in care plans. For example, care plans identified where a person

experienced hearing or sight loss and the support needs around this.

- The manager confirmed information about the home was available in different formats and languages upon request.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible. Records were maintained of any complaints received by the service.
- People confirmed they knew how to raise a complaint and who they would complain to.

End of life care and support

- Care plans demonstrated people and their loved ones had been involved in decision making when a person was at the end of their life. Personal wishes were documented.
- Where appropriate, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders were placed prominently in care files. Handover records also contained this information for ease of reference.
- Staff received training in end of life care and told us they felt emotionally supported by the manager when caring for people at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving 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

At our last inspection the provider had failed to robustly manage the risks relating to the health, safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were still needed.

- Since the last inspection, the previous registered manager and deputy had left the service . A new manager was in post but had not yet registered with the CQC. A new deputy was yet to be appointed and temporary arrangements were in place.
- The provider's quality team and the new manager had recently developed an improvement plan from recent audits and observations of practice. The manager had been provided with additional resources, including dedicated support from the quality team, to work through this plan. Whilst significant progress had been made, some actions were not yet fully met.
- For example, during our inspection, we found a small number of discrepancies in care plans and records. Whilst we were satisfied these had no significant impact on people's care and were immediately addressed, this demonstrated further progress was needed to embed recent improvements into everyday practices.
- The manager had a clear understanding of duty of candour; records demonstrated people had been informed when things had gone wrong.
- The new manager demonstrated a clear understanding of their responsibility for notifying the Care Quality Commission of events that occurred within the service.
- The most recent CQC rating was clearly displayed in the reception area and on the provider's website.

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;

- A number of relatives expressed frustration at the number of management changes which had occurred in

recent months. Some told us they haven't always felt updated by the provider about these changes.

- Some relatives also told us communication had been poor prior to the new manager coming into post. They also told us they didn't always know who to contact and hadn't received feedback about a recent satisfaction survey. We discussed this feedback with the manager who informed us they had arranged a virtual relative's meeting to improve communication and had recently allocated 'keyworkers' to improve consistency of care and enable relatives to have a key contact within the home. We were also provided with assurance the manager would circulate the satisfaction survey results.
- Although we received this feedback, other relatives felt communication was good and they felt well informed. One relative told us, "I am happy with the care here."
- Staff were candid about their views of working at the Westbourne in recent months, and, without exception, told us of the positive impact the new manager was making. One staff member told us, "Prior to [the manager] taking over the home, it wasn't an enjoyable work experience or resident centred. Since [the manager] joined there have been some great changes in staff mentality, general atmosphere and level of care." Another told us, "It's been hard at times because there's constantly been different management and due to that I didn't really feel like I could approach anyone. However, [the manager] is an amazing home manager and she is so approachable. I really feel like she wants the best for not only the residents but also the staff."

#### Working in partnership with others

- Information contained within care plans demonstrated staff worked in partnership with other agencies. We spoke with one visiting professional who told us in recent weeks they felt communication and the quality of information they needed to review peoples care had improved.
- Monthly meetings had recently been established which were attended by the manager and a number of health professionals from external agencies. One relative we spoke with had expressed concerns about a person's mental wellbeing. We were assured from reviewing minutes of these meetings this person's concerns had already been addressed. The meeting was effective in ensuring an appropriate referral had been made in a timely and co-ordinated way.