

HC-One Oval Limited

The Westbury Care Home

Inspection report

Warminster Road
Westbury
Wiltshire
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Tel: 01373825868

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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

About the service

The Westbury Care Home is a residential care home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The service can support up to 44 people.

The home was purpose built and accommodated people in one building. People's rooms were on the ground and first floor and there was a communal lounge and adjoining dining room. In addition to long term care, the home provided intermediate care. This type of care aims to enable people to regain their independence and return home, following acute ill health or surgery.

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

There were enough staff to support people safely. The home was calm, and staff had time with people. Risks were identified and safely managed. Staff were aware of the responsibilities to identify and report potential abuse. Systems were in place to prevent and control infection and the home was clean. People's medicines were safely managed. There was an open culture with a focus on learning if things went wrong.

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 had enough to eat and drink. Effective monitoring was in place to ensure this. People's needs were assessed, and a range of healthcare services were accessed to help them remain healthy. The environment was warm, comfortable and met people's needs. People were encouraged to personalise their room. Staff felt supported and received a range of training to help them do their job well.

People were treated well, and systems were in place to ensure this. There was an established staff team and staff knew people well. People were complimentary about the staff and there were many positive interactions. People were encouraged to direct their care and their privacy and dignity was promoted.

People were happy with the support they received and had a detailed care plan in place. This showed how people liked their care to be delivered and what was important to them. There was a range of social activity for people to join in with if they wanted to. The home had a minibus and external activities were being developed. Staff were passionate about providing good end of life care. Discussions were being held with people about this. There was an open approach to complaints, and systems were in place to enable people to raise a concern easily.

People benefitted from clear leadership and a caring ethos. This was adopted throughout the staff team, with kindness being a key factor. There was positive feedback about the registered manager and they had a visible presence in the home. They regularly worked with people, and alongside staff. There was a comprehensive auditing system, which assessed the quality and safety of the service. There was a clear focus on development and networking took place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 03 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

The Westbury 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.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

The Westbury Care 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with eleven members of staff including the registered manager, area quality director, clinical lead, a registered nurse, care workers and ancillary staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one health and social care professional who regularly visited the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to support people safely. During the inspection the home was calm and relaxed. Staff were going about their work in an unhurried manner.
- The registered manager told us staffing levels were regularly reviewed, to ensure they remained suitable to meet people's needs. They said they used general observation, in addition to the dependency tool, to ensure enough staff were deployed.
- People told us there were enough staff. One person told us, "If you need anything, you just use your bell. They come really quickly." Another person said, "Mornings are busier, but they always come as quickly as they can. You don't have to wait." A member of staff told us, "We do really well for staff. We have enough."
- Staff were safely recruited. Records showed information had been gained about the applicant's work history and past performance, and a Disclosure and Barring Service (DBS) check had been completed. A DBS helps employers make more informed recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to identify and report any suspicion or allegation of abuse. They said they would inform a registered nurse or the registered manager if they had any concerns.
- Information about safeguarding procedures were available for staff reference as required. The registered manager told us staff were very vigilant and reported any concerns.
- Safeguarding formed part of the provider's mandatory staff training programme. The registered manager monitored this training, to ensure all staff completed it.
- People told us they felt safe. One person said, "I feel safe, yes, 100%. [The staff] are all so good here." Another person told us, "I feel very safe. I don't worry about anything."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified, and action taken to mitigate them. This included the risks of falling, pressure ulceration, malnutrition and choking.
- All assessments of risk had been regularly reviewed and updated. One person who was prone to falling had their risk assessment reviewed monthly, and after any further falls. The risk assessment stated hourly checks were required to promote the person's safety. Records confirmed these had been undertaken.
- Some people had their fluid intake monitored to minimise the risk of dehydration. Monitoring records were fully completed, and the information showed the person's recommended daily target amount. This was being achieved each day. The monitoring records had been reviewed daily by the registered nurse or team leader.
- Staff were aware of people's needs in relation to safety. This included the amount of thickener a person

required in their drinks to minimise the risk of aspiration. The registered manager told us staff had done a lot of work recently about food textures, and the up to date descriptors of these. This minimised people's risk of choking.

- Equipment was regularly checked and serviced to ensure it was safe to use.

Using medicines safely

- People's medicines were safely managed. Most of the medicines were supplied in a monitored dosage system (MDS) pre-dispensed by a national pharmacy. The medicines were appropriately checked when received, and a running balance was maintained for stock control purposes.
- Staff had consistently signed the medicine administration records (MAR) to show they had administered people's medicines. Appropriate codes and comments were recorded for any medicines not administered,
- Information about a person's medicines was detailed in their care plan. This included the person's understanding of their medicines, how they liked to take them and any associated risks. Other than one record, information showed the appropriate application of topical creams.
- Information was available to guide staff with the administration of those medicines to be taken 'as required'. This maximised effectiveness and reduced the risk of misuse.
- Only registered nurses and some team leaders were responsible for the administration of medicines. These team leaders had undertaken medicine management training and their competency was assessed.

Preventing and controlling infection

- Systems were in place to prevent and control infection. This included soap dispensers and paper towels for handwashing, and foot operated waste bins in communal bathrooms and toilets. One soap dispenser however, had come off the wall and some light pull chords were stained. One wet floor sign contained debris and needed cleaning.
- The home was clean and there were no unpleasant odours. Staff were proud of this and said it was important for people and their relatives, that the home did not smell.
- Staff had received training in infection control and had access to disposable protective clothing as required. Staff wore this before delivering personal care and had other aprons when handling food.
- People were happy with the cleaning arrangements of their room. One person told us, "They clean my room every day. They keep it lovely and my bathroom's spotless."

Learning lessons when things go wrong

- There were systems in place to reflect and learn from any accidents or incidents. This included a team meeting to discuss any falls people experienced. There was a clinical meeting where staff discussed any concerns such as skin integrity.
- The registered manager told us there was on going learning and reflection, with an aim to always doing things better. They said an open culture was promoted, which enabled staff to be open and honest about anything that had not gone well.
- There was an electronic record of any accident, incident or complaint. This showed any actions taken and lessons learnt. The log was further monitored by senior management.

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 good. At this inspection this key question has remained the same. 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 told us they were able to discuss their needs and wishes, prior to moving to the home. Records of these discussions were detailed within a written assessment and used to develop the person's care plan.
- Nationally recognised assessment tools were used to assess each person's risk of pressure ulceration and malnutrition. Following the outcome of the assessments, appropriate interventions and equipment were put in place.
- Staff used NHS produced assessment tools, relating to the screening for sepsis and urinary tract infections.

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

- People had enough to eat and drink. Records showed three people who were at risk of malnutrition, had either increased their weight or had remained stable. One person who required support to eat, had gained 4.5 kg over a four-month period. Records showed they had received their prescribed nutritional supplements.
- People had a choice of meals and were offered an alternative if they did not like what was on the main menu. One person's choice of only eating soup was respected. Information about people's preferences were detailed in their care plans.
- Meals were promptly served and those who needed support, received this in an attentive manner. People enjoyed general conversation, whilst they were eating.
- People were complimentary about the food and drink they had. One person said, "The food's always good and they know what I like." Another person said, "It seems we're always eating. We have a full meal and dessert and then a couple of hours later, we're eating cake."

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

- People were supported to remain healthy by a range of health and social care professionals. This included GP's, hospital specialists, speech and language therapists, audiologists and wound care nurses.
- GPs from the local surgery routinely visited the home. This enabled people's general health and medicines to be regularly reviewed, with amendments made if required. Staff told us whilst GPs regularly visited, they could call for medical advice or assistance at any time.
- People told us they were supported to access health care services. One person said they had seen a physiotherapist, who was helping them improve their mobility. Another person said they wanted more opportunities to walk around with staff, to help their walking. On the second day of the inspection, a referral had been made for the person to see a physiotherapist.

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

- The environment was comfortable, warm and safely maintained. However, there were some areas, such as skirting boards that were chipped and looked worn. The registered manager told us plans were in place for the home to be fully refurbished.
- People were able to personalise their room and arrange their furniture as they preferred. One person told us staff had helped them put up some pictures, to make it homelier.
- People told us they liked their room and the space available. The registered manager and area quality manager told us the condition of each room was important, as it was the person's home. They said they always asked themselves if they would be happy to spend time in the room. If the answer was no, they said the room was not good enough and improvements needed to be made.

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.

- Staff worked within the principles of the MCA. A formal assessment was undertaken, when there was doubt about a person's capacity to consent to their care. The assessments covered areas such as nutrition and maintaining healthy skin.
- The registered manager told us three DoLS applications had been submitted to the local authority. These related to people living at the home.
- Records showed MCA training formed part of the home's mandatory training plan. Staff understood the principles of the MCA and encouraged people to make decisions.
- People told us staff always asked for their consent before undertaking any care intervention. One person told us, "They ask me all the time. They would never pressurise me to do something I didn't want to do. They respect what I say."

Staff support: induction, training, skills and experience

- There was a detailed staff training programme, which the registered manager told us was designed in line with the Gold Standard framework for adult social care. They said some of the training was deemed mandatory by the provider, and there were other courses such as those related to clinical need.
- Records showed staff were in the process of completing all training expected of them. The registered manager was monitoring this and said there was a strong focus on progression and development.
- The registered manager told us there was a comprehensive induction for those staff who were new to the service. This included training, mentoring and shadowing more experienced members of staff.
- Staff told us they were happy with their training and felt well supported. They said they had meetings with their line manager to discuss their training needs and performance.
- People told us the staff were well trained and good at their job. One person told us, "If I were to ask [staff] any questions, they always know the answer. They know what they're doing."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Systems were in place to ensure people were well treated. This included the registered manager regularly working with people and staff, as well as staff meetings and training.
- Staff were friendly and respectful when talking to people and there were many positive interactions. This included a person being welcomed back to the home after a hospital appointment and another being sensitively assisted to eat.
- There was a stable staff team and staff knew people well. They spoke about their role fondly. One member of staff told us, "I just love my job. I love working with people." Staff told us they would recommend the home and use it for a family member if needed.
- People were very complimentary about the staff. Specific comments were, "[They are] brilliant, every one of them", "They're a good bunch" and, "All the staff are terrific, marvellous."
- There was a "Wall of thanks" in the entrance hall. This contained thank you letters, which contained compliments about the care provided.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to discuss their preferences and make decisions about their care. One person told us, "I do exactly what I want. I can choose everything. It's like living in my own home but with help when you need it."
- The registered manager regularly spoke to people informally about the service they received. During the inspection, they sat with people and joined in with conversation over lunch.
- People had regular reviews of their care. Records showed people and their relatives were encouraged to be involved and share their views.
- There were resident and relative meetings and consideration was being given to a resident's committee. Heads of department such as the chef, spent time with people to encourage feedback.

Respecting and promoting people's privacy, dignity and independence

- People's rights were promoted. One member of staff told us this included assisting a person with their appearance, if this was important to them, including hair and jewellery.
- Records showed staff received training in promoting privacy and dignity. Each bedroom door had a 'do not disturb' sign, which was used when people were receiving personal care.
- Staff were confident when talking about promoting privacy and dignity. They said they maintained confidentiality, knocked on doors before entering and always ensured care was delivered in private.

- People told us staff respected their privacy. They said staff were very sensitive when assisting them to use the bathroom or have a shower.
- Staff were polite and spoke to people respectfully. One person apprehensively asked a member of staff if they could have a milky drink, usually associated with bedtime. The member of staff answered, "Of course" and gave it promptly.

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 good. At this inspection this key question has remained the same. 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 were happy with the support they received. One person told us, "They'd do anything for you. You only have to say something in conversation and they're on it. It's like my legs, I said I put cream on them when I was at home, and the next day, they had the cream for me." Another person said, "They're on the ball. They'll sort anything you need. They're really good. I can't fault them."
- People had detailed, person centred care plans in place. The information showed how people liked their care to be delivered and what was important to them. There was further documentation in people's rooms for staff's reference. This included information such as, "Things I must have", and, "How do I tell you what help I need."
- Appropriate equipment had been provided for those people at risk of developing pressure ulceration. People had pressure relief air mattresses which were on the appropriate settings. Some people had specialised cushions. These were plugged into different power supplies, as the person moved around the home. Records showed people were appropriately supported to change their position, to promote healthy skin.
- One person had a clear treatment plan to manage their non-pressure related wounds. The person told us their wounds were dressed regularly, and some progress towards healing had been made. However, there was limited information about the support the person needed to minimise their risk of pressure ulceration. This was addressed by the second day of the inspection.

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.

- The service met the AIS. Documentation was available in large print or different fonts if required. A member of staff told us they were in the process on putting quizzes directly on the large screen television in the lounge. This enabled those people with poor hearing, to read the questions and join in with the activity effectively.
- People's communication needs were detailed in their care plan. Staff were aware of these. One member of staff told us a person could not hear well from their left ear. They said due to this, they always positioned themselves on the person's right side, when talking to them.

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

- There were designated activity staff who were responsible for developing and implementing a varied social activity programme. A staff member told us the activities were based on people's preferences and individual wishes.
 - People told us they enjoyed the activities on offer. One person told us, "We do quizzes and play your cards right and do exercises." Another person told us, "They have lots of singers come in, lots of different ones."
 - Staff recognised the importance of social activity. They said it promoted social inclusion and relationships, enhanced mood and overall wellbeing. Activity staff told us they made a point of speaking to each person every day, including spending time with those who chose to stay in their room.
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- The home had a minibus. The registered manager and staff told us this enabled them to give priority to getting people "out and about". Some people had recently gone out to a local garden centre.
 - People told us great effort was made at Christmas to make it an enjoyable time. They said the food, entertainment and decorations were excellent. Relatives were able to eat with their family member if they chose to do so.

Improving care quality in response to complaints or concerns

- There was a positive approach to complaints. The registered manager told us any concern was dealt with quickly to ensure satisfaction, and to avoid escalation. They said they met with people regularly to enable any concerns to be easily raised.
- People knew how to raise a concern, although did not feel the need to do so. One person told us, "You'd never be happy anywhere or with anything, if you had a complaint here. We've got no reason to complain." Another person said, "What would I complain about? Nothing. There's nothing to complain about."
- The area quality director told us there was a comprehensive complaint procedure in place. They said any complaints received were monitored, to ensure a detailed investigation took place.

End of life care and support

- Staff were passionate about ensuring people had a comfortable, pain free death. One member of staff told us, "It must be so scary, so we always make sure people do not die alone. It's a real privilege to hold a person's hand as they pass." Another staff member recognised the person and their grieving relatives, were their priority. They told us, "We always make sure we're there for them and do what they want."
- The area quality director told us they were looking to develop conversations with people about end of life. They said they wanted people to think about this, in a similar way to making a will. They explained, "You may not need it for another 10 years, but its integral to ensure your wishes are followed."
- People's care plans contained information about wishes for resuscitation and whether they wished to remain in the home or be moved to hospital, in the event of serious illness or end of life.
- An end of life care plan was used when required. The format covered key decisions such as hydration and nutrition, and symptom reviews including nausea, agitation, pain and distress.

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 good. At this inspection 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

- There was a comprehensive range of audits to assess the quality and safety of the service. These were undertaken at varying frequencies and by staff, the registered manager and others within the organisation. The audits targeted areas such as health and safety, care planning and the dining room experience. Any shortfalls identified formed part of the home's on-going development plan.
- The home operated a system, whereby each person's care was fully reviewed every month. Within this, each head of department met the person, their room was deep cleaned, and care plan reviewed. The registered manager told us they always asked the person to check the interventions had been completed.
- The registered manager showed clear leadership and direction. There were daily morning meetings with the registered manager and heads of departments. This enabled information to be shared and responsibilities for that day to be reinforced.
- Records showed the registered manager reviewed documentation such as people's care plans, daily records and reviews. This enabled a clear overview of practice. The registered manager told us there was further scrutiny from senior managers, as they had access to the home's electronic systems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to give their views and be involved in the development of the service. They could do this through informal conversations, meetings and surveys. In the entrance hall, there was an electronic system which encouraged feedback.
- All heads of department regularly asked people if they were happy with the service they gave. For example, the chef often asked people if they enjoyed their meal or if there was anything else they wanted.
- The registered manager told us people were encouraged to speak to them when needed. They said, "Some people just dial directly down to the office or come down for a chat." People confirmed they regularly saw the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had strong values and an open and positive approach. They had a clear ethos and were passionate about ensuring people received good person-centred care. The ethos was adopted throughout the staff team. Staff told us kindness was the basis of all their interactions.

- The registered manager spent large amounts of their time with people and staff. The area quality director told us, "When you come in, he's often with someone." Other comments were, "He's very visible. He's got a real presence, which is great", and, "He even emptied my commode. I felt very important." The registered manager regularly accompanied a person along the corridor, to help improve their mobility. When reaching the entrance hall, both had a drink and a chat.
- There were many positive comments about the registered manager. These included, "He's so supportive, he's lovely", "He's a people person", and, "I like [the registered manager] a lot. He's outstanding. He knows all the residents and gets everyone to believe in themselves."
- A record of the outcome of surveys and 'resident' and relative meetings were displayed on the notice board in the corridor. This enabled people to be fully informed of what was going on in the home.

Continuous learning and improving care

- There was a strong focus on further developing the service and trying new ideas and suggestions. This included enabling people to go out more, the recruitment of volunteers and developing links with the local community.
- There was an ongoing improvement plan in place. This was regularly reviewed, and actions were signed off when completed. Senior managers had access to the plan and monitored to ensure any actions were undertaken in a timely manner.
- The registered manager told us action was taken in response to people's feedback or any concerns raised. They said they wanted the home to be people's first choice, when looking for care.

Working in partnership with others

- The service was supported by senior management and other departments within the organisation. This included human resources and the quality team. The registered manager told us the organisation's health and safety department were currently addressing recommendations raised from the Fire and Rescue Service.
- The registered manager told us established relationships had been developed with involved health and social care professionals. One health and social care professional was complimentary about the service. They told us, "I have no concerns about the management, carers, cleanliness, safety of residents or any other issues."
- The registered manager attended regular manager's meetings, to share ideas and good practice.