

Palms Row Health Care Limited

Westbourne House Nursing Home

Inspection report

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Date of inspection visit:
26 April 2022

Date of publication:
25 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westbourne House Nursing Home is a care home which provides personal and nursing care for up to 71 people with a range of medical and mental health needs. At the time of the inspection there were 47 people living at the home. The home also provides intermediate care for people who are admitted to the service from the community or from local hospitals. Intermediate care is undertaken via a National Health Service contract to help ease the pressures on the acute health care services in the area. People receiving intermediate care were receiving rehabilitation to support them to return home or to an alternative care setting. At the time of this inspection the service was caring for 30 people who were using the service on a temporary basis; some of whom only used the service for a very short period after being discharged from hospital.

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

People were very happy with the care they received, and they told us they felt safe when receiving care from the service. The home had a process in place to safeguard people from the risk of abuse. Staff were knowledgeable about safeguarding and knew what action to take if they suspected abuse.

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.

Risks associated with people's care had been identified and assessments were in place to minimise risks occurring. The provider had a robust recruitment system in place to ensure appropriate staff were employed.

The registered manager and provider could evidence maintenance checks had been carried out to ensure the building was meeting health and safety requirements. Accidents and incidents were analysed to ensure trends and patterns were identified to minimise future incidents. People received their medicine as prescribed.

The premises were clean and there was good infection control practice in place.

The provider had a quality assurance system in place and ensured audits were carried out frequently to identify and actions and resolve them.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement and there were two breaches of regulations (report published 26 June 2019). The provider completed an action plan after that inspection to show what

they would do, and by when, to improve. The service was inspected but not rated at our inspection in October 2020 (published 13 November 2020) but it had improved and met the breaches identified in 2019.

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed. We were seeking assurance about this decision and to identify learning about the DMA process.

For those key questions not inspected, we used the ratings awarded at the last inspections to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westbourne House Nursing Home on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Westbourne House Nursing 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.

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Inspection team

The inspection was carried out by two inspectors 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

Westbourne House Nursing Home is a 'care home' with nursing care. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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.

We also reviewed feedback obtained from 10 people and their families which was obtained as part of the DMA we completed.

During the inspection

We spent time observing people's care and interaction with staff in the lounges and dining room areas to help us understand the experience of people living at the home. We asked 14 people who used the service and one visiting relative about their experience of the care provided.

We spoke with 10 staff including the registered manager, registered provider, registered nurses, care staff, and members of the maintenance, administrative, domestic, and catering staff teams. We also spoke with three health professionals who were part of the NHS team supporting people receiving intermediate care and rehabilitation at Westbourne House.

We saw the day to day care records, risk assessments and care plans for three people and multiple medicines records. We looked at personnel and recruitment records for three staff and a range of records in relation to the management of the service and quality monitoring.

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 in October 2020 we did not rate this key question. The last rating of this key question was Requires Improvement at the May 2019 inspection. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

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. The service had safeguarding procedures in place to report concerns to the relevant professionals including the local authority and the CQC. Staff told us they had received training in safeguarding and would report any concerns to the manager or external agencies.
- People told us they felt safe and well cared for at Westbourne House. People said, "Yes, I feel safe, there's assistance available when you want", "I have felt safe and at home here. If I could, I would stay here for ever"; "Safe? Oh yes it's because the people are very nice, it's a lovely place to be," and, "I do feel safe; it's the way the staff behave towards you."
- Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and were managed appropriately. Risk assessments were in place for concerns such as falls, moving and handling and choking. Staff we spoke with were aware of risks associated with people's care and ensured people were safe when carrying out tasks such as using the hoist, they ensured these tasks were carried out in line with the persons care plans and risk assessments.
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.
- A fire risk assessment was completed. Staff were aware of what to do if the fire alarm was to sound. Regular fire drills and weekly fire alarm testing were conducted at the service.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- We found the home was working in line with the MCA and the management team and staff ensured people were assisted to make decisions.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were completed by the service prior to staff commencing their employment.
- There were enough staff to support people with their needs. We observed people were supported promptly with their care needs during our inspection. We received positive feedback from people living at the service about the staffing levels. People said, "There's plenty of staff, plenty at night," "They (staff) come when I buzz," and "Lovely staff, they come in and chat and see if I'm OK."
- To support with staff absences, the service had a group of 'bank' staff and agency staff provided by the provider's own nurse agency who knew the service and could work when required.
- Staff we spoke with told us, "The staffing is okay. We could always use more, but I know all staff will tell you that," and "There's enough staff, we use some agency staff but they are ones who always work here so know the home and all the residents."

Using medicines safely

- The provider had systems and processes in place to ensure people received their medicines as prescribed.
- We observed part of the morning and lunchtime medicines administration. We found that safe procedures were followed. Staff explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with and staff were patient and respectful. People told us, "Yes, I get my tablets on time, no problems," and "Staff have explained my medicines to me and done a schedule of meds for when I go home. They are efficient."
- Staff received training and competency assessments to ensure their knowledge was up to date and people's medicines were managed safely.
- Some people's medicines were prescribed on an 'as and when' required basis. Protocols were in place to identify when and how these medicines should be administered.

Preventing and controlling infection

- People and relatives, we spoke with told us the home was always clean and well presented.
- 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 personal protective equipment (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.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One person said, "My family don't like booking and the palaver at the door." The registered manager explained a booking system for visiting was used to try and manage visitor footfall in the

service and ultimately protect the people who live and use the service.

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 in October 2020 we did not rate this key question. The last rating of this key question was Requires Improvement at the May 2019 inspection. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The feedback from people, relatives and healthcare professionals about the service and management team was very positive. Comments included, "The staff are very caring. The home is very well run from the moment you come through the front door," "I was very pleasantly surprised by the home. It's the way the staff look after you. There's nothing bad," and "Never have I felt so humbled because of the care the staff provided during the pandemic. The care and the compassion they showed made me want to cry. I will never forget it."
- We fed back to the registered manager and provider some improvements which should be made within the home. For example, the mealtime experience could have been enhanced for people. Tables were not laid for lunch and when meals were served, the cutlery was handed to the person. Setting tables with tablecloths, mats, napkins and condiments would help to enhance the lunchtime experience for people. The registered manager said they would look at making improvements in these areas.
- People and relatives told us they usually had regular contact with the managers and so were able to provide feedback about the service very regularly.
- People who used the service, relatives, and stakeholders had been asked for written feedback on how the service was being run or what could be done better to drive improvements.
- The service held regular 'Governance meetings' with their NHS partners.

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 was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.
- The registered manager was fully aware of their responsibility under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The service was open and honest if things went wrong and proactive about putting things right. They investigated incidents and made sure people and relatives were kept involved and informed of the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A number of audits and checks were completed to help ensure continuous learning and improvement. The audits included the identification of any issues and actions to address them.
- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required.
- The building was safe and well-maintained overall. The building was clean but was a little tired and clinical in some parts. Improvements to the environment had been made since the last inspection and a service improvement plan was in place to continue with these improvements.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, and district nurses. The NHS trust partners also completed quarterly quality audits at the service. These audits included checks on the environment, medicines and infection control. A health professional said, "Managers and staff of Westbourne are very responsive to the service users. The communication between all staff and the care delivery here is excellent."