Barchester Healthcare Homes Limited

West Abbey

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

West Abbey is a purpose built home which can accommodate up to 97 people. The home is divided into three distinct units and each unit has its own staff team. A registered nurse is on duty on each unit 24 hours a day. One unit on the ground floor specialises in providing nursing care to younger people who have a physical disability. The other ground floor unit provides nursing care to people living with dementia. The unit on the first floor provides nursing care to frail older people.

At the time of the inspection there were 81 people living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People remained safe at the home. People were supported by adequate numbers of staff who had the skills and knowledge to meet their needs. Staff knew how to protect people from the risk of harm and abuse. Risks to people were reduced because there were systems in place to identify and manage risks such as reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin.

People now received effective care. Improvements had been made to ensure people were involved in decisions about whether they wanted to have lifesaving treatment in the event of an emergency. People are 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 told us their healthcare needs were met. A person who lived at the home said "I see the physiotherapist regularly. They are helping me to get out of this wheelchair and get my legs moving." The acting manager told us they had excellent links and support from GP surgeries in the local area. A person who lived at the home told us "They are very good here. If you are a little off colour the nurse will arrange for the doctor to come."

The home continued to provide a caring service to people. One person said "It's very nice here. The staff are nice too." Another person said "The staff are very nice and treat me with respect." A visitor told us "The staff are lovely and always welcoming. They all know [name of person] really well. I am very happy with everything." A healthcare professional said "The staff always seem cheerful and caring."

The home continued to provide a responsive service. People and their representatives were involved in planning and reviewing the care they received. A visitor told us "I can access my [relative's] care plan and we have meetings with the nurse to check everything is to our liking." People received care and support which

met their needs and preferences. Activity staff and external entertainers provided people with a varied activity programme.

The service continued to be well led. The registered manager had recently left the service however there was an effective management structure in place whilst a new manager was being recruited. The acting manager had been in post as the deputy manager for a number of years and had an excellent knowledge of the people who used the service and the staff. People told us the management within the home were open and approachable. The acting manager and provider continually monitored the quality of the service and made improvements where needed.

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 good	Good
Is the service effective? The service has improved to good	Good
Is the service caring? The service remains good	Good
Is the service responsive? The service remains good	Good
Is the service well-led? The service remains good	Good

West Abbey

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 checked 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 6, 7 and 10 July and was unannounced. The first day of the inspection was carried out by two adult social care 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. The second and third day of the inspection was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

During this inspection we spoke with 18 people living at the home and eight visiting relatives. We also spoke with 15 members of staff. The acting manager was available throughout the inspection.

We looked at a number of records relating to individual care and the running of the home. These included 10 care and support plans, two staff personnel files and records relating to medication administration and the quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People told us they felt safe at the home and with the staff who supported them. One person said "Yes I feel safe here." Another person said "It's very good really. When I ring my bell the staff come quite quickly." A visitor told us "I know [name of person] is safe here. I can go home and not have to worry which means a lot."

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. We saw staff responded promptly to any requests for assistance.

Risks of abuse to people were minimised because there were effective recruitment processes for all new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Staff had been trained how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the provider's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. A visitor told us "The staff are lovely and they wouldn't mistreat people. You won't see anything like that here. There's no unhappiness and no ill-treatment here."

People's medicines were safely managed and administered by registered nurses. Some people were prescribed medicines, such as pain relief, on an 'as required' basis. During the inspection we saw these medicines being offered to people. Medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. The dispensing pharmacy had carried out a visit in January of this year to check the home's procedures for the management and administration of people's medicines. The findings had been positive.

Risks to people were reduced because there were systems in place to identify and manage risks. These included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan. This gave details about how to evacuate each person with

minimal risks to people and staff. Fire grab bags were situated at fire exits so they could be quickly accessed in the event of an emergency. These contained a fire risk assessment, evacuation plan and list of people using the service.

The premises were well maintained. Maintenance staff were employed and regular checks were carried out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay.

Good

Is the service effective?

Our findings

The service provided effective care. At our last inspection of the service we were unable to see that people and/or their relative had been consulted about decisions regarding whether they wanted to have lifesaving treatment in the event of an emergency. The provider was required to send us an action plan detailing what they were going to do to address this breach of our regulations. At this inspection we were able to see evidence that this had been addressed.

Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, for example the provision of some equipment, a best interest decision had been made.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The acting manager had liaised with appropriate professionals and was in the process of making applications for people who required this level of support to keep them safe.

People were supported by staff who had the skills and knowledge to meet their needs. Staff received regular training in health and safety topics and subjects relevant to the people who used the service. These included the management of epilepsy, Huntington's disease, end of life care and tissue viability. Staff had also received training in caring for people who were living with dementia. A member of staff said "The training was brilliant. We took it in turns to be a resident and it really made you understand what it must be like for the people who live here." The majority of the care staff had achieved or were working towards nationally recognised qualifications in care.

Newly appointed staff completed an induction programme which gave them the skills to care for people safely. During the induction period, new staff had opportunities to work alongside more experienced staff which enabled them to get to know people and how they liked to be cared for.

On each unit a registered nurse was always on duty with care staff to ensure people's nursing needs were monitored and met. People saw health care professionals when they needed them. The home employed a physiotherapist who visited the home twice a week. A person who lived at the home said "I see the physiotherapist regularly. They are helping me to get out of this wheelchair and get my legs moving." The acting manager told us they had excellent links and support from GP surgeries in the local area. A person

who lived at the home told us "They are very good here. If you are a little off colour the nurse will arrange for the doctor to come."

Staff followed advice given by health and social care professionals to make sure people received effective care and support. For example; we met with one person who had been assessed as being at very high risk of malnutrition. They had been assessed by a speech and language therapist after the home had raised concerns with the person's GP. We observed the person was provided with a high calorie fortified soft diet and additional snacks and supplements throughout the day in accordance with the healthcare professionals recommendations.

The service employed catering and hospitality staff. We met with the chef who was very knowledgeable about people's preferences and special diets. Following a nutritional meeting people and their representatives had been invited to attend a 'food for thought meeting' where their views and thoughts on the revised menu were sought. The minutes of the meeting showed a high level of satisfaction. One person had said they didn't like a particular food any longer. We saw their care plan had been updated to reflect their preferences. People were offered snacks and drinks during the day. People who had been assessed as being at risk of malnutrition were provided with fortified snacks at regular intervals throughout the day.

Since our last inspection the service had completed a provider initiative on the unit for people who were living with dementia (Lyde Unit). This training and accreditation programme was designed to enhance both the dementia care environment and to improve interactions between staff, people living with dementia, relatives and health professionals. It focused on reducing distress, increasing well-being and improving quality of life. The corridors on the Lyde unit had been painted and decorated and each corridor provided a theme, such as beach, garden and fashion. This provided interesting and interactive areas for people. There were various items of memorabilia around the unit and pictures/photographs on bedroom doors which were personal to each person who lived at the home. This helped people to easily identify their bedroom.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people. People looked relaxed and content with the staff who supported them. One person said "It's very nice here. The staff are nice too." Another person said "The staff are very nice and treat me with respect." A visitor told us "The staff are lovely and always welcoming. They all know [name of person] really well. I am very happy with everything." A healthcare professional said "The staff always seem cheerful and caring."

The atmosphere in the home was relaxed and people were supported in an unhurried manner. Staff interactions were kind and respectful. A member of staff said "I think the residents definitely get good care here. I would be happy for a relative of mine to live here."

Where people required assistance with personal care needs, they were supported in a discreet and dignified manner. One person who lived at the home said "When I have a bed bath they preserve my dignity with a modesty towel." We observed staff assisting people to transfer with the aid of a mobile hoist. Staff explained what was happening and reassured the person throughout the transfer. Screens were placed around the person to protect their dignity.

People said staff respected their privacy and people were able to spend time alone in their bedrooms if they wished to. One person said "I am happy with my room. I like to spend time here. I go to the dining room for lunch, have a natter and then come back here." Some people who were living with dementia were not always able to communicate their needs or preferences. However; we observed staff engaged with people and checked they were happy where they were sitting and what they were doing.

Staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The home was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The acting manager made sure people were supported by professionals when nearing the end of their lives so they remained comfortable and pain free. We met with a healthcare professional from a local hospice. They told us they visited the home every month to review and discuss people who were nearing the end of their lives. They told us "The communication is really good here. They know they can use the advice line anytime and they do." They also shared some feedback they had received from a doctor at the local hospital when a person who lived at the home had passed away. They had said "You could tell they were very well cared for."

The service had received numerous compliments from people's relatives. Comments included "We want to express our heartfelt appreciation for the kindness and excellent care my [relative] received. We were comforted in knowing [name of person] received the best care available in West Abbey." And "The sensitivity and support of you and your staff helped us through a very difficult period and we will never forget your kindness."

Good

Is the service responsive?

Our findings

The service continued to provide a responsive service. The people who lived at the home and their representatives were encouraged to be involved in planning and reviewing the care they received. A visitor told us "I can access my [relative's] care plan and we have meetings with the nurse to check everything is to our liking." Another visitor said "I am fully involved in [name of person's] care and the staff are always updating me. I have monthly meetings with [name of person's] keyworker. We have a chat and go through the care plan. [Name of person] comes to the meetings too."

Care and support was responsive to people's changing needs. A visitor told us about the care their relative received. They said. "Absolutely marvellous care. [Name of person] had a bad wound. They immediately got a tissue viability nurse in and it has healed to a great extent." Another visitor told us about their relative who had returned to the home from hospital. They said "[Name of person] was placed on end of life care in hospital. Since being back here [they] have just got stronger and stronger and are doing really well now. All credit to the staff here."

On the unit which cared for people who were living with dementia (Lyde) staff used a recognised tool to assess whether people, who were unable to express themselves verbally, were experiencing pain. We saw a plan of care had been raised where concerns had been identified. The care plan we read contained clear information for staff about how to recognise the person may be in pain such as facial expressions and changes in behaviours. People's well-being and mood were also assessed and monitored each day. A plan of care had been developed where a person had been assessed as being low in mood. The care plan we read provided information about how to support the person. For example offering increased one to one time and encouraging the person to engage in activities. Daily entries made by staff showed this had been positive.

Staff made entries about people during the day and at night. Records contained information about the person's well-being and how they had responded to interactions. This information helped to review the effectiveness of the plan of care and helped to ensure people received care and support which was responsive to their needs and preferences.

People were assessed in their own home before they moved to the home. This helped to ensure the home could meet a person's needs and aspirations. A visitor told us "[Name of acting manager] came to visit us at home. She also showed us around the home and answered all my questions. Everything was in place when [name of person] moved in. The staff know [name of person] really well." Care plans contained detailed pre-admission assessments which were used to develop a plan of care.

People were supported to follow their interests and take part in social activities. Designated activity staff were employed and people were provided with opportunities to take part in a varied activity programme within the home and in the local community. The home also employed a music therapist. One person told us much they enjoyed the gardening club. Another person said "I really enjoy the sing-a-longs." A visitor told us they played in a band at the home each week and the sessions were well attended. A person who lived at

the home said "I sometimes do the bowls and they have let me plant a shrub outside my room in memory of my wife."

The provider had a complaints procedure which was displayed in the home. People said they would talk with a member of staff if they were not happy with their care or support. One person said "If I had to complain which I haven't I would see the manager." Another person said "I had to complain once and it got sorted quickly. I can't remember what about. I spoke to one of the ladies in charge." A visitor told us "[Name of acting manager] is wonderful. I wouldn't hesitate in discussing any concerns with her. It would be dealt with straight away." Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Good

Is the service well-led?

Our findings

The service continued to be well led. The registered manager had recently resigned from their 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 home was being managed an acting manager whilst a new manager was being recruited. The acting manager had been in post as the deputy manager for a number of years and had an excellent knowledge of the people who used the service and the staff. They were very visible in the home and often provided registered nurse cover when required. People who lived at the home, their representatives and staff told us the acting manager was approachable and they could always speak with them if they needed advice or support. A member of staff said "[Name of acting manager] is very approachable. If you have any worries you can go to her." A visitor told us [Name of acting manager] is excellent. Her door is always open."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the acting manager there were unit managers, who were registered nurses, who were supported by a team of care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative and maintenance and activity staff were also employed. Each had a head of department who met with the acting manager and nursing staff each day to share pertinent issues affecting care of the people who lived at the home.

Regular meetings were held for people who lived at the home and their relatives/representatives. Meetings provided an opportunity to inform people of any changes or events which had been planned. A visitor told us "I always attend the meetings. You are encouraged to speak up about anything. At one meeting we requested some new furniture for the lounge and we got it." Another visitor said "We have regular meetings. Our thoughts and opinions are listened to. For example, I suggested they got some nice table cloths and it was done."

There continued to be an effective quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. The acting manager carried out regular unannounced out of hours visits. The report from a recent visit which had taken place in the early hours of the morning had been positive. We looked at care plan audits that had been carried out and saw that any shortfalls had been addressed with staff. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had regular supervisions and an annual appraisal where they were able to discuss

their performance and highlight any training needs. There was a handover meeting when staff came on duty to ensure all staff were kept up to date with people's care needs. The acting manager met with the head of each department every day. These meetings provided opportunities to discuss any issues and to monitor the quality of the service provided to people.

The acting manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example the acting manager completed reports following any significant accidents or incidents involving the people who lived at the home. This helped to establish whether the incident had been avoidable and whether measures were needed to reduce the risk of the incident happening again. People's representatives had been informed in writing of the incident and action taken.