Westbourne Care Limited

Westbourne Nursing Home

Inspection report

190 Reservoir Road
Gloucester
Gloucestershire
GL4 6SB

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

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 28 and 29 April 2016 and was unannounced. The care home can provide accommodation and care to up to 36 older people, some who live with dementia. At the time of the inspection there were 31 people living there. The service also provides nursing care with nurses on site at all times.

The service had a registered manager in position. 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.

People were kept safe. Risks to people's health and welfare were identified and managed well. A shortfall in how windows were restricted was identified during the inspection but addressed immediately. People were protected from abuse because staff knew how to manage this. People's care was planned and reviewed with them and if they were unable to do this, with their relatives. People were well informed of any changes to their care or treatment, as were their representatives. People's medicines were managed safely and they received their medicines as prescribed and when they needed them. People who were assessed as lacking mental capacity were protected under the correct legislation. Staff supported people to make decisions and choices where possible. There were enough staff to meet people's needs. Staff recruitment practices helped to protect people from those who may not be suitable to care for them. People's care was delivered with kindness and compassion and their dignity and privacy maintained at all times.

People received help to eat their food and drink and they were provided with a choice. People's levels of nutritional risk were identified and the correct action taken to address this. Staff were well trained and supported to meet people's needs and manage their risks. People had access to health care professionals when needed. Health care professionals told us they had no concerns about the care or treatment provided to people by the staff. People were provided with very good opportunities to take part in social and meaningful activities. These activities were enjoyed by most who took part in them. For some people the activities and care they had received had had an exceptional impact on their health and quality of life. People and their representatives were able to raise a complaint, have this taken seriously, investigated and responded to. Areas of any dissatisfaction were addressed and resolved quickly.

People benefitted from having a registered manager in place who provided strong leadership and who was respected by the staff. Staff were committed to the registered manager's visions and values and worked hard to meet their expectations. There were arrangements in place to obtain people's views and ideas. Relatives also had opportunities to feedback and express their views. Staffs' feedback and ideas were also valued. Quality monitoring systems were in place to ensure the service performed well and met with various regulations and legislation. This process was used to help improve the service further.

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. People were protected against risks that may affect their health. Environmental risks were also monitored, identified and managed.

Arrangements were in place to make sure people received their medicines appropriately and safely.

People were protected from abuse because staff knew how to identify this and report any concerns they may have.

There were enough staff to meet people's needs and good recruitment practices protected people from the employment of unsuitable staff.

Is the service effective?

Good

The service was effective. People received care and treatment from staff who had been trained and who were supported to provide this.

People who lacked mental capacity were protected because the principles of the Mental Capacity Act (2005) were followed.

People received appropriate support with their eating and drinking and were provided with a diet that helped maintain their well-being.

Staff ensured people's health care needs were met.

Is the service caring?

Good

The service was caring. People were cared for by staff who were kind and who delivered care in a compassionate way.

People's wishes and preferences were explored and met by the staff who respected these and who delivered personalised care.

People's dignity and privacy was maintained at all times. This included at the end of their life and following their death.

Staff helped people maintain relationships with those they loved

or who mattered to them.

Is the service responsive?

Good

The service was able to be extremely responsive. People's care was planned and reviewed with them or their relatives.

People had very good opportunities to socialise and take part in meaningful activities which helped to improve people's health and quality of life.

There were arrangements in place for people to raise their complaints and to have these listened to, taken seriously and addressed.

Is the service well-led?

Good

The service was well-led. People were protected by the provider's quality monitoring systems.

People benefitted from there being a committed and strong registered manager in place.

Staff were committed to the systems and arrangements in place which helped to provide a good service. In places the support provided to people was exceptional.

The management team were open to people's suggestions and comments in order to improve the service going forward.

Westbourne Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 29 April 2016 and was unannounced. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the care of an older person and involvement with dementia care services. The last inspection of Westbourne Nursing Home by the Care Quality Commission was completed on 21 October 2013. The service was found to be fully compliant in the areas inspected. A report of that inspection was seen to be available for people to read.

Prior to visiting Westbourne Nursing Home we looked at the information we held about the service. This information included the statutory notifications the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send to us by law. A Provider Information Return (PIR) had been completed prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make in the next 12 months. We reviewed information local commissioners had shared with us. We reviewed comments that people and relatives had made on a national website designed for people to feedback their views and experiences.

During the inspection we spoke with 11 people who live at the care home and six relatives. We received written feedback from three relatives and one person which had been requested by the registered manager in readiness for their inspection. We also received feedback from two health care professionals. We spoke with the registered manager, a representative of the provider and 11 members of staff. We reviewed four people's care records and their medicine administration records. We reviewed the recruitment records of three members of staff and the service's staff training record. We reviewed various records relating to the management of the service. These included the service's Statement of Purpose (a document which outlines what services Westbourne Nursing Home provides and to whom). We also reviewed the service's policy and procedures on safeguarding people, whistle blowing (being able to report concerns without any reprisal),

fire safety and medicines. We reviewed the complaints and compliments file, minutes of various staff meetings and those held with the people and their relatives. We reviewed a selection of the care home's quality monitoring audits and an audit completed by the supplying pharmacy. We had a tour of the building and reviewed maintenance records. We observed one staff hand-over meeting.

We requested information to be forwarded to us in relation to the fitting of window restrictors which the service did.

Good

Is the service safe?

Our findings

People were safe. People told us they felt safe because they were, "Watched over unobtrusively" by staff who kept them safe. They told us the building was secure and there were enough staff around to give help when they needed it. This helped to reassure them. People's comments included, "I feel quite safe because there are lots of the same faces around", "I find it pretty good and safe here, very much so because the door is locked and people are always around if anything happens". One person specifically said, "As you walk about you are aware of somebody behind you in case you fall. They [staff] never interfere but they're just there ready if you need them. I feel very safe". Another person said, "They [staff] know where I am and they keep me safe". Relatives told us they see the same faces in the home caring for their relatives and this reassured them. They were confident that staff knew how to keep them safe. We observed that staff were vigilant throughout the days we visited, providing safe care and pre-empting risks to individual people.

People were protected against risks related to their health and care. We saw assessments in people's care records, which outlined what these risks were. Risk assessments recorded levels of risk and gave staff guidance on how to keep people safe. Risks related to, for example, falls and developing pressure ulcers were identified and managed well. One relative explained they had been concerned about their relative when they lived alone. They said, "I was always worried in case she had a fall. [Name] is definitely safe here because there is always somebody [staff] about to take care of her". When people did fall or have an accident they received appropriate care and treatment. The reasons for the fall or accident were explored and action taken to try and prevent a reoccurrence.

People were protected from abuse because staff had received training and were aware of their role in safeguarding people. They knew how to report relevant concerns inside their own organisation and who to speak to outside of their organisation if needed. One staff member said, "Any observed or suspected abuse, then I would take my concern to the manager or the area manager. If necessary to outside agencies". There was information and guidance on safeguarding people from abuse for people and their visitors to read. Another member of staff said, "I would report anything I was not happy about straight away. Information about protecting people from abuse is on most notice boards. You don't have to go in the office to look for it". We found this to be the case and it showed that the subject was high on the staffs' agenda and prominently promoted.

People had their needs met when they needed them or when they wanted them met because there were enough staff to do this. The registered manager monitored the levels of people's needs and staffed the home accordingly. Staff had time to generally check on people as well as those who remained in their bedrooms to make sure they were safe and comfortable. One person said, "People [staff] are always around to help if anything happens". A relative said, "[Name] is safe and in very good hands. She is checked regularly to make sure that she is alright". One member of staff told us there were busy times when more staff would be helpful but people's needs were always met.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. All reviewed recruitment files showed that appropriate checks had been carried out before

the staff started work. Clearances from the Disclosure and Barring Service (DBS) had been requested. A DBS request enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. References had been sought from previous employers and in particular, when past employment had been with another care provider. Employment histories were requested and the reasons for any gaps explored at interview.

People's medicines were managed safely. People received their medicines which had been prescribed for them. Medicines were stored safely. We observed staff preparing medicines for use. This was done safely to ensure no errors in administration took place. Medicine records were maintained well. The supplying pharmacist had completed an audit of the medicine system ten days prior to this inspection. The report stated they were "always highly impressed with the very highest standards achieved". They considered the weekly audit of medicine stock, undertaken by the staff, to be an "excellent process". The completed Provider Information Return (PIR) stated that in the next 12 months the registered manager was going to look at further safety systems for medicine administration. This involved a possible change to electronic barcodes to check medicines on administration.

People lived in a clean environment and there were systems in place to ensure they were protected from avoidable infection. We observed staff taking infection control processes seriously. Housekeeping staff followed the set cleaning schedules and procedures. These helped reduce cross contamination by the use of colour coded equipment for different areas of the care home. Care staff limited the possible spread of infection by hand washing between individual acts of care and by wearing appropriate protective clothing. Plastic aprons and gloves were worn during care delivery and when serving people's food. Hand sanitising gels were placed at suitable points throughout the home and hand washing areas were well stocked with liquid soap and hand towels. We observed exceptionally clean bathrooms and toilets. There were no offensive odours. The kitchen had a rating of five awarded by the Food Standards Agency. This is the top rating awarded and means the kitchen had been found to have 'very good' hygiene standards, (www.food.gov.uk). Arrangements were in place with appropriate contractors to safely manage the care home's waste. Written feedback from relatives had been gathered for the inspection. One had commented; "The cleanliness of this home is first class". Another stated, "The hygiene of the home is excellent".

People lived in a safe environment. A shortfall in the effectiveness of window restrictors which help to prevent people from falling from windows was identified during the inspection. This was addressed immediately by the registered manager. Numerous health and safety checks were carried out to ensure other areas and systems kept people safe. We saw well maintained records which recorded frequent monitoring and servicing of various systems and equipment. Contracts were in place with external service providers and maintenance companies. For example, a specialist company serviced and maintained all lifting equipment, which included passenger lifts, care hoists and slings. Similar arrangements were in place to maintain the nurse call system, emergency lighting, fire alarm and fire safety equipment.

Good

Is the service effective?

Our findings

People told us they felt well cared for and staff knew how to support them. They told us their health and subsequently the quality of their lives, had improved since living at the home. Relatives also confirmed that staff had brought back a quality to their relatives' lives and they felt people were very well cared for. One person said, "Carers [staff] look after me very well. They are good carers [staff] who care about their work." Another person said, "I have [type of care mentioned] and I know when things need to be done and they listen to me". Relatives' comments included, "I'm confident that staff have been well trained. It helps because there are regular staff who understand people's needs and some [staff] have been here a long time." and "I'm very satisfied with the standard of care and professionalism." A health care professional said, "They [staff] have taken people with very complex needs and managed these well". They [management staff] are always keen to up skill the staff". They went on to say, "I would put my loved on there, you can't say more than that can you".

People's care was delivered by staff who had received training and support to do this. We spoke with one person who needed a mechanical hoist to help them move. They said they felt safe when staff used this and the staff knew what they were doing. The registered manager said, "Staff have self confidence in what they do and are empowered to manage situations". They said, "Training and support is on-going here". Staff training records confirmed this to be the case. When staff started work full induction training was provided to all and they were all expected to complete this. Induction training gave staff an introduction to the provider's policies and procedures. It set out their expectations and the staffs' responsibilities. Induction training subjects included, fire safety, infection control, safeguarding adults, safe moving and handling, dementia awareness and the Mental Capacity Act (MCA) 2005. One fairly new member of staff told us they had felt, "Fully supported" during their induction.

On-going support and training included regular updates in care subjects plus competency checks in various areas of practice. One member of staff said, "We sit down and have supervision [individual or group sessions where staff can discuss training needs, work progress and anything else that may be of concern to them] and have lots of training". Non care staff confirmed they also received appropriate training and support relevant to their role in the care home. One senior member of staff had been responsible for ensuring nurses had completed appropriate update training and that they received adequate support. Nurses had individual lead roles within the team and were able to provide colleagues and care staff with advice and support. For example, one nurse had extensive experience in mental health nursing. They had been able support other staff in the care of one person whose behaviour could be perceived as challenging. They were, along with the person's GP, able to monitor the use of specific medicines prescribed to treat the person's mental health issues. A staff meeting in February 2016 had reminded staff their annual appraisals were due to start in March 2016. These were individual meetings with staff to discuss their performance over the year and to plan training and development for the following year. Staff were supported and encouraged to attain further qualifications in care and we spoke with two staff who had been promoted to senior positions and supported to take on more responsibilities. They were both enjoying their new roles which involved supervision and supporting other staff.

People's care and treatment was delivered with their consent. We observed people's consent being asked for and obtained. Where people were unable to provide consent and make independent decisions about their care and treatment they were protected. This was because the staff adhered to the principles of the Mental Capacity Act 2005. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who therefore needed support to make decisions or decisions made on their behalf received their care and treatment lawfully.

We observed people who had been assessed as lacking mental capacity being given opportunities to express their wishes. People were encouraged to make choices and encouraged to make their own decisions where they were able to do so. One person had an alarmed pressure mat alongside their bed which alerted staff to when they stood. This monitoring device was in place because the person did not always remember to ring for assistance. Although this device monitored the person's movement at all times it was intended to help reduce the risk of the person falling. It was not being used to control the person and limit their freedom. We asked the person if they knew what it was used for; they did and they said, "It's a good idea". However, when people were unable to understand or process information and make a decision, staff used their knowledge of the person's wishes and care needs to make a best interests decision on their behalf.

We observed staff supporting people who live with dementia, safely and appropriately. One member of staff spoke to one person who was very confused. The staff member was able to find out what the person needed, partly because they knew the person well, and were able to give them time to explain and then provide the appropriate degree of support. We also observed another person who had very limited powers of communication and impaired mental capacity being supported in a similar way. Daily care decisions, made on this person's behalf were based on their care needs. One member of staff said, "Most people have the capacity to make decisions but if I was unsure then I would look in the care plans and ask for advice". At no point did we observe anyone being forced or coerced into something they did not wish to do. Staff sometimes needed to return later and try again to deliver people's care when the person was more able to be accepting of this. One person said, "I'm listened to and they never force the issue".

Where people had been assessed as lacking mental capacity to make a decision about living at the home they were protected under Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In one person's records a mental capacity assessment had been completed as the person had been unable to consent to living at Westbourne Nursing Home and to receiving the care and treatment they required. The staff had completed a DoLS referral and best interests decisions about their care had been made by appropriate people. In this case staff who looked after the person, the person's GP and family members had been consulted.

Records showed that staff also acknowledged that people's ability to understand and retain information could fluctuate. In one person's care records we saw that a mental capacity assessment had been completed at the beginning of an infection. This was because the person was presenting in a confused state and was less able to make independent decisions. An appropriate best interests process had been followed by the staff and the person's GP to ensure the necessary treatment was given lawfully and in the person's best interests. The person had remained able to state that they wished to remain living where they were. Following treatment their mental capacity was reviewed and they were able to make daily decisions

independently again with staff support.

The registered manager explained that some time had been designated in resident and relative meetings to help explain this legislation to relatives. The registered manager told us this had been to help them understand that staff could not force care and treatment on people just because they lived in a nursing home.

People told us they enjoyed, "Excellent" and "Tasty" food and they had enough to eat and drink. There were only positive comments about the food. These included: "Lovely meal. I enjoyed it. It was very good" and "The food is very, very good. You can choose what you want". One person told us about the system in place where each person takes it in turn to decide what will be cooked on a particular day. Others can partake in this or have an alternative. It meant people could choose their favourite meals. One relative said, "The food is very good. The choice is fine. (Name) enjoys it; her favourite is fish and chips". Family members were able to eat with their relative if they chose to. One person enjoyed having their lunch each day with their spouse. The registered person said, "Westbourne is their home now, this is what they did in their own home and wanted to continue doing if possible so the arrangement has carried on".

People were provided with the support they required to maintain their nutritional well-being. People's nutritional risks had been identified and were managed. People's weight was monitored on a regular basis and recorded. Any concerns about this or the people's appetite were discussed with their GP and, if appropriate relatives were informed. One relative said, "Staff know what he likes to eat. He chooses from the two meals that he is shown. When I come in they will tell me if he hasn't eaten a great deal". Staff used a specific monitoring assessment tool to measure levels of nutritional risk and to plan what action to take. Where needed people's food was fortified with cream, dried milk powder and butter to provide additional calories. People with problems relating to their swallowing had been assessed by a speech and language therapist (SALT) and advice taken. This process had taken place for one person who had lost weight, their food had been fortified, they had been reviewed by their GP and referred for a SALT assessment. The cook had received appropriate training to be able to understand the requirements of a SALT assessment. For example, the provision of different textured food; 'soft', 'pureed' and 'custard' for example.

Lunch time was a very sociable affair. Tables had been joined together at Christmas time so people could eat together and chat and people had decided they wanted this arrangement to remain in place. The dining room was well presented and people could sit where they chose to around the long table but many had their regular seats which they preferred. There were good quality interactions between people themselves and the staff. We observed two other people being supported with their meals. One member of staff sat opposite one person so they could maintain good eye contact with them whilst helping them to eat their food. This help was not rushed and the member of staff asked the person if they were ready for another mouthful before offering this. We observed that staff made sure people had access to drinks at meal-times and throughout the day and records showed that this continued through the night. Morning coffee and afternoon tea was served with a choice of snacks. These included biscuits, fruit and cakes baked in-house. Snacks were also available throughout the night, particularly for the nutritional well-being of people who lived with dementia and who may not have eaten well during the day or who were active at night-time. Picture menus displayed in the dining room were used to help people make a visual choice of what they wanted to eat.

People told us and their care records confirmed that they had access to health care professionals when they needed it. This included regular reviews by their GP, community nurses, occupational therapists, chiropodist, dentists and opticians. Sometimes people required a review by specialists such as a Parkinson's Disease advisor, mental health professionals, end of life specialists and skin and continence assessors. One

relative said, "There is good communication if there are any problems and good access to doctors. It's a very safe and caring place". A health care professional confirmed there was "super communication" between the staff and them. Another health care professional confirmed the staff were knowledgeable about the people they looked after, communicated effectively with them about people's care and treatment needs and followed their instructions or guidance. They told us they had no concerns about the service.

The Provider Information Record (PIR) explained that work would be done in the next 12 months to develop information for people and their relatives as well as new admissions on food allergens. The cook was able to confirm that this had been done and this information was displayed in the dining room.

Good

Is the service caring?

Our findings

People were cared for in a kind and compassionate way. Staff welcomed visitors in a warm and friendly way. One person who had not been living at the care home for that long said, "There's a very good atmosphere, very friendly." It was clear through observation and the feedback from people and their relatives the staff were genuinely concerned and interested in people's well-being. Comments from people included: "Staff listen to what I want and respect my wishes", "They are all very kind", "Always greet you with a smile" and "Staff are so kind and anything you want they will get it". Relatives' comments included: "Hard to see how it could be any better. Very caring, kind people", "For me it's the tender loving care that myself and the people who live here get from staff", "The quality of care is very good, physical and emotional support" and "Staff are brilliant with (name). Good safe handling. (Name) is always moving about and staff support her". When talking with a health care professional about the staffs' approach they said, "Staff are very sensitive and caring. They go over and above their remit; if they can help they will do so".

Staff respected the fact the service was the home of those who lived there. A reminder of this was written on the hall wall which said, "Our residents do not live in our workspace – we work in their home". People were seen as individuals with different needs, views and preferences. These values were at the core of how the staff respected and supported. One member of staff told us about the improved health of one person who had been expected to die. They said, "Well you see [name] is a valued person here". "It was about showing [name] a way to be interested in life again". People's views, preferences and their life history were explored with them or their family during the pre-admission assessment process.

Staff were keen to make people feel at home right from the start so they wanted to know what would help this happen. Small but important things were done to help this process. The registered manager explained that people were told they could visit at any time to look around the care home. They explained they were welcome to revisit for as many times as they needed to. They said, "We prefer them to not tell us when they are coming and then they can take us as they find us". One bedroom had already been prepared for a new admission during the inspection. The room had been deep cleaned and was presented well with attractive bedding, clean towels and all relevant paperwork in an envelope already addressed to the person. This gave a reassuring sense that people's admissions were organised, prepared for and that the staff cared. Written feedback from relatives had been gathered for the inspection. One had commented on their relative's admission time and how difficult this had been. It said, "I could have not asked for a more caring and homely environment. The room and facilities were perfect and the staff helped to make an unhappy situation more bearable".

Bedrooms in particular were recognised as people's individual and private spaces. The registered manager said, "We say to people a bedroom is a blank canvas and we will help you to have this space anyway you want to have it". This included colour scheme and allowing people to bring in items which helped to personalise that space. During the inspection one person, who remained in their bedroom most of the time, told us they had been thinking about how nice it would be to change the colour of their bedroom walls. They obviously felt comfortable enough to suggest this to the registered manager who in turn was totally supportive of the plan and who confirmed they would start, "Getting things in motion", to achieve this.

We observed personalised care being delivered and staff took the time to listen to what people had to say so they could respond to their wishes. Staff knew about people, how they preferred to be addressed, their likes, preferences and information about their past history. They were able to give us relevant information about the people they looked after. Staff were happy and there was laughter and fun shared with people where it was appropriate.

People were supported in a respectful and dignified way, with staff being careful to maintain confidentiality by not discussing people's care where they could be overheard. Peoples' privacy and dignity was respected. For example, staff knocked on their bedroom doors and waited for a response before entering. People told us staff paid attention to their cleanliness and manner of dress. One person said, "I can wear what I like. In the morning they (staff) ask me what I would like to wear. When I get up it is placed on the bed for me to put on". People who required a hoist to be moved told us when they were hoisted their dignity was maintained. We observed this in practice during the inspection. Staff ensured people were not exposed when being hoisted by making sure they were covered. We also observed quiet supportive and sensitive interactions by staff when people were sad or distressed. We observed one situation where a person had become distressed and staff managed this well. They treated the person with great dignity and respect, maintaining eye contact and speaking in a respectful way.

Staff supported people to be independent and to retain the skills they had. Staff made sure that people had the correct walking aid alongside them for example. We observed one person being supported to stand from a chair and hold on to their walking aid and then walk. This was done in a dignified way without staff taking over the process but allowing the person to do this in their own time.

People's care documents recorded interactions and feedback that staff had with relatives. In the case of one person staff had needed their family to understand what the person's risks were and why certain actions were in place. There had been several meetings with this person's relatives to explain this. The registered manager told us they always aimed to involve relatives and consult with them. However, their priority would always be to ensure the safety and best interests of the person they were looking after. A comment put by a relative on a website which can be used for feedback on care homes said, "The nursing staff gave my family and me the freedom to play as much or as little a part in [name's] care as we needed".

People's individual religious believe and cultural diversity was understood and respected. A member of the local Church of England attended on a monthly basis to provide a short service and Holy Communion to some people. If people did not wish to attend this was respected. A Catholic priest visited another person to provide support with their devotions. Contact had been made with a local mosque to ensure another person's wishes, at the time of their death, could be met correctly. The registered manager explained the staff team would ensure they had an understanding of someone's faith and end of life wishes so they could meet these when needed.

People received very good end of life care. The staff were well supported by health care professionals who specialised in this area of care. They in turn were able to support the person and their family well, both from a care perspective and emotionally. A health care professional said, "The staff are not averse to asking for help. I am very impressed with the care they provide people. They provide on-going support for families also. I have always had positive feedback from families about the care provided". The registered manager had developed a support booklet for relatives to read at this time and during the following bereavement period. A comfort pack of items such as tissues, mints, hand-cream, lip balm, note pad and a small book written by the Marie Curie Trust (an organisation which provides care and support to terminally ill people and their families) was also provided to relatives at this time. These items were for relatives' personal use or for them to use when with their relative. Staff had recognised that some relatives gained great comfort from doing

little things for their relative at this time. Items such as the hand cream could be rubbed into their relative's hands and the lip balm applied to their lips when they were no longer able to accept a drink.

The registered manager told us that following death a person's body was always treated with the, "Utmost respect", by staff. They also told us staff always formed a guard of honour, as a mark of respect, when a person left the building for the last time. A comment put by a relative on a website which can be used for feedback on care homes said, "We could not have asked for more from nursing staff and on the night my mother's body was removed, staff on duty formed a guard of honour as she was carried to the funeral director's vehicle". Another relative's feedback said, "Westbourne Care Home cared for my mum in the last few weeks of her life. Without exception the staff always showed compassion and kindness towards both her and my family".

Good

Is the service responsive?

Our findings

People's needs were responded to exceptionally well because staff understood what these were and knew how people wanted these met. People told us they were consulted about their care and relatives told us they were appropriately involved and included in the planning of their relatives' care. Comments from people included: "Staff all know what they are doing. They know about me and how to treat me", "I am very fussy. Here you get what you need when you need it" and "Very kind people (staff) who provide excellent care. They listen to what you want." One person said, "I was a refugee before I came here" (person had tried three other care homes). They said, "They have a real technique here and I'm happy to be here". A relative said, "Staff know mum's little ways. She likes to have clean clothes and is fussy about the way she looks".

People had access to call bells at all times which were responded to immediately by the staff. We did observe that staff could cancel a call bell at the call point in the corridor without actually going to where the call bell was used, for example the person's bedroom or a toilet. Staff told us they did this to prevent the noise from the call bell continuing. We were concerned that this could potentially leave people in the position of their call bell having been muted but the person not being attended to. We fed back our observation to the management team. Reassurance was given that if a member of staff had not attended the person, for example they were diverted by another task on their way, in two minutes, the call bell sounded again. One person said, "I am never really kept waiting long If I need anyone. They always come along quite quickly" and when talking to another person about how well staff responded to their call bell they said, "I get the attention when I need it".

People's needs were assessed prior to their admission. This ensured that if, for example, equipment or medicines were needed as soon as the person arrived, these could be organised. Information from this assessment, as well as information about people's likes, dislikes, preferences and goals, helped to formulate detailed care plans. These documents stated what people's care and health needs were as well as their spiritual and social wishes. They gave staff guidance on how these needs should be met. If people did not have a particular faith or did not wish to talk about this subject their wish was fully respected. We saw in some people's care records that this had been the case and this had been respected and recorded.

Additional assessments, such as those which monitored people's weight, nutritional well-being, condition of their skin and risks relating to falls were all reviewed on a regular basis. At the same time, care plans were reviewed and where needed, adjustments were made to these. Care plans were personalised to people's individual needs and choices. Staff hand over meetings were held at the beginning of each shift. We observed a comprehensive hand-over of people's care and treatment when we attended one of these meetings. Staff were therefore kept fully up to date and could respond appropriately to people's needs. Written feedback from relatives had been gathered in preparation for the inspection. One relative had commented: "The care was well organised and concerns were always promptly addressed".

Relatives were kept updated with any changes in their relative's health and well-being. Two relatives during the inspection confirmed this to be the case. One relative spoke about a fall their relative had and how they had been grateful for staff phoning them to tell them what they had done. They said, "They phoned me at

11:15pm to tell me what had happened and the treatment that they had given her". Another relative said, "They always let me know if anything happens". Relatives were also involved (where appropriate) in reviewing their relatives' care plans. One relative said, "We have got a care planning meeting coming up soon with the staff, but if you have any questions you don't need to wait. They will answer any queries straight away". Another relative who had Power of Attorney for Health and Welfare for their relative said, "I'm kept fully up to date with any changes in the care plans and they consult with us about these".

People had opportunities to take part in social activities and attend entertainment sessions. These opportunities had been improving since the employment of the current activities co-ordinator 16 months ago. This member of staff had previous experience in working with people similar to those who lived at the home. Their professional role had been to help people re-gain independence and confidence and enable them to learn new skills. They told us this experience had been invaluable in developing the activities programme. They said, "I have had the support and resources to develop the activities". The registered manager told us there was a whole team approach to activities which included input from all care staff, ancillary staff and the management team. The activities co-ordinator explained they had been working on encouraging people to take part as a community; to come together in activities and have some fun. They told us this had happened and it had brought out people's competitive side as seen in a two team quiz in the morning.
A member of staff said, "It's helped people to get to know others; it's encouraged social contact". A health care professional confirmed they had observed activities taking place when they visited. They said, "Which people seem to enjoy." They told us the art work on display helped to "contribute to a warm atmosphere".

People told us they enjoyed taking part in activities and they felt there was enough to do. Photographs around the building showed people taking part in and enjoying the activities. People's individual art work and poems were displayed around the home as were larger pieces of art done by groups of people. Posters and memos gave information about forthcoming entertainment and a weekly programme told people what activities were taking place. There was a full programme of activities on offer which included: exercise programmes, pampering sessions, reminiscence activities, bingo, card games, quizzes, visits to local garden centres, shopping trips and other events. There were links with the local church and several volunteers from the local community visited and gave their time to help people with various activities.

We observed staff being responsive to people's needs, wishes and ideas and we observed how this had a very positive impact on people. The whole team approach meant that all staff saw the opportunity and understood the link between care and helping people to socialise and be active. Both physically and mentally. The management team encouraged staff and gave them the resources to be able to spend time with people and where possible, be involved in the activities taking place. The activities co-ordinator told us about the new resident's 'buddy' system. This was where a new person to the care home, who wished to attend the activities and did not feel confident enough to do this alone, could be met by another person. The buddy's role was to take the new person with them to an activity and introduce them to others attending.

Activities were also personalised to people's interests and abilities. There were several examples where the activity programme had a really positive impact on the person. One example involved a person who had limited hand movement and poor mobility and their world had closed down because of this. Staff said, "We slowly established a good relationship with a relative and through this gained the person's trust and confidence. We slowly introduced the person to some of the activities on offer with the activities co-ordinator. They're mobility and confidence began to improve to the point where they now bring themselves to the activity sessions". Another example involved a person who had remained isolated from others. As staff got to know them better they had learnt why this was and why the person preferred not to remain in-

doors. This person had been a very keen gardener. On a trip to a garden centre staff had brought some cuttings and the person adopted these and looked after them. Staff told us they started to bring 'sickly' plants for the person to care for which they did with very good results. This all led to this person becoming part of the volunteer gardening team. The person now spends nearly all their time outside working in the garden and had recently planted a vegetable patch. They said, "I can't stand being inside so I spend most of my day in the garden. I love gardening and I mix with the other gardeners and help where I can".

Two other examples showed that where staff had been able to respond to people in a caring and nurturing way and, through the use of meaningful activities, people's health and quality of life had improved. One example was of a person who lived with dementia. They spent a lot of their time walking around the home on their own. They had recently started to sit in on activity sessions. We observed the person being welcomed into a reminiscence session. They sat calmly and restfully and enjoyed the session. This reminiscence activity was inclusive of all who attended it and well matched to people's interests and capabilities. It was a real social occasion and afterwards people told us how much they had enjoyed it. The second example was of a person admitted for end of life care who was very unwell, unable to move and was not eating. After what was described to us by relatives as "exceptional care" the person started to move around, eat and take part in the activities. Staff said, "They have a renewed zest for life". This person was living as full a life as possible. Relatives were also encouraged to take part in activities which interested their relatives and were invited to events. One person said, "The staff bought me a jig-saw. They know that I like birds and they've got me this one. When my brother and sister come in they like doing it as well". The staff had also brought this person a bird table so they could enjoy watching their favourite birds feed. A comment put by a relative on a website which can be used for feedback on care homes said, "The family were always made welcome and encouraged to be involved in the activities with mum".

People had access to information which told them how to make a complaint. We saw a copy of the complaints procedure prominently displayed in the entrance hall along with comment cards and suggestion sheets. People considered the service to be open and transparent. The registered manager told us they had an open door policy where people could and did just come in and talk with them about anything. One relative said, "Like a family I would have no hesitation about being able to talk to somebody if I was worried". People told us they had not needed to complain but went on to say they felt confident any concerns would be dealt with. One person said, "I have had no complaints but if I had then there would be no problem in talking about them and I am sure that staff would put things right". We looked at the complaints file. In February 2016 a complaint had been made by a member of staff about the state the kitchen had been left in. This was investigated and staff met and discussed this and it was resolved. Also in February 2016 concerns were raised by a family member about the care a relative had received. A meeting had been held with family members where the care delivered was discussed and the reasons for this explained to the person making the complaint.

Good

Is the service well-led?

Our findings

People spoke highly of the registered manager, the team that worked with her and the service they provided. One person's prepared written feedback to us said, "The manager and her staff are most helpful in every way". Another person said, "The staff and manager are very accommodating. They make the place it is". One other person said, "She [the registered manager] is first class; totally committed to her work".

Effective and meaningful communication was one of the main strengths we heard about. People and their relatives told us communication on all levels was very good. They told us communication channels were always open. Relatives told us they knew what was happening through paper and e-mail communication from the registered manager. Other reoccurring and positive comments from people and relatives were about the registered manager's exceptional one to one communication skills and the fact she was always willing to support them. One relative said, "She is passionate about her residents and staff".

We saw minutes of regular meetings held with people and their relatives as well as staff. The last staff meeting was in February 2016 when 33 staff attended; there were four staff absent for various reasons. The feedback received in a recent staff survey was discussed and staff were reminded of the provider's sickness policy and procedures. Some staff sickness was to be monitored more closely. One member of staff told us about how well they were supported to be able to return to work after a period of ill health. This had included an agreed period of sick pay, a phased return to work and equipment brought to help assist them in their work.

The last resident and relative meeting was also held in February 2016. Relatives told us the home had an open culture and they were able to express their views. They told us they have attended meetings and had been asked for their views on the service. One relative said, "They are very open to ideas and suggestions". The Provider Information Return (PIR) told us that in the next 12 months questionnaires would be sent to relatives to help staff gauge the standard and effectiveness of their end of life care.

Meetings were used by the registered manager to pass on information, reiterate values and expectations, reflect on areas that required improvement and to gather feedback and ideas. They also held regular and individual meetings with people. These meetings allowed people to feedback on their care and talk about things that were more personal to them. Additional meetings were also held with specific groups of staff such as catering staff, nurses and senior care staff. These meetings allowed the agenda to be more tailored to discussions and issues around specific staff roles and responsibilities

The registered manager said, "I can't praise my staff enough. They are very dedicated to their work. We work as a team". They said, "If staff are not operating as they should be I have them in and we have a chat, it's part of the process of resolving the problem". Comments from staff included: "The manager is one of those people who helps you all the time and in every way she can. She is there for you all the time. One of the nicest people I know", "The manager looks at things from a different angle and you can go to her day or night" and "She [registered manager] is a counsellor for the families who need guidance. She is always willing to speak with families." It was very clear throughout the inspection that the staff respected the

registered manager. She explained that she had started as a care assistant and worked her way up. She explained that there was nothing she would ask her staff to do that she had either not already done or was not prepared to do herself. One person said, "I Know the manager she is always coming in to say hello. She works out on the floor with the care staff when she needs to". Another person said, "She's a hard worker. The staff respect her".

The provider had a quality monitoring process in place so they could assess the service's performance and ensure it remained compliant with various regulations and legislation. A health and safety audit completed in April 2016 stated that window restrictors were fitted and were in place as required by legislation. This was found not to be the case during the inspection but as previously reported in this report, this was addressed immediately. However this audit had not been effective in identifying this shortfall which the registered manager was also going to address following the inspection.

We reviewed a selection of other audits which were completed by the registered manager and her staff and were then reviewed by a representative of the provider. These included audits of care plans which identified gaps in the records. Individual nurses were then responsible for completing the shortfalls. A medicine audit had identified the need for specific protocols for medicines prescribed for use 'when required'. We were shown the format that was to be used for these. It had also identified some missing staff signatures on people's medicine administration records (MARs). Following this a weekly audit of the MARs was implemented and the frequency of gaps reduced. There was evidence to show that on the whole the quality monitoring process was working well and it identified areas of required improvement which were then addressed. Actions resulting from the audits were signed off as completed by the provider's representative once they had evidenced this was the case. The provider's representative also visited the care home on a regular basis to provide support to the registered manager.

Arrangements were in place to ensure staff followed best practice. The registered manager produced evidence during this inspection which showed that they kept their knowledge up to date. Nurses had also needed to provide evidence of their on-going professional development. The registered manager also made a point of saying, "We are not set in our ways here. If someone thinks something can be done better and if no-one says anything, then nothing improves". Staff were encouraged to come forward and share new knowledge and ideas. One member of staff spoke about the senior nurse. They said, "He is very switched on and is able to support us clinically". Specialist health care professionals were accessed to update staff in certain skills. For example, support and guidance had been obtained from staff at the Sue Ryder Hospice when nurses required an update in the use of syringe drivers. Reflective meetings were also used to help staff talk about and analyse situations they had been involved in. This was with a view of identifying what went well and what could have been improved on. The senior nurse explained this had been done fairly recently and had been a useful exercise. The outcome of this meeting had been that nurses in the home agreed they needed to be more proactive and assertive in ensuring another health care professional completed a particular task when they visited.