

Nursing Homes Services Limited

# Westacre Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 5 October 2016. The inspection was unannounced.

Westacre Nursing Home is a care home that is registered to provide care with nursing for up to 55 people. The people they support have varying needs and live with dementia. At the time of our visit, 38 people were using the services. The home is a detached modernised Edwardian property situated within a quiet residential area of Winchester. People had their own bedrooms and use of communal areas that included enclosed private gardens.

The home does not have a registered manager, but has two managers who work full-time. They have applied to the Care Quality Commission to become the registered managers of the service. 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's safety was promoted within the home. There were robust processes in place to monitor safety when giving people their medicine. The recruitment and selection process helped to ensure staff of good character supported people. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse. The provider's whistleblowing policy was being reviewed. This was to be more user friendly and accessible for staff. There were risk assessments that identified risks associated with personal and specific health related issues. They helped to promote people's independence whilst minimising any risks.

Westacre had refurbishment plans in place to improve the environment. Some improvements had already taken place, which included the replacement of a lift to the first and second floors. The managers on reflection during our visit to the service were reviewing the environment to enhance the lifestyle and independence of people who live with dementia.

People were provided with effective care from a dedicated staff team who had received regular supervision to identify their development needs. Staff induction and training was provided by external sources and electronic processes. This made sure staff were supported to receive the training and development they needed to meet people's individual needs and to pursue further learning and development opportunities.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people and their care.

Staff were held in high esteem by people and their families. They treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and

support their relative received.

Meals were nutritious and varied to meet individual needs and were being reviewed to promote choice.

People were encouraged to live a fulfilled life with activities of their choosing that were structured around their needs and individual to each person. People told us that they were very happy with the care and support they received. They benefitted from living at a service that had an open and friendly culture. There were opportunities for people to be involved in decisions about the home through formal methods such as surveys and reviews. The provider had an effective system to regularly assess and monitor the quality of service that people received.

## 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 supported by staff of good character who knew how to protect people from abuse.

People received their medicine safely.

There were sufficient staff with relevant skills and experience to keep people safe.

The provider had robust emergency plans in place, which staff understood, to promote people's safety.

### Is the service effective?

Good ●

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet. They were helped to see their GP and other health professionals to promote their health and well-being.

The environment was being refurbished with consideration of improvements to promote people's independence and meet the individual needs of people who live with dementia.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and dignity at all times and

promoted their privacy and independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

People's right to confidentiality was protected.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished. These were being reviewed continually to promote person centred care.

Activities within the home were provided for each individual that gave people a sense of purpose and well-being.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

### **Is the service well-led?**

**Good** ●

The service was well-led

People, their visitors and staff said they found the managers open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager and provider had carried out formal audits to identify where improvements may be needed and acted on these.

# Westacre 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 the 5 October 2016. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

Prior to the inspection we looked at all the information we had collected about the service. This included any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law. Before the inspection, the provider also completed a Provider Information Return (PIR). 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.

During our inspection we observed care and support in communal areas and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with eight people who lived in the home and three relatives of people who use the services. We spoke with the two managers of the home and 10 staff. We also received feedback from three health and social care professionals.

We looked at six people's records and records that were used by staff to monitor their care. In addition, we looked at seven staff recruitment and training files. We also looked at accident and incident reports, duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

# Is the service safe?

## Our findings

People's response to our question do you feel safe at Westacre Nursing Home included, "Yes, and I like it here." Their families told us they felt their relatives were safe and that they had never seen anything they were not comfortable with.

People were protected against the risks of potential abuse. Staff were able to provide a robust response in relation to their understanding of safeguarding. They had received safeguarding training, but were not all fully aware of the provider's whistleblowing policy. They told us with confidence that if they were not listened to by the managers or by the provider that they would report their concerns to the police or social services. Comments included, "If you have a problem you are listened to, but if I wasn't I would go to social services or the police." The provider's whistleblowing policy detailed the information that staff needed should they have a safeguarding concern. However, this was lengthy and there was no quick reference version for staff to see at an instant, for example within the staffroom. The managers planned to improve the information and accessibility for staff.

The provider had effective recruitment practices, which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained. However, agency staff profiles had not been requested for the managers to be confident that the agency staff used were of good character and had the skill to meet people's assessed needs safely. The managers took immediate action and received copies of the staff profiles within 24 hours of our visit. The provider carried out checks to ensure people were being cared for by nurses who were registered on the Nursing and Midwifery Council register to practise in the UK.

There were sufficient staff to safely meet people's needs. When asked if staff were available when needed, people said, "Yes seems to be", "I always find one" and "Could do with more staff sometimes as it's a bit sad that they have to get everything." Staff also stated that there were enough staff to keep people safe, based on individual needs. For example, one person required additional one to one support throughout the day to promote their safety. This was provided by one agency staff, with support from existing staff. The whole staff team comprised of two managers, two registered nurses and approximately seven care staff in the morning and six in the evening. Night staff consisted of one registered nurse and four care assistants. In addition, there were housekeeping, maintenance, administration, kitchen, and activity staff.

Health and safety audits were undertaken to promote the safety of people and others. These included fire safety and infection control. The home was clean and well presented with no offensive odours. Staff used protective clothing to provide people with personal care. Professional feedback that we received included, "There has always been a pleasant smell and tidy areas every time I have been to Westacre." In reference to equipment being safely maintained and clean, people said, "It's lovely you can see for yourself", and "Yes very clean".

Fire safety checks were undertaken regularly and personal evacuation risk assessments for each person using the service had been completed. There were internal doors with a keypad lock system and also locked gates were placed by each set of stairs to keep people safe by minimising risk of falls. These were linked to the main fire safety system and automatically opened when the fire alarm sounded. Staff had received fire safety training and were informed of the named fire marshal each day, which promoted best practice within fire safety management.

Incident reports were completed. However, audits detailed a count of incidents only as opposed to evaluation and detail of action. An external professional stated, "I have started working with them (the service) on writing incident reports with lessons learnt from an incident and action plans. They are very good at this lately and it is becoming a procedure to them." Risk assessments were completed and individual to each person. These identified actions needed to minimise identified risk. For example, risk of people developing pressure sores and risk of falls.

People were given their medicines safely by staff who had received training and had their competency assessed annually in the safe management of medicines. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records were accurate and showed that people had received the correct amount of medicine at the right times.



## Is the service effective?

### Our findings

People said of the environment, "It's lovely you can see for yourself", "It's just been decorated" and "Yes lovely house and lovely pictures." Professionals said, "The new reception area is more welcoming and has a homely feel" and "It is a very friendly environment with cheerful faces and smiles. It is calm and clean."

The layout of the home included three levels on the ground floor with a further two floors. The ground floor levels were accessed through locked gates that had been fitted to reduce people's risk of falls. However, this limited people's independence to access areas of the home, such as their bedroom. Stairs and a lift accessed the first and second floors, but these were only accessible to people with support from staff. Additionally the hairdressing room on the second floor was small. It had a sloped ceiling and stored a large tank that limited the space within. The lighting was poor and the room was uninviting.

There were various communal areas on the main level of the ground floor. These included a library, TV room, dining room and activities room. The arrangement of furniture and seating encouraged people's independence to be on their own or with people. Additionally there was clear signage to promote their independence, for example, to locate the toilet. Personalised frames with pictures and/or objects of reference helped people to recognise their bedroom. However, there were no items and/or age appropriate points of interest such as photographs or artwork/tactile objects for people with dementia to stimulate, engage or orientate themselves within their daily lives.

Records of recreational activities and daily food menus were not available within the environment for people to see, and yet these were available at the entrance of the home for visitors to view. A person's relative stated, "It would be nice to have a visible notice board on activities and meals as they have one in the reception area." The managers told us they were in the process of researching environments suitable for people living with dementia and were adopting some improvements. A refurbishment programme for part of the building was planned that included relocating the hairdressing room to the ground floor.

People and their relatives spoke positively about staff. They described them as "Very good" and "They look after me well." When we asked if they felt staff were skilled to meet their needs they said, "I should say so", and "Yes they are". Staff told us that they received training to update their knowledge and skill and stated that they worked well as a team. Comments included, "It's a nice crowd to work for, and the people I care for are lovely, I enjoy it". "The managers are very friendly and approachable." A comprehensive induction programme covered the standards of the care certificate. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life. Training had been developed for staff to meet health and safety, mandatory and statutory training requirements. They also received training to meet specific individual needs, such as dementia care. Staff were supported to complete qualifications in health and social care that promoted further learning and development.

The managers and staff worked in partnership with external health and social care professionals. Staff had up to date knowledge of people's current needs and were able to explain how they supported them.

People's health care needs were monitored and changes in their health or well-being prompted a referral to their GP or other health care professionals. Comments from professionals included, "They get in touch with you promptly if they have a concern about a person and need your advice." "They listen to our assessment and treatment plans and carry out the directions. I have no concerns about working with the staff from Westacre to deliver good clinical outcomes for their residents".

People's nutritional needs were assessed by means of a nationally recognised assessment tool. Any individual nutritional requirements were included in their care plans. People were weighed regularly and records were kept to monitor any significant weight loss or gain. A food diary was used for people who were at risk and not sustaining a balanced diet. Support of the dietician was sought, as required. People were offered drinks and snacks although some said they were not always offered a choice. Comments included, "No they just bring it" and "Can always ask for a drink, don't always get whiskey." Although staff told us that people were offered a choice and or alternative to what was on the menu, there were no records to support this. Comments on the quality of the food included, "Food ok", "The food is very good" and "The chef is marvellous gives you a choice." There were enough staff to support people at meal times. This included within the dining area and for those people who remained in their room through choice or frailty.

The staff team understood and supported people's rights under the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager understood and followed the requirements in the DoLS. The service had made DoLS application, which had been authorised. DoLS were reviewed at the prescribed intervals and the paperwork was held on individual's records.

## Is the service caring?

### Our findings

People told us they were happy with the care they received. Comments included, "I think they are caring" I am grateful." "They make sure I am clean but are very considerate". When asked if they liked living at Westacre Nursing Home responses included, "Yes indeed" and "Yes one is very happy."

A person's relative said, "I think that the standard of care is very good that's why (name) is here." Westacre had also received a number of thank you letters and cards from people's relatives that stated for example, "Thank you all for the care and respect you showed towards my (name) during their stay with you."

The home was spacious and allowed people to spend time on their own or within the communal areas if they wished. People's bedrooms were personalised with items of their choice. A professional stated, "The environment is comfortable and appears personalised in each bedroom."

Staff training included person-centred care, dignity, and respect and also comprised equality, diversity and human rights. They were able to provide a good account of people's needs in a very respectful and caring way and were respectful of people's visitors.

People were asked for their permission before staff undertook care or other activities. Staff addressed people appropriately in a warm and friendly manner and encouraged them to make decisions. Staff were attentive towards people, such as acknowledging people when they passed by. A professional said, "I find staff to be sensitive and very respectful and have observed them ensuring residents dignity is maintained." Other comments included, "They work well with families to settle any new resident with the understanding of the difficulty of them being in a care home."

People's care plans centred on their individual needs and on the choices, they had made. They enabled the person to express their views, preferences and wishes about future care and inform the service of advanced decisions. Do not attempt cardio-pulmonary resuscitation forms were appropriately completed and signed by the GP, where appropriate.

People's records were securely stored to ensure the information the service had about them remained confidential at all times. Information about each person was only shared with professionals on a need to know basis.

## Is the service responsive?

### Our findings

People told us that staff responded appropriately to their needs and listened to what they had to say. This was echoed by professionals who stated, "Staff are friendly, cheerful and positive and great advocates for the people living at Westacre." "Staff have been friendly and professional during my visits to residents and their families. I have had good feedback from some families on how supportive staff are to them and their loved ones in the home."

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. Professionals stated, "Westacre do involve our team with reviews that are funded by the local authority. They also seek advice with private clients when professional advice is needed."

People's needs were assessed by the placing authority and/or by the service prior to their admission to the service. They told us that they thought they were involved with their reviews of the care and support they receive and said, "I believe so I sit and watch" and "I think so." People's reviews asked what was working well and what was not working so well. Their care plans detailed how they would like to receive their care, treatment and support. For example, sections detailed, "How I make my decisions" and "My daily routine."

Activities and daily living care plans provided detail of any associated risks that staff needed to be aware of when supporting individuals. There were records kept in people's rooms that were used to monitor their care. We identified some gaps within those records. These included information of pressure mattress settings for individuals that were not being carried forward for care staff to be aware of to promote good pressure care. The registered nurses checked the settings periodically to ensure they were within the correct range. Gaps within repositioning records and fluid monitoring charts were also noted. The managers had taken immediate action that ensured records were up to date for staff to be alert and to report changes that may arise.

There were various recreational activities provided that included one to ones, room visits, quizzes, poetry, games and arts and crafts. On the day of our visit a choir had visited in the afternoon, which people and their families appeared to enjoy. People said, "Most evenings we have music". One person stated, "I have a list" (the person showed us a record of activities being provided) and added "the choir are coming in at 2.30 today". Other comments included, "Activities can be a bit casual sometimes." A relative said, "Staff were very good with (name), he's going to the cinema next week." Another relative wrote to the service stating, "The entertainment last week was great"... , Staff said (name) was recognizing music and voices and responding to it all well." People were able to choose what activities they took part in and suggest other activities they would like.

People told us they had never raised a concern and said if they had to it would be to "the boss" and "I think someone in the office". Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been two complaints since our last inspection. These had been investigated thoroughly and people and their relatives were satisfied with their responses.

## Is the service well-led?

### Our findings

The two managers at Westacre Nursing Home had worked within the service for a number of years. Both had submitted applications to the Care Quality Commission to become registered managers. The managers were both held in high regard by people who use the service, their relatives, staff and professionals who described them as open, approachable and supportive.

People and their families had opportunities to feedback their views about the home and quality of the service they received. They felt listened to and were confident that the managers and staff would act in their best interest should they have a concern or complaint. Comments from people about the service included, "Well managed they know what they are doing", "Staff are ok, they seem to know what they are doing and they are very good."

Professionals told us that the managers and staff were approachable which had contributed to an open and transparent service. They stated, "Staff have been friendly and professional during my visits to residents and their families." "I have had good feedbacks from some families on how supportive staff are to them and their loved ones in the home."

The managers showed commitment and compassion to ensure people's needs were met. Information was easily available for staff to access in the best interest of the people who use the service, which included an action by the managers to review and ensure the providers whistleblowing policy was more accessible to staff.

Staff were supported to access development opportunities to ensure they were up to date with current best practice. The managers and staff promoted a positive and conscientious culture throughout the home and worked closely with external health and social care professionals to ensure people's individual needs were met. A professional stated, "From the receptionist to care/nursing staff, all are very polite and ready to direct you to the appropriate person." "They listen and take on board and action recommendations." Our expert by experience stated, "There was a good atmosphere, everyone seemed to be happy and have good relationships with each other."

Compliments/thank you cards from people and families spoke of the support they had received from the managers and staff. These included messages such as, "I know life was quite difficult for (name) after my (name) died, but (name) seemed to settle at Westacre" and "Dear staff at Westacre, thank you for looking after (name) and thank you for looking after me too." Overall there was a positive culture within the home. It was evident that people, their families and staff felt supported and valued and that staff morale was good.

Quality assurance systems were in place to monitor the quality of service being delivered and to promote people's safety. These included audits of people's medicine, infection control, fire safety, care plans and catering. Further audits were being completed to improve monitoring of records and promote a positive environment to meet the needs of the people who live with dementia.