

Alliance Care (Dales Homes) Limited

Westbury Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

At the inspection of 4 and 5 July 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider wrote telling us the actions they were taking to make improvements. At this inspection we found the required improvements had been made.

This inspection took place on the 26 and 27 September and 1 October 2018 and the first day was unannounced. The registered manager was aware of the subsequent visits.

Westbury Court is a care home providing nursing and residential care for up to 60 people. At the time of the inspection there were 50 people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is arranged over three floors. The ground floor accommodates people with residential care needs. The first floor accommodates people with dementia care needs and the second floor accommodates people with nursing needs.

A registered manager was in 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.

At the last inspection we found that medicines were not always managed safely. At this inspection we found the required changes had been implemented. However, processes around accurate recording required improvements. These included the application of prescribed creams, recording opened dates on medicines and fluid thickeners and accurate referencing of medicines in the medicine record book.

Medicines profiles included an up to date photograph of the person and essential information such as known allergies and how the person preferred to take their medicines. Most 'as required' (PRN) protocols were in place and those that were missing were actioned during the inspection.

People told us they felt safe at Westbury Court. Safeguarding processes were in place and the service sent us Notifications appropriately. Any safeguarding issues were discussed daily. Staff had received training in safeguarding, but not all staff we spoke with knew the procedures for whistleblowing.

There were comprehensive risk assessments in place for some people but not all areas of risk for other people had been minimised. We saw fluid and nutritional supplement monitoring charts which were not fully completed. Fluid thickeners were stored in an unlocked cupboard and were being administered by relatives who had not been risk assessed.

The home used a root cause analysis investigation tool to monitor incidents and accidents, identify themes and take appropriate actions. At the time of the inspection not many of these were up to date. The examples we reviewed were robust and gave the service guidance on the lessons learned from the incident.

People, their relatives and staff raised concerns about low staffing levels across the whole home. The home had a safe staffing dependency tool in place and the rotas showed that the home mostly staffed over the recommended safe level. However, these were 'safe levels' and did not necessarily reflect the quality aspect of the concerns raised around interaction time with people and staff being visible around the home.

Infection control practices around the home were in place and the home was clean, tidy and fresh. However, the kitchen was not clean and we observed some examples of poor food hygiene practices. The service had a rating of four stars for food hygiene from the local authority.

People told us their choices were respected and care plans contained person centred details relating to their health and social care needs. However, we found inconsistent recordings of people's care needs in areas such as oral and skin care. This did not show that people had received support in these areas. People were fully assessed prior to moving into the home.

Staff training records showed gaps in the providers mandatory training and refresher courses. New training sessions were booked in for the Autumn. Staff had been identified to undertake 'train the trainer' and 'care home assistant practitioner' courses. This meant they would benefit the whole staff group with new skills.

Supervision and appraisal records showed gaps which had been identified by the registered manager. A schedule was put in place to address this. At daily staff meetings, senior staff were encouraged to record discussions and guidance (informal supervision) and to undertake group supervision.

The lunchtime service was a pleasant experience. People were assisted to the dining room where tables were laid and people had the opportunity to socialise. The feedback from most people was positive. There were on-going concerns from relatives around the quality of the food which were being addressed by the registered manager.

There was evidence of multi-disciplinary working between the staff and health and social care professionals. Guidance from professionals was in place and was followed by staff. People had full access to community health care.

The home was pleasantly decorated and furnished. However, the design, décor and furnishing of the first floor for people living with dementia was bland and unstimulating. There were no tactile or visually engaging furnishings or items of interest. The registered manager told us that plans were in place to fully adapt and re-decorate this floor to meet the needs of the people living there.

The lawful processes around consent were not always in place. Records were inconsistent and parts of the process were missing in some care and support plans. Where people were deprived of their liberty, applications to the local authority had been made but parts of the processes were missing.

The overwhelming positive feedback we received was that the staff were very caring. People were treated with kindness, respect and compassion. People's rights to dignity and privacy were honoured and many people and relatives said they would recommend the home for people to consider.

We saw that care plans were reviewed and where changes to people's needs occurred the plans were

updated. Relatives were kept up to date with any changes, for example if their family member was unwell or an appointment had been made.

There were a wide and varied amount of activities and social engagement on offer for people to enjoy. The service had a Magic Moments Club which invited people from the local community to join in with events such as a Choir and Toddler Tuesday. These events were well attended.

The service had a complaints procedure in place. The registered manager responded to any concerns raised in a timely manner, investigated the concern and fed back to the complainant with the outcome. Some concerns were raised repeatedly around staffing and food. These were addressed in relative's meetings but had a mixed response in relation to satisfaction.

People had their preferred end of life wishes recorded. We made a recommendation to the service to seek good practice guidance on end of life care planning to ensure that people's daily changing needs were met at this time of their life.

Quality assurance and audit systems were in place. These identified areas for improvement that we had highlighted during the inspection. Improvement plans and performance reviews were in progress. Some improvements within these had been completed and some continued to fall short of the action plans in place.

We found that time was needed to embed the changes and fully engage the whole staff group into the vision and values which the registered manager had begun to implement.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in Regulations 12 and 17. We also made one recommendation to the service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was mostly safe.

Medicines were administered safely but recordings and documentation were not always completed consistently.

Risk assessments were in place for most people, but some risks to people's nutrition and hydration were not monitored effectively.

Although the service staffed according to their dependency tool, people their relatives and staff told us they thought staffing levels were low.

People told us they felt safe and staff recognised the signs of abuse and what to do about it.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's capacity to make decisions were not always clearly documented and the lawful process not always followed.

Staff were skilled and knowledgeable about people's needs, however, training, supervision and appraisals were delayed, or out of date.

The lunchtime experience was positive for most people.

People told us they were supported to make their own decisions.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives spoke very highly of the care being delivered by staff.

People were treated with kindness, respect and compassion.

People had their rights to privacy and dignity respected.

Good ●

Is the service responsive?

Good ●

The service was mostly responsive.

There was a complaints process in place but not all concerns raised by relatives were resolved.

Forward planning wishes were recorded, but there were no palliative end of life care plans in place.

Most care plans were detailed and person centred and staff knew how to meet people's needs.

Relatives were kept informed of any changes to their family members' needs.

Activities were varied and included the local community in clubs and events.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The staff team were happy in their work but some did not feel fully supported or valued by the management or the provider.

Quality assurance and audit processes were in place which identified areas for improvements.

Improvement action plans were in place, but when reviewed some of the actions had not been completed or successfully implemented.

Westbury Court

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 26 and 27 September and 1 October 2018 and was unannounced. The registered manager was aware of the visit arranged for the second and third day of the inspection. At the time of the inspection there were 50 people living at the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed all the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

This inspection was undertaken by two inspectors and one 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 service.

We spoke with 12 people and 11 relatives. We spoke with the registered manager, the deputy manager who is also the clinical lead and the regional support manager. We also spoke with 10 members of support staff and two nursing staff. The activities coordinator, kitchen staff and house keeping staff also gave us their feedback about working at the home. We requested feedback from six professionals who visited the service, two responded.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included six care and support plans in detail, eight daily records and a further 16 care and support plans in specific areas. We reviewed staff duty rosters, policies and procedures, audits, quality monitoring and management documentation. We looked around the premises and observed

care practices throughout the inspection.

Is the service safe?

Our findings

At the last inspection in July 2017 we found that medicines were not always managed safely. The service was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found these specific areas had improved but additional shortfalls were identified.

The deputy manager told us, "Medicines are our biggest challenge, but they have improved vastly over the last couple of months." Good practice protocols were in place for each person. These included a dated photograph, known allergies written in red and details of how the person liked to take their medicines. Medicine audits were carried out daily one floor at a time, which identified errors and areas for improvements. The staff had undertaken several training sessions with the pharmacist.

During audits the pharmacist had identified missed signatures on the medicine administration charts (MAR). The clinical lead held staff meetings about accountability. As a result of these findings, a checklist was put in place to be completed at the end of each medicines round. However, some of these checks were not fully completed in August and September. This meant staff were not meeting the requirements put in place by the provider, to consistently monitor their medicine administration practise.

We saw that some opened bottles of medicines and opened containers of food thickeners did not have opened dates recorded on them. It is considered to be good practice to record an opened date to guard against potential 'out of date' related contamination and reduced effectiveness of the medicine.

We saw that some fluid thickeners prescribed for people at risk of swallowing were not always stored safely. Some were stored in padlocked cupboards in the kitchens on each floor. This was to ensure that people who were not prescribed thickeners did not have access to them. We found one cupboard was unlocked and that relatives were administering thickener into drinks. This practice was not risk assessed, to show that the service had ensured appropriate training for the relative. There were also thickeners for other people in the cupboard and the opened dates were not recorded on the containers. The potential risks had not been minimised or recognised by care support staff.

Some people had prescribed daily nutritional supplements. However, some of their records did not show that these had been taken. For example, one person's records detailed when the person had been encouraged to drink and finish the supplement, on other days this was not mentioned. This may mean that people did not receive their supplement as prescribed.

Medicines requiring additional secure storage were stock checked regularly. We checked the stock on all three floors of the service and found all medicines to be present and correct. However, in the record book, we found page references missing and there was no index record for one person's three medicines. When we brought this to the attention of the registered manager, changes were immediately actioned.

Most records for the administration of 'as required' (PRN) medicines were in place and contained all the

relevant details required to guide staff. These included when to administer the medicine and how often. When we brought the missing PRN protocols to the attention of the registered manager, changes were immediately actioned.

Records for the administration of topical prescriptions (TMAR), such as creams and lotions, were not consistently completed in accordance with the prescription directions. One TMAR over a 19 day period in August 2018 showed 13 days of un-signed records. This may mean that people did not receive their topical creams as prescribed.

Records for transdermal patches (used for pain relief) were completed with an accompanying body map showing the next site on the person's body to place the patch. This meant the medicine was being rotated according to guidance and prescription requirements.

The organisation had introduced a change in the way medicines were stored. Each person had a lockable cabinet in their bedroom, containing their prescribed medicines. Staff told us this system was more time consuming and presented concerns to people's right to privacy. One staff member told us that the new system of administering medicines in people's rooms is "a big culture change" and "there have been a few hiccups to begin with but it is going well." The deputy manager told us, "[the medicines round] takes longer but it's not a bad thing as they are concentrating and focussing on the resident."

The registered manager had highlighted concerns with senior management, regarding the temperatures in bedrooms sometimes being over the recommended 25 degrees Celsius. The deputy manager told us that risk assessments had been completed, the pharmacist was aware and ongoing monitoring was in place.

We observed that infection control practices were in place. The buildings were clean and tidy, with no odours. Bathrooms and communal areas had supplies of sanitising gel and were well stocked with toilet paper and paper towels. The staff we spoke with were knowledgeable about infection control processes including the safe use and storage of cleaning materials and the safe disposal of waste. They had been trained in infection control practices and always used PPE (personal protective equipment). There was a locked 'Control of Substances Hazardous to Health' (COSHH) cupboard.

However, the kitchen was not clean. Although the daily cleaning schedule had been signed off, we saw stained floors and a build-up of dirt on the flooring at skirting edges and underneath worktops and pieces of equipment. Backsplashes and walls were marked and stained. There was food debris on the floor, in corners and underneath worktops. The fly screen had not been cleaned, the hand wash area had not been washed down and contained dirty standing water.

We saw areas of poor food hygiene practice. In February 2018 the kitchen had received a rating of good (four star) at the local authority food hygiene inspection. However, we saw vegetables were being prepared on the board used for fish preparation. There were nine open cartons of juice in the fridge that did not have the opened date recorded on them. Some pieces of essential kitchen equipment were not in working operation.

This was a breach of Regulation 12 Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The overwhelming concern raised by most people, their relatives and staff was around staffing levels. We found that there were some differences in comments according to which floor the person resided on. For example, comments from most relatives and people who lived on the residential floor were negative. A person told us, "[There are] not enough staff. They need more. Really would be nice to have more staff. Four

senior carers in today. They cope better. With four things run smoothly." Another person said, "I don't see staff regularly in the day time. I was here for more than half an hour when they got called away." One relative told us, "There just isn't enough staff. There just isn't enough. No time to talk to residents. Staff are lovely but rushed off feet." Another relative said, "There's not enough staff, I never see them around."

For people who lived on the dementia and nursing floors, most comments were mixed. For example, one person said, "Enough staff – I'm doubtful. Sometimes they are overwhelmed. We cope" and, "I like the staff. I don't see much of them about! Enough staff? I think so." One relative told us, "Yes, safe, no concerns and yes, enough staff." However, one relative we spoke with told us there were "never enough staff around, they are all wonderful but there are not enough of them."

Most of the staff we spoke with told us there were not enough staff members. Comments were mixed between the staff groups and the floors on which they worked. They included, "really bad staffing normally on residential, some evenings it could be just me and a senior and if the senior is doing medicines or paperwork there's only me", "In afternoons it should be two blue carers and one yellow senior, should be the norm, most of the time one blue and one yellow", "Staff are burnt out and shattered", "I feel sorry for the carers, there just isn't enough of them. Last week it was terribly short staffed" and "Sometimes in activities there are no carers." We discussed these concerns with the registered manager, who confirmed that staffing levels during the past three months had not gone below their identified safe staffing needs.

The organisation used a 'care home equation for safe staffing' (CHESS) dependency tool to identify staffing needs. The rotas confirmed that the staffing levels were mostly above the safe minimum standard according to the provider's dependency tool. However, these were minimum 'safe levels' and did not necessarily reflect the quality aspect of the concerns raised around interaction time with people and staff being visible around the home.

The registered manager told us that they reviewed the dependency tool daily. Added to the support staff, there were activities coordinators, housekeeping, kitchen staff and the nominated on-call person. The registered manager had significantly reduced the reliance on agency staff and successfully recruited five new members of staff who were going through security checks. During our inspection we saw staff going in and out of people's rooms to assist them on all floors in the morning. More staff were visible at lunchtime and the corridors on all floors were quiet during the afternoon with few staff being visible.

People told us they felt safe. One person told us, "I feel safe. I'm confident with all the staff. I'm safe at night. I don't like being on my own. There is always somebody around. I ring the bell and there's somebody there. I do like all the staff." Another person said, "I feel safe – always somebody out there" and "Yes, I feel safe and confident with all the staff." Comments from relatives included, "I have no concerns about safety. Everything is safe", "Yes, safe, no concerns" and "Safe with the staff? Yes. I have no concerns. None at all at any time."

People were protected from the risks of potential abuse or harm. There were systems and processes in place to keep people safe. The service sent us Notifications and informed the local authority safeguarding team appropriately. Staff knew how to recognise the signs of abuse and who to report their concerns to. Staff told us they would inform a senior member of staff and they were confident their concerns would be acted upon. Any safeguarding concerns or ongoing safeguarding investigations were discussed at the daily morning meeting. Staff had received training and the process flowchart giving guidance, was available in the staff room.

The service had a whistleblowing process in place, but not all staff we spoke with were knowledgeable about whistleblowing procedures. Whistleblowing is the term used when a worker passes on information

concerning wrongdoing. Whistleblowing procedures ensure that the whistle blower is protected from reprisals when they raise concerns of misconduct witnessed at work.

The risk assessments we reviewed, balanced the protection of people whilst supporting them to maintain their independence. Action plans included guidance for staff on how to manage and minimise the risks. For example, in one person's care plan the level of risk of falls was assessed using a scoring matrix. This identified various risk factors such as balance, sensory impairment and medical conditions. The person had a sensory impairment but was mobile and wished to continue accessing the community independently. The overall score for this person was a low risk of falls and this was reviewed monthly to take into account potential changing needs.

We also saw that where relevant, people had various assessments to identify risks to their health and wellbeing. For example, some people had malnutrition universal screening tool (MUST) scores, Waterlow scores, falls and moving and handling risk assessments. These assessments were all cross referenced with different parts of the care plan and connected to inform the final outcome of risk. The Waterlow score gives an estimated risk for the development of a pressure ulcer.

We saw staff resetting air mattresses that were not at the correct setting. Most records showed that people who required repositioning, were repositioned regularly to reduce the likelihood of skin breakdown and pressure ulceration occurring. However, this was inconsistent and we saw four records had not been completed. This may mean not all people were protected from the risk of skin breakdown.

Where relevant, people had food, fluid and weight charts in place to monitor their intake to minimise the risks of malnutrition and dehydration. Aims for fluid intake according to the person's weight were identified. However, not all fluid intake charts were fully completed. A weight chart was used to track weight losses and gains. These were reviewed monthly and additional supplements were prescribed to assist with weight gain where appropriate. However, not all records accurately showed if the supplement had been taken. One person had a fridge in their room and staff encouraged them to eat high calorific snacks.

There were fire exit signs visible, and fire doors were closed. Window restrictors were fitted in communal area windows. Personal Emergency Evacuation Plans (PEEPs) on how staff were to support people in the safe evacuation of the property were in place.

Safe recruitment processes were in place. We looked at four personnel files and all of the required safety checks were in place which included DBS, appropriate references and identity checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. New staff were subject to an induction period and were shadowed until their competency was demonstrated. However, some staff inductions were delayed or not fully completed.

The home was able to learn and make improvements when incidents occurred and action was needed to put things right. We saw that one person on the residential floor had been assessed on admission, as being at risk of developing pressure ulceration. Following a review from a registered general nurse (RGN), it was identified that the person's specific medical conditions had not been taken into account when assessing the score. The person's score had increased to 21 (very high risk). Actions resulting from this included, 'during admission ensure to look at medical history and seek support from a RGN to interpret medical terminology'. Specific changes to the person's care and support plan were made in line with the guidance.

The home used a root cause analysis investigation tool to monitor incidents and accidents, identify themes

and take appropriate actions. These detailed the background and description of the event and prompted the assessor to check for trigger factors and appropriate risk assessments. It asked if the duty of candour was applied and what lessons had been learned and actions implemented as a result of the investigation. The duty of candour is a legal requirement to report any harm to the person's representative.

Is the service effective?

Our findings

People told us their choices were respected. One person said, "Oh yes I make my own decisions. I can choose and be flexible" and another told us, "I can make my own decisions if I want."

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

Consent to care was not always sought in line with legislation and guidance. We saw that consents for photographs and access to medical information were in place. However, in relation to the mental capacity status of some people, some parts of the process had not been completed or was not recorded in 16 support plans we reviewed. Some people had mental capacity assessments without the corresponding recorded best interests decisions. Some people who required an assessment on admission still had not been assessed one month later. The documentation overall was variable and not consistently recorded and care plan information was inaccurate. The registered manager had developed a mapping tool and an audit plan to identify where improvements were needed and these were in progress.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where mental capacity assessments and accompanying best interest decisions had been completed as part of the registered managers audit, we saw one had been done robustly in line with the legal framework. The person had a mental capacity assessment and best interest decision which had been recorded and reviewed. An appropriate DoLS authorisation was in place confirming the restrictions in place were proportionate and in their best interests. The home had also adhered to the conditions of the DoLS authorisation by applying for a review when the persons circumstances had changed.

Where people had legal representation for example a Power of Attorney, the home had copies of the registration of these powers. This meant that the home were certain that people acting on behalf of their family member had the lawful permission to do so.

Comments from staff showed they had some understanding of the MCA principles, but more experienced staff were able to refer to the principles in greater detail. The registered manager had identified areas for improvement regarding the knowledge base of the staff and the appropriate completion of mental capacity assessments and best interest's decisions.

People's needs were assessed prior to admission to Westbury Court. The care and support plans we observed detailed the person's health and social care needs and gave guidance to staff on how to meet

these needs. Most of the details in care plans were person centred and contained people's preferences. For example, how one person enjoyed a coffee at 11am with 'a shot of baileys in it'. A staff member told us, "[It has] taken us a long time to get the care plans going, it was run by agency staff, it's been a hard slog, it is perking up."

People and their relatives said that staff had the necessary skills to provide effective care. One person said, "The staff are skilled, yes" and another said, "Yes, they have the skills to look after me. Yes, they know me well." A relative told us, "They are very good at calming [my family member] down when they get confused. Yes, they are well trained. I am happy with personal care."

We reviewed the training matrix and found that some staff had not undertaken up to date training in some areas and some refresher courses were delayed. The provider's mandatory training of (amongst others) safeguarding, manual handling and mental capacity was conducted in rolling six weekly sessions. However, this had been delayed due to the in-house trainers changing their current roles.

One in house trainer had recently completed two months of training to become a care home assistant practitioner (CHAP). This meant that they would be able to assist the nursing staff with clinical skills and disseminate their skills and knowledge to the whole staff group. The second in house trainer had agreed to mentor staff through their care certificate qualification which will begin this Autumn.

A member of the night staff team had been identified to complete a 'train the trainer' course in order to conduct training with the night staff team. This training was also planned to commence in the Autumn. The registered manager had a monthly training planner which identified the dates which staff were booked onto training courses and where there were gaps.

Specialist training in dementia care and tissue viability care were booked into the planner. The whole staff team were being trained in Deaf awareness to aid communication skills. However, one specific and necessary area of specialist training in stoma care had not been planned.

Most staff inductions were completed. One staff member told us, "I had an induction from an agency nurse and two night and two day shadow shifts. They checked out if I felt confident." Another staff member said, "Because we have clinical skills we were more confident and able to help the other staff." However, some induction programmes were delayed and not fully completed. One support staff member told us they were on induction and shadowing but due to staff shortages they did not finish it. The registered manager told us however, despite this, they had no concerns about any staff member's competency or skills.

The staff supervision matrix also showed gaps but formal supervision and appraisals were booked in for future dates. During the daily staff meeting the deputy manager encouraged each senior member of staff to remember to document each informal discussion as supervision and to make more use of group supervision.

The staff we spoke with raised concerns about the quality of food provided. The registered manager told us that this was also a recurring concern at relatives and residents meetings. Kitchen staff told us that the ordering was not always completed correctly. This meant what was needed, was not always available. A staff member said, "You get menus set by head office, but you don't always get what the menu says because that food isn't always available." Each person had a 'food passport' in their care and support plan, with their preferences, likes and dislikes recorded. However, there was a risk the effectiveness of this would be limited if people's preferences were not incorporated into the planning of main meals.

We observed the lunch time meal service on each floor. Lunchtime was a positive experience for people

using the service. During the inspection there appeared to be sufficient staff to support the meal time. Tables were laid with tablecloths, cutlery, glasses and menus. People were assisted to the table and there was personable chatting between people and the staff, such as, "won't be long now", "are you hungry?" and "are you looking forward to lunch?" People were asked where they would like to sit. Staff demonstrated knowledge of individual preferences, for example, "[person] likes, rice pudding" and, "you normally like to sit at this table, don't you?"

People were offered a choice of drinks with their meal. There was a choice of two main courses, or a meal of a person's choice. Lunch was served quickly but in a relaxed manner. People who took longer to eat were given gentle encouragement.

The service worked closely with other professionals to ensure that people were supported to maintain good health. We saw care and support plans which contained 'living well plans' devised by an advocacy service alongside the person. When people transferred from hospital there were comprehensive discharge summaries giving medical guidance for people who were newly admitted. People had access to specialist services such as the mental health care home liaison service and the deprivation of liberty safeguards assessor.

People we spoke with felt confident that their health was supported and that staff would contact the health services when needed. One person told us, "Oh yes, they'd notice if I wasn't well. They'd usually get the doctor." Every person had contact with the visiting GP and people living on the ground floor residential part of the home had access to the community nurse. Community health services visited the home regularly. These included the optician, occupational therapist, the podiatrist and the out of hours medical service. Where people needed to attend hospital appointments a member of staff accompanied them when required.

The whole home was pleasant in décor and furnishings, with wide corridors and handrails. Most areas were decorated in neutral colours with some splashes of individuality in people's rooms. However, for people living with dementia on the first floor, the décor was bland and unstimulating. There was very little to identify different areas, nothing interesting on the walls, no tactile surfaces or items of interest. Some bathroom doors were painted yellow for recognition and some memory boxes were used. There was a rummage room with a suitcase of clothing which was not easily accessible having a heavy closed door. There was a sensory room located off the dining room, but again it had large heavy double doors and was not easily accessible. The registered manager told us that plans were in place to enhance, adapt and redecorate the first floor to better suit the needs of the people living there.

Is the service caring?

Our findings

The overwhelming feedback from people and their relatives was very positive regarding how caring the staff were. Comments from people we spoke with included, "I would recommend it to anyone, they spoil me", "very good quality staff. Wonderful staff", "Oh yes, they are nice and kind. I'm relaxed in their company" and "They are all caring and very nice. Overall they are polite and caring."

Comments from relatives included, "They do seem caring, very good with [my relative]", "Yes, they have the right attitude and qualities", "All seem very nice. Yes [my relative] has a good relationship the staff," "I can't fault the care, it is absolutely wonderful" and "Lovely brilliant staff. They treat [relative] as an individual."

The staff we spoke with talked affectionately about the people they supported and told us how much they enjoyed working at Westbury Court. A visiting professional told us, "The staff are always very helpful, the carers are committed to their jobs and very caring of the residents. Relatives speak highly of the care staff as well."

We observed that people with greater cognitive impairment who were unable to fully interact, were smiling, calm and seemed comfortable when approached. People were greeted nicely and asked where they would like to sit and what they wanted to do. Staff members were able to offer choices for people knowing what might be of interest.

We saw many spontaneous and natural interactions from staff which were kind and compassionate. For example, one person living with dementia liked to hold a baby doll. The staff acknowledged this respectfully and asked, "is the baby sleeping? What have you named her?" The person responded by saying "it's a him" and the staff member responded with "oh, what boys names do you like?"

We observed emotional support being offered to a family of a person who had recently passed away. They had arrived to pack up their family member's belongings and were given the space and privacy to do so. They were met by members of staff who hugged them, shared in their grief and acknowledged their loss in a warm and friendly way. The family members told us, "We wanted to tell you how good the care has been for [family member]. Nothing was too much trouble. They wanted to bring [family member] home from hospital to here. Sadly, it wasn't to be."

People and their relatives told us that where possible they were involved in making decisions about their care. One person told us, "I have a nice bath with no problems. I can have showers as well if I like" and another said, "They know what I like and what I don't. We have a good old chat. They are interested in me and know my family." Where people had preferred names, these were shown on their room door plaques. This meant that people were addressed by staff by the name of their choosing.

The relatives we spoke with said they were kept involved in their family member's care. Comments included, "They are very good and explain everything to [my family member]. They tell us if it's something we need to know" and, "They tell me if medicines change or if there are any problems."

People and their relatives told us they were treated with dignity and respect. Comments included, "Yes, they respect my privacy and dignity when I'm in my room. No barging in and shouting" and, "Yes, I get help with privacy and dignity. They listen, are interested in my life and make me feel valued." A visitor told us, "Everybody is kind and I wouldn't hesitate in having my mum here to be looked after, everyone is great."

The staff we spoke with were able to explain how they cared for a person in a dignified way. One member of staff said, "I would ask permission and make sure doors and curtains are closed." We observed staff knocking on doors and staff asking permission to assist. Care and support plans and daily records were all written using respectful language.

During the daily staff meeting, one person was identified as being new to the home and had arrived from hospital with few personal belongings. This person did not have next of kin to bring in clothing or personal items. The housekeeping staff immediately announced that they would discreetly find out the person's size and what kind of clothing they preferred. They said they would purchase suitable clothing. They were very keen to make the person feel looked after, valued and cared for.

We observed some care and support plans were outside of people's rooms on the handrails, this was also commented on by a relative we spoke with. This was not respectful of confidential information. Some care and support plans had photographs of injuries or wounds which were not securely or privately stored in care plans.

During the inspection, we asked staff to be mindful of a person's privacy and dignity on two occasions. The person had fallen asleep in their bedroom chair with the door open. Both times, the person was in an undignified position.

Is the service responsive?

Our findings

The care and support plans we reviewed were personalised and reviewed. For example, we saw a 'living well' document in one person's plan which detailed their daily routines, life history, interests and family. Parts of the document were entitled 'what makes a perfect day' and 'these are the activities I enjoy'. Personalised information included 'I am not a group person, I like my own company' and 'I enjoy classical music and tea with one sugar'.

The service had a call bell analysis system in place. The goal was to answer each call bell within two minutes. On a weekly basis the registered manager and a nominated member of staff looked at who used their call bell and at what times of the day. They asked questions such as what was happening at the time? and did we have a shortage of staff? Rotas were reviewed alongside the data. For example the system identified that several people used their call bell more frequently than others. One person was very anxious and regularly required staff intervention. Actions to reduce their anxieties included contacting relevant third parties and health professionals.

We saw that relatives were kept informed of any changes to their family member's care. For example, one person who was at high risk of falls had an unwitnessed fall. The daily notes showed that the person's family were contacted to inform them of the fall. A relative told us, "I am happy with the support. I haven't been involved in care reviews, but I get feedback from them. We have a relative's meeting coming up in October. I have my say." Another commented, "We are told of any changes that are needed. [person] not well for the last few days. They've been brilliant in keeping us informed of what's going on."

The service ensured that people were communicated with in ways which met the Accessible Information Standard. One person was very hard of hearing and staff communicated with them using a wipe board to write down messages, questions and conversation. Another person had a visual impairment and could not read information. All information was given to this person verbally.

People were encouraged and supported to maintain an interest in social activities. There was a varied activities programme displayed in the main corridors. The programme was designed by the organisation, rather than based on what people wanted to do. Staff told us that the activities team had to deliver a certain number of different sessions each week, but that people did not always want to engage. They said this was because the sessions were not based on what people wanted to do with their time. One staff member said, "We feel like we have lost the residents choice."

The staff told us they try to fit in activities that they know people want, varying these with those required by the organisation. Each day the activities team visit people in their rooms. There are themed events based around important dates and festivals.

The Magic Moments Club invited the local community into Westbury Court to join people in events such as 'knit and natter', a men's shed club and 'toddler Tuesday'. These events were well attended. Recently the home hosted a Mad Hatters Tea Party. An activities coordinator told us, "People enjoy the children coming

in on a Tuesday" and "We have four PAT (Pet Assisted Therapy) dogs that come in, we're very lucky with those." One person who preferred not to attend group activities told us, "We go for walks, they push me [in a wheelchair]."

The service has a complaints procedure, policy and process flowchart in place. The registered manager had recently developed a record of complaints with the date, whether the complaint was formal or informal, action taken and response and how the complainant wanted to be responded to. The complaints file evidenced timely email responses to the complainant with an initial explanation and an assurance that their complaint would be investigated. One example we saw detailed the actions taken to correct the issues raised and explanations given to meet the expectations of the complainant. However, not all relatives we spoke with felt their concerns were resolved to their satisfaction. These included on-going concerns regarding the home environment, the quality of the food and staffing levels.

All care plans contained treatment and escalation plans to guide healthcare professionals on the wishes of people regarding serious or emergency care. The home had care plans for people which detailed their preferences for their end of life care. For example, one person had made the decision to remain at Westbury Court rather than go into hospital when their care needs became palliative. We saw that these had been reviewed to update people's wishes. One person requested that their faith was remembered and religious leaders were to visit towards the end of their life and we observed that this request was honoured.

The end of life plans in place were more about forward planning and specific personalised wishes around funeral plans. For one person receiving end of life care, there was no specific palliative care plan to give guidance to staff on how to meet their changing needs. We discussed with the registered manager, the requirement to have specific palliative end of life care plans which encompassed every aspect of care in a person's remaining days. The registered manager told us they had plans for a new Champion role for end of life care and training was booked towards the end of 2018.

We recommend the service finds out about current best practice guidance around end of life care planning from a reputable source.

Is the service well-led?

Our findings

The registered manager told us she was passionate about ensuring people were safe and delivering high quality care to people at Westbury Court. She wanted to implement a 'whole home approach'. This meant that every member of staff was knowledgeable and involved in every person's care and support. This also meant that some staff would be taking on duties which they had not previously undertaken within their role. The registered manager told us, "These expectations are not beyond their role." For example, housekeeping staff would support with socialisation and promoting good fluid intake when they went into people's rooms to clean. These changes were not fully embedded or acknowledged by whole staff team at the time of the inspection.

Communication channels between the management team and staff groups was fragmented. Some of the staff we spoke with told us they did not feel supported by the registered manager. The comments from different staff, in different roles included, "The manager is unsupportive" and "I wouldn't feel comfortable raising concerns internally." As well as, "I don't think management are supportive. We don't feel like they deal with any concerns we have." Other staff we spoke with were more positive about how the management team worked alongside them. One staff member told us, "It's so lovely here, [the managers] are wonderful they get stuck in and roll their sleeves up. My only grind is a lack of staff."

Staff also said they did not feel supported by the organisation. Their feedback included, "Supported? No. Not at all. That is from all of the management team and from Brighterkind." Also, "The manager usually says hello, but the others don't normally acknowledge us." Different staff also told us, "The manager has some good ideas, but they aren't supported by Brighterkind enough to make those happen." Without exception, when asked how the service could improve the response was "more staff."

Staff members had full staff meetings and daily 'flash' meetings to discuss issues and plans for the day. The staff had an annual employee satisfaction survey. This resulted in a 'you said, we did' action plan. However, some points had not been resolved such as staff concerns around staffing levels, changing roles and the quality of the food. Some staff we spoke with knew and understood the vision of the service, others did not.

We discussed concerns relating to low staff morale, with the registered manager and regional support manager. The regional support manager told us that they would implement 'I'm listening' informal drop in sessions for staff to discuss their concerns. The registered manager told us improvements during the next twelve months included a focus on staff retention and extra support for new team members. This also included more robust supervision and induction.

The registered manager had service improvement plans for both the residential and nursing parts of the home. These were in progress with some areas yet to be implemented and some to be completed. The plans detailed the priority of the area using a RAG (red amber green) system, the person responsible and the timescale for completion. The improvement plans highlighted areas which we identified during our inspection. Training, supervision and appraisal schedules were to be improved and dates had been booked in throughout the Autumn. Areas of medicines administration were identified for further developments

although some areas had improved such as PRN protocols and MAR completion.

Overall, we found shortfalls in the quality and consistency of record keeping in the following areas. Medicines records were not fully completed, records relating to risk were not fully completed, fluid and nutritional supplement intakes were not fully recorded. Hygiene records in the kitchen had been inaccurately signed off as completed. Where action plans were put in place for example a medicines audit checklist, the checklist was not fully completed.

The registered manager had several levels of quality assurance and auditing processes in place. Specific staff members had champion roles for certain areas of quality indicators, such as people's weight, wounds and infections. Audits were effective in identifying areas for improvements and some improvements were evidenced. However, this remained 'work in progress'. Audits were reviewed monthly but some areas were repeatedly falling short of the action plans put in place. For example, care plan and daily recording, MCA audits, and care planning and some areas of medicines administration. Performance plans were also on-going and the service required time to see the fulfilment and benefits of these plans.

This was a breach of Regulation 17 Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were asked for feedback from the registered manager through resident and relative meetings. We heard from some relatives that their concerns and repeated issues raised regarding the home environment, staffing levels and quality of the food were not fully resolved. The registered manager was aware of these issues as they were brought up at each relatives meeting. They told us that there were plans from the provider to improve the first floor to meet the needs of people with dementia.

Staffing levels were being addressed by reducing the reliance on agency staff and slowly recruiting into permanent positions. At the time of the inspection the registered manager implemented 'be visible, be seen' guidance for staff. This meant that staff would use the call bell system to show a green light outside of people's rooms when they were assisting people. Visitors and other staff would be able to see that staff were in people's rooms and unavailable.

Despite concerns being raised in resident and relative's meetings, some people gave us positive feedback when we spoke with them about the registered manager. They included, , "The manager is very nice. I would recommend the home, very caring. Everything is perfect", "Yes, well managed and organised. They do everything well. All good here. No improvement needed" and "Yes, we are happy with the home. It's the way they treat patients as individuals, treat them as one of their family. They involve the family. We've been quite happy. I don't think they could do anything better. Yes, it meets our expectations. Yes, I would recommend it to others. They don't mind when we come in or how long we stay."

The registered manager told us there were plans to support groups such as Carers Support, The Macular Society and host various speakers of interest. The home had a link nurse from Dorothy House and they regularly hosted coffee mornings with Alzheimer's Support.

The registered manager was a member of the Registered Managers Network and Wiltshire Skills Partnership which gives support around training and good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always stored safely and processes around accurate recording require improvements. The kitchen cleaning schedule was consistently signed off but the kitchen was not clean. We observed poor food hygiene practices.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were shortfalls in the quality of record keeping in several areas. Action plans from audits fell short of identified improvements.</p>