Kent County Council

# Westbrook House Integrated Care Centre

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Westbrook House Integrated Care Centre provides nursing and personal care for up to 60 people some of whom may be living with dementia. The service is provided in four units: Victoria Red and Victoria Green are situated on the first floor and provide short term assessment and rehabilitation services to older people, Ogden on the ground floor provides nursing care and treatment to people with complex mental health and dementia needs, and Appleton on the ground floor which provides short term and respite care to people living with dementia. Staff were employed by either Kent County Council, Kent Community Health NHS Foundation Trust or Kent and Medway Partnership Trust. On the days of the inspection there were 43 people living at the service.

The service is run by a registered manager who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is supported by a deputy manager and unit managers.

People said they felt safe living at the service. Staff understood how to protect people from the risk of abuse and the action they needed to take to keep people safe. Staff were confident to whistle blow to the registered manager or organisations outside the service if they had any concerns and were confident that the appropriate action would be taken.

Risks to people's safety were identified, assessed and managed. Assessments identified people's specific needs, and showed how risks could be minimised.

Recruitment processes were in place to check that staff were of good character and safe to work with people. Information had been requested about staff's employment history, including gaps in employment. There was a comprehensive training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff who knew them well. Contingency plans were in place to cover any emergency shortfalls of staff.

People received their medicines safely and people received their medicines when they needed them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager and unit managers had submitted applications in line with guidance.

People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including what time to get up, what time to go to bed and any preference of staff gender.

Staff had received training on the MCA and understood the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected. Staff undertook lead roles on each unit as 'MCA champion'.

Regular environmental and health and safety checks were completed to ensure that the environment was safe and that equipment was in good working order. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

People were provided with a choice of healthy food that they told us they liked. When people were not eating enough they were seen by a dietician or their doctor. Staff followed the guidance given when fortified drinks and diets were required.

People were supported to maintain good health and had access to health care professionals when needed. Staff had strong working relationships with health professionals, such as, the GPs and community nursing team.

People were happy with the care and support they received. People received their care in the way that they preferred. Care plans contained information and guidance so staff knew how to provide people's care and support. Staff were knowledgeable about people's likes, dislikes and preferences. Care plans included detailed life stories so staff could speak with them about familiar events.

People and their relatives were involved with the planning of their care. Care and support was planned and given in line with people's individual care needs. People spoke positively about staff and told us they were kind and caring. Privacy was respected and people were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people.

People, their relatives, staff and health professionals were encouraged to provide feedback to the registered manager about the quality of the service. People said their views were taken seriously and any issues they raised were dealt with quickly. People told us they did not have any complaints about the service or the support they received from the staff.

Staff chatted to people throughout the day, regularly suggesting ideas to keep people active and supporting them with various activities.

People, staff and health professionals told us the service was well-led. Staff said they felt supported, that the registered manager and unit managers were approachable and that they worked closely as a cohesive team.

The registered manager and unit managers coached and mentored staff through regular one to one supervision. Staff were clear about what was expected of them and their roles and responsibilities and told us they felt supported by the management team.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager and unit managers had submitted notifications to CQC in an appropriate and timely manner in line with CQC

guidelines.

## 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.

Risks to people's safety were identified, assessed and managed appropriately. People felt safe and were protected from the risks of avoidable harm and abuse.

People received their medicines safely and were supported by enough suitably qualified, skilled and experienced staff to meet their needs. We have made a recommendation about the staff levels on the Victoria Units. Improvements were needed to the storage of some medicines.

The provider had a recruitment and selection process in place to make sure that staff were of good character.

### Is the service effective?

Good

The service was effective.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff had the skills they needed to provide people's care in the way they preferred. People were supported to maintain good health and had access to health care professionals when needed.

People were provided with a choice of healthy food that they told us they liked.

### Is the service caring?

Good

The service was caring.

People were happy at Westbrook House. Staff treated people kindly and respected their privacy and dignity.

Staff were aware of, and promoted, people's preferences and different cultural and religious needs.

People were supported to be as independent as possible. People's records were securely stored to protect their confidentiality.

## Is the service responsive?

Good

The service was responsive

Staff knew people and their preferences well. People's choices and changing needs were recorded, reviewed and kept up to date.

People received the care and support they needed and the staff were responsive to their needs. People were involved in a range of activities each day when they chose to.

There was a complaints system and people knew how to complain. People said the staff listened to them and any concerns were acted on.

## Is the service well-led?

Good

The service was well-led

Audits were completed on the quality of the service and actions taken when shortfalls were identified.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service.

People, relatives and staff were positive about the leadership at the service.

# Westbrook House Integrated Care Centre

**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 was an unannounced inspection carried out on 11 and 12 August 2016. The inspection was carried out by two inspectors, a pharmacist specialist inspector and a specialist professional advisor whose specialism was nursing.

Before the inspection the provider 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. We reviewed information we held about the service and looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas of the service and grounds. We met and spoke with people living at the service and their relatives. We spoke with members of staff, the unit managers, and the registered manager. We also spoke with the NHS head of service, NHS operations manager, NHS quality lead, resident geriatrician, an occupational therapist and a locum physiotherapist.

During our inspection we observed how staff spoke with and engaged with people. We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was monitored and managed.

We last inspected Westbrook House Integrated Care Centre in September 2013 when no concerns were identified.

Good

# Is the service safe?

## Our findings

People felt safe living at the service. Results from a recent quality survey, which asked 'Do you feel safe staying at Westbrook House?' noted that people always felt safe and comments included, 'Very much so. I feel safe, cared for, well fed and loved' and 'Definitely'.

People were protected against the risk of potential abuse. Staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and told us how they acted on these to keep people safe. The provider had a policy for safeguarding adults from harm and abuse which staff followed. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff told us they completed regular training on safeguarding people and this was confirmed by the training records we looked at. Staff knew the correct procedures to follow should they suspect abuse.

The registered manager had a copy of the Kent local authority safeguarding protocols for staff to refer to. The registered manager and unit managers had a clear understanding of what should be reported in line with current guidance. When there had been notifiable incidents these had been consistently reported to CQC and / or the local authority.

Risk assessments detailed the potential risk and gave staff guidance on what control measures could be used to reduce risks and keep people safe. Risk assessments were updated as changes occurred and were regularly reviewed to make sure they were kept up to date. When people had difficulty moving around the service there was guidance for staff about what people could do independently. This included what support they needed, how many staff were needed to support them safely and any specialist equipment, such as hoists, slings and walking frames, they needed to help them stay as safe and independent as possible. On some units people wore coloured wristbands so staff could easily see people's risk of falling. Red meant the person was at high risk of falls, orange meant they needed the support of one staff and green meant they were independently mobile. Staff told us the system worked well.

Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible regardless of disability or other needs. For example, when one person had a fall, an accident form was completed and their risk assessments were reviewed and updated to document the fall. The person was referred to occupational therapists and was assessed as requiring a walking frame. This was provided. Staff placed a pressure mat by the person's bed so they knew when they were getting out of bed. This promoted the person's independence whilst reducing the risk of falls.

Some people were at risk of developing pressure ulcers. Each person was assessed for pressure areas on admission, a body map completed and photographs taken of any wound. This was so staff could check that pressure areas were improving. Actions were taken to prevent pressure ulcers by using barrier creams and providing people with pressure relieving cushions, air mattresses and profiling beds. When a person declined to use pressure relieving equipment staff discussed the risks with them and recorded the person's

decision. Care plans were updated to reflect this and additional preventative measures put in place. For example, more frequent checking of the areas at risk and the person's agreement to mobilise more often. The person's choice was respected and staff minimised risks of further deterioration.

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents and concerns. Staff reported accidents, incidents and near misses to the unit managers and registered manager. These were then raised, when needed, with the relevant authorities in line with guidance. The registered manager monitored and reviewed accidents / incidents and analysed them to identify any trends. When a pattern was identified action was taken to refer people to other health professionals, such as occupational therapists, to support them in minimising the risks of further incidents and keep people safe. The registered manager discussed incidents with staff and used them as a learning opportunity to reduce the risks of incidents recurring.

There were enough staff on duty to meet people's needs and keep them safe. People told us staff were there when they needed them. Staff said there were consistent numbers on duty on each shift and in each unit. However, on the Victoria units people felt staff were rushed and they had to wait to have their care needs met. People commented, "The staff are very good. I have been upset at having to wait for help with going to the toilet" and "They [staff] would like to spend more time with us but they are rushed off their feet". Based on the feedback we received from people we recommend the registered manager review the staffing levels on the Victoria Units. Throughout the inspection when people approached staff they had time to sit with people, offering comfort and reassurance.

The duty rotas showed there were consistent numbers of staff working at the service. The registered manager regularly reviewed the staffing levels and skills mix, increased the staffing levels, when necessary, to make sure people had the support they required. Staff were employed by Kent County Council, Kent Community Health NHS Foundation Trust or Kent and Medway Partnership Trust and had different terms and conditions and contracts. Contingency plans were in place to cover shortfalls, such as sickness and annual leave, and included the use of regular agency staff. Agency nurses told us they worked regular shifts at the service and this meant they had got to know people and their routines well.

The provider had a robust recruitment policy and process. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. Information had been requested about staff's employment history and any gaps in the employment history were discussed during interview. References were obtained and included the last employer. Disclosure and Barring (DBS) criminal record checks were completed for all staff before they started working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files were stored securely, were well organised and included health questionnaires, proof of identity and a photograph. Nurses PIN numbers were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and a note of the expiry date was kept to prompt the registered manager to check the PIN was kept in date. A disciplinary procedure was in place and was followed by the registered manager.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Only staff who had completed medicines management training and had their competency assessed supported people with their medicines.

All medicines were stored safely. Some medicines required additional records and the registers for these were accurately completed. Processes were in place to ensure waste medicines were disposed of correctly. However, on one of the four units, medicines labels containing people's names had been left on empty

medicines packs and placed in a waste bin on one of the units. This meant that confidential information about people staying at Westbrook House was not managed correctly. We raised this with the registered manager and the labels were immediately disposed of correctly.

Medicines were stored in the fridge at the correct temperature to make sure they would work as they were supposed to. Temperatures were not checked daily on each unit and the thermometers were not reset daily. This was an area for improvement.

When appropriate, people were proactively encouraged to take their medicines independently (self-administer). There were robust systems in place to monitor and support people who were self-administering medicines. Some people were given their medicines without their knowledge, for example in their food or drink. There was a policy in place to support this practice which was in line with the Mental Capacity Act 2005. Appropriate meetings had been held and the relevant documents completed. Staff had discussed crushing medicines with the pharmacist and GP to ensure the medicine was administered safely.

A range of GPs and consultants ensured appropriate monitoring of people's medicines was undertaken. There was also a clinical pharmacy service for the Victoria units. The consultants from these units also provided support for people staying in the Appleton and Ogden units in addition to their usual GP cover, particularly when acutely unwell.

There were arrangements for ordering and receiving medicines from both the GP and pharmacy. Additional arrangements to obtain medicines that might be needed urgently, such as antibiotics, were in place. Medicines Administration Records (MAR) or prescription and administration charts were used in different units. These were completed appropriately and included a record of people's allergies. Prescription charts had been signed and dated by the consultants.

Medicines audits were regularly completed as part of the provider's drive for quality improvement. The internal audit of the Victoria unit was particularly comprehensive, and although had highlighted some issues, a comprehensive action place had been implemented and improvements made. For example, opening dates had not been placed on liquid medicines. This had been rectified and bottles were dated when we inspected.

Medicines errors were recorded, investigated and action plans implemented. The registered manager analysed medicines errors and discussed them with staff. Staff explained what they had learned as a result of medicines errors.

A business continuity plan contained plans in the event of a major incident, such as, a gas leak or flooding. Emergency contingency arrangements were in place for people to be moved, if needed, to other services owned by the provider to keep people in a safe environment.

Standards of hygiene and cleanliness were appropriate. Protective personal equipment, such as, gloves and aprons were available and staff wore these as necessary. Alcohol gel dispensers were located throughout the service including at the entrance to each unit. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Bathrooms that had moving and handling equipment in them were maintained so that they remained safe and the equipment was clean. Clinical waste was disposed of using the correct yellow bags and placed in a clinical bin.

Good

# Is the service effective?

## Our findings

People spoke positively about the staff and said they had confidence in them. People said, "They are all very skilled at treatment and caring" and "They know how I like to do things". A recent quality survey asked the question 'Do you feel the staff supporting you have the skills and knowledge to meet your needs' received positive comments including, '[My loved one] felt they were very helpful and did a great job. They really appreciated the care' and 'Yes, without question. Very professional'.

Staff completed an induction when they started working at the service. Staff told us this included shadowing experienced staff to get to know the people and staff on the unit. New staff were working towards the Care Certificate. The Care Certificate has been introduced nationally to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

A training programme, of face to face and e-learning, was in place and staff obtained the basic skills they needed to carry out their roles effectively. Staff said they completed refresher training when needed. We viewed the training records for staff which confirmed staff received training on a range of subjects. Staff commented, "Most training is on-line" and "We keep up to date with our training and do special courses like dementia so we know how to look after people in the best way". Staff were encouraged and supported to develop their skills further. For example, staff told us they had acquired, or were working on, level 2 or 3 qualifications in social care.

Nurses told us how important it was to keep their skills updated and were aware of the revalidation process. (This was a new process that nurses in the UK need to follow to maintain their registration with the Nursing and Midwifery Council).

Staff said they felt supported by the unit managers and the registered manager. All qualified professionals were receiving clinical supervision by a clinical supervisor independent to the service. Staff had regular one to one meetings and an annual appraisal to discuss their personal development. Supervision meetings were planned, when possible, in advance so that staff could prepare and this enabled the registered manager and unit managers to monitor the progress towards the staff member's objectives. The disciplinary process was followed when needed.

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.

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 the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was

working within the principles of the MCA. Some people had an authorised DoLS in place and staff regularly reviewed these to make sure they were still necessary.

The registered manager understood their responsibilities under the MCA to submit applications to the 'supervisory body' for a DoLS authorisation when needed. People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. People were able to make choices about how they lived their lives, including how they spent their time. During our inspection people made decisions and were offered choices which staff respected and supported. When people were not able to give consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA and understood the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected. The registered manager had submitted DoLS applications in line with guidance.

When people did not have the capacity to make complex decisions, meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. Some people had made advanced decisions, such as, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). This was documented in people's care plans so that the person's wishes could be acted on. These were reviewed to make sure they were still required.

People were provided with a choice of healthy food that they liked and drinks were available throughout the day. People's religious, cultural dietary and medical needs including allergies were taken into account. When people were on 'soft diets' they were well presented with each food item pureed separately so that people could see and taste the individual foods. People said, "The food is good", "You get offered a nice choice and are offered something else if the meal isn't liked" and "There is plenty of choice at all the meals". A relative told us they were impressed with the standard of the food. The registered manager had noted on the Provider Information Return 'We promote mealtimes as a social event. An opportunity for people to relax, chat and meet'. The food looked appetising and people appeared to enjoy their meals.

Meals were cooked in the main kitchen and taken to each unit on heated trolleys. Menu boards were displayed to remind people what the choices were for the day. If people wanted something different the staff arranged for this to be provided and one staff commented, "If they want something that isn't on the menu it is never a problem, we ring the kitchen. Some people don't remember what time of day it is and might feel hungry in the middle of the night. We will always get them something to eat".

Some people were at risk of malnutrition or dehydration. When people were not eating because their health was deteriorating, or they were unwell, staff encouraged people to have regular snacks. Staff monitored people's weight closely and referred people to specialist health professionals, such as dieticians or speech and language therapists if they were concerned. For example, one person who was receiving palliative care (care for people who are terminally ill) had lost weight, however the food charts identified they had been eating well. Staff referred the person to the hospice nurses and arranged for them to visit and discuss their needs. Staff followed guidance given by health professionals. Some people had their meals fortified with full fat milk, cheese and other high fat products. Staff were working with the Thanet Clinical Commissioning Group on a 'hydration project'. This was a government initiative to promote hydration. Staff took on the lead role as 'hydration champions' on each unit, undertook specialist training and fed back to other staff.

People were supported to maintain good health. The registered manager, unit managers and staff worked closely with health professionals. One person told us they had recently had pains in their joints and commented, "I spoke to the doctor and I had a blood test. I saw the specialist and now I have new tablets that are helping". People's care records showed relevant health and social care professionals were involved with their care. When people were unable to communicate verbally there were processes in place for the staff to assess people's pain. For example, using body language and facial expressions. This was documented in people's care plans.

Staff acted in a timely manner when they noticed a change in a person's health. Records showed that people were quickly referred to the GP to prescribe antibiotics when they showed symptoms of a urinary tract infection. When people had shown difficulty with their mobility they were referred to the occupational therapist and the physiotherapist. When needed additional equipment was put in place to meet people's changing needs. Staff handovers were completed on each shift and overseen by a senior nurse. Each morning a multi-disciplinary team handover was completed which included input from GPs and consultants. This made sure staff were up to date with any changes in people's needs. Care plans were in place to meet people's needs in these areas and were regularly reviewed and updated.

Good

# Is the service caring?

## Our findings

People told us they were happy living / staying at Westbrook House. People said, "The staff are angels". "They all work hard and are pleased to do anything for you" and "The staff are very good and patient. So nice and helpful". The registered manager and staff had received lots of 'thank you' cards from people and their relatives. Comments from these included, 'Thank you for the kind and gentle way you treated [our loved one] while they were in your care. I have the highest regard for you all', 'Words cannot express how much gratitude we all feel at the care and love you have shown and given to [our loved one]' and 'Thank you. [My loved one] settled back home quite well, wandered from room to room to start with, looking for company I think and obviously missed you all. I bought some old time favourites for them to listen to. It's lovely to hear them singing along and that's one of the many things I learned from you and thank you for'.

People received care and support that was individual to them and were involved in the planning of their care. Staff had built strong relationships with people and their loved ones; staff knew people well and understood their preferences, needs, likes and dislikes. The registered manager told us, "We pride ourselves on taking a genuine interest in people which promotes a sense of well-being, inclusion and trust. Staff give time to people to learn their personal history and preferences". This was reflected in the detail in the care plans which included where people were born and raised, whether they had been married and had children, what pets they had and their names and hobbies and interests. This information helped staff to engage in meaningful conversations with people.

People were relaxed in the company of each other and staff. Staff spoke with people in a respectful, caring and professional manner that included checking that people were happy, had everything they needed and were having their needs met. Staff actively involved people in their care. Staff explained what was going to happen before they provided support and continued to explain when supporting people.

Some people had family members to support them when they needed to make complex decisions about their care, such as undergoing hospital treatment. The registered manager had noted on the Provider Information Return, 'We support people to have a voice, often acting as an advocate but recognising when access to advocacy services is required'. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

Staff made eye contact with people when speaking with them, sometimes touching their shoulder or holding their hand in a reassuring manner. Staff understood people and responded to meet their individual needs in a compassionate, caring and considerate way. Staff were patient, listening to people and giving them time to respond. During the inspection there were many positive interactions between staff and people. Each unit had a friendly, calm and relaxed atmosphere.

Occasionally people became upset, anxious or emotional. Staff knew people well and spoke with and supported people in a caring manner. Staff took time to care for people who became agitated. The staff knew how to distract people, or gently remove them from situations which could increase their anxiety.

Guidance was provided to staff on how to manage people's behaviour. Guidance detailed what signs and symptoms to look for; what the possible causes of frustration or agitation might be. It also explained steps to take to prevent behaviours; what individuals may do when they display frustration and what actions staff should take to make sure people were safe. This guidance was incorporated into the risk assessments. Staff understood how to support each individual's behaviour and protect them from the risk of harm. Staff reviewed behavioural incidents to identify any triggers or patterns so that they could give the right support when people needed it.

Staff told us they enjoyed working at Westbrook House and that the staff team provided good care. People told us they were treated with respect and their privacy and dignity was promoted. One of the many cards received by staff from people and their relatives noted, 'May I wish each and every one of you my heartfelt thanks for the way I have been taken care of and shown some dignity. What more can I say? Thank you'. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff made sure people understood before they continued with any support. People were not rushed and staff made sure they were given the time they needed.

People, when they were able, moved freely around each unit and could choose whether to spend time in communal areas or in their room. Staff respected people's privacy if they chose to spend time in their rooms and checked on them regularly to make sure they had everything they needed. People told us they had relatives visit them. Relatives told us there were no restrictions on when they visited and that they were always made very welcome. A relative commented, "It is so lovely here, I can't fault the care they give [my loved one]. The staff check on them regularly and I never have to worry about anything". Staff greeted visitors in a way that showed they knew them well and that they had developed positive relationships.

When people were nearing the end of their life they received compassionate and supportive care. People and their loved ones were involved in the planning, decision making and management of their end of life care. The registered manager told us the staff developed an end of life care plan with the person, their relatives and the multi-disciplinary team. They said "We support family members to be with their loved ones and provide facilities to enable this. We make sure staff are offered emotional support". People's choices and preferences for their end of life care were clearly documented and communicated. The registered manager and staff told us that people's plans for their end of life care were regularly reviewed to make sure that staff knew how to manage, respect and follow people's choices and wishes as their needs changed.

Care plans and associated risk assessments were organised and located promptly when we asked to see them. People's care plans gave staff guidance on what people could do for themselves and what support was needed. Staff had an in-depth knowledge of people's individual needs and preferences and supported people in the way they preferred.

Good

# Is the service responsive?

## Our findings

People received the care and support they needed and the staff were responsive to their needs. The staff knew people and their relatives well. A relative commented, "If I had a concern I would pick up the phone and speak to matron". Two further relatives said they would not hesitate to raise any concerns with the senior nurse on duty or the registered manager. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people, their friends and families. Staff kept relatives up to date with any changes in their loved one's health. A relative noted on a 'thank you' card, 'We cannot thank you enough for all the hard work, help, support and kindness you have given to [our loved one] and the support you have extended also to myself in helping [my loved one] on their way to a smooth recovery'.

The registered manager told us they encouraged people to visit the service before admission and give them an opportunity to ask any questions they had. Before people started using the service a pre-assessment was completed so the provider could check they were able to meet the person's needs. From this information an individual care plan was developed to give staff the guidance and information they needed to support the person in the way they preferred.

People and / or their relatives were involved in developing their care, support and treatment plans. Each person had a person-centred care plan which were regularly reviewed and kept up to date. Care plans had been signed by people and clinicians to demonstrate people's involvement and agreement. People had their personal preferences recorded for the way they were supported. For example, people had chosen what time they preferred to get up and go to bed and, when they wanted to. People had also chosen the gender of the staff that supported them.

Staff knew people well. Care plans included detailed personal histories, health needs, risk assessments and preferences. These were regularly updated to reflect people's changing needs so staff had up to date guidance on how to provide the right care and support.

During the inspection staff were responsive to people's needs. Staff noticed signs that people were beginning to get anxious or become unsettled and were quick to respond. Staff spent time with people to reassure them. Staff chatted to people throughout the day, regularly suggesting ideas to keep people active and supporting them with various activities. The registered manager told us, "We are continually exploring various ventures to improve choices of activities and have recently introduced 'Ladder to the moon' which looks at how to engage with people to build a vibrant active and personalised community". Staff knew people well. People's life history, including the things they enjoyed and hobbies, were noted in their care plans so staff could speak with them about their interests.

Specialist equipment was in place to aid the responsiveness of the service. For example, a resuscitation trolley and an electrocardiogram (ECG) machine were on site and enabled trained nurses to respond to emergencies. The provider had an arrangement in place with the coronary care team at the local hospital whereby they faxed the ECG reading to them to gain immediate advice and course of action. Nurses on the Victoria units had access to the GPs computer system which enabled them to access people's test results.

This in turn helped people receive timely and appropriate treatment.

People told us they felt listened to and said they did not have any complaints or concerns. One person said, "I have never had a complaint". People knew how to raise any concerns and people were given a copy of the complaints process when they were admitted to the service. A copy of the process was also displayed in each unit. When people finished their respite stay they completed a 'How was your stay questionnaire'. There were suggestion boxes on each unit for people, relatives and visiting health professionals to use.

Staff were informed of complaints & compliments and used as a learning opportunity. The registered manager had noted on the Provider Information Return 'Complaints, although sometimes painful, are taken seriously and we endeavour to work towards a positive solution for all involved and take on board any lessons learned. Action plans are implemented if required'. When a complaint was received the registered manager followed the provider's policy and procedures to make sure it was handled correctly.

Good

# Is the service well-led?

## Our findings

People knew the management and staff by name. There were photographs of each member of staff displayed on the wall in each unit. All staff wore a uniform and a badge. The entrance / reception of the service was staffed by an administrator who greeted people when they arrived at Westbrook House. People, their relatives and staff told us they thought the service was well-led. A relative commented, "[The unit manager] is great. Nothing is ever too much trouble".

The leadership was visible at the service at all levels. The registered manager and unit managers mentored and coached staff to develop the staff team and provide a quality service. The registered manager was approachable and had an 'open door' policy. There was a clear and open dialogue between people, staff and the registered manager. The unit managers and registered manager knew people very well and had a real understanding of the people they cared for.

There was an open and transparent culture where people's and staff views were welcomed. Regular staff meetings included reflections on what had gone well, what had not gone so well and how staff would make the service better.

The registered manager noted on the Provider Information Return, 'We strive to continually improve our practice. We are working in partnership with Kent County Council, Kent Community Health Foundation Trust, Kent and Medway Partnership Trust and the Thanet Clinical Commissioning Group to review service delivery'. Regular feedback was shared between these parties and effective quality assurance and clinical governance systems were in place and were used to continuously drive improvements at the service.

Staff were clear about what was expected of them and their roles and responsibilities. Staff took on the responsibility of 'champion' which were lead roles in things, such as, mental capacity, dignity and hydration. This aided staff personal development and benefitted the whole staff team by furthering their knowledge. Staff told us that there was good communication between them and that they worked closely together to make sure people received the support they wanted and needed. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs.

Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside the service, such as the local authority or the Care Quality Commission (CQC). Staff told us they were confident the correct action would be taken by the management team if they raised a concern.

There were strong links with the community. Student placements from Canterbury Christ Church University were regularly taken on. A card from a recent student noted, 'Thank you very much for the love and support I got whilst doing my placement with you all. I have never felt as part of a team until now. I will continue to embrace and utilise the skills you taught me. And to think of the love, caring and support you give to the residents is amazing. You are all a brilliant team and shining stars to the residents'. Ogden unit staff were working in partnership with the local acute trust to look at electronic profiles that could be shared to develop an emergency care pathway for people living with dementia so that the person can received

responsive care when visiting an acute site (hospital).

The registered manager and staff worked closely with key organisations and health professionals to support care provisions and to promote joined up care. These included local GPs, community nurses and the local hospice. One of the unit managers received an 'unsung hero award', nominated by Kent and Medway Partnership Trust senior management to recognise the hard work achieved on their unit. The unit manager told us, "The award is a true reflection of the whole team. We work together and the award belongs to every one of them".

When we asked for any information it was immediately available. Records were very organised and stored securely to protect people's confidentiality. There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

The registered manager and unit managers had a clear understanding of their responsibilities in recording and notifying incidents to the Kent local authority and CQC. All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager and unit managers notified CQC in line with guidance.