

Maria Mallaband 7 Limited

The Westbourne Care Home

Inspection report

Cricketers Way
Holmes Chapel
Cheshire
CW4 7EZ

Tel: 01477535604

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Westbourne is a residential care home providing personal and nursing care to 40 people at the time of the inspection. Many of the current residents were living with dementia. The service can support up to 50 people across two separate floors, each of which has separate adapted facilities and each bedroom had its own en-suite.

People's experience of using this service and what we found

There had been a significant change in the management of The Westbourne in July 2019. There had also been a large staff turnover and the new manager was working to recruit new permanent staff. We found this had, in part, impacted on the consistency of the care currently being provided and we found a number of improvements were required.

Some aspects of the management of the risks to people were not always safe. Improvements were needed to ensure people's diabetes and pressure care needs were being met. Improvements were also needed to systems and processes to ensure the new manager had sufficient oversight of the risks to people and the records being maintained. This has resulted in a breach of regulations.

We have also made a number of recommendations. We have recommended a review of the use of homely remedies, and the experience of people during mealtimes at The Westbourne.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This was because we found that an authorised DoLs had expired and not been reapplied for. This was addressed during our inspection.

Care plans were in the process of being re-written for every person at the time of this inspection and the manager was receiving support from the provider to do this. New care plans were detailed and person centred however not all of these clearly demonstrated that people had been involved in their development. We have also made a recommendation around this.

There was an activity coordinator in place and there was a programme of activities which we observed was enjoyed by people who participated. The activities however were limited to weekdays and we have made a recommendation that this is also reviewed.

Some environmental improvements had recently been made at The Westbourne and further improvements were planned.

Staff and relatives spoke positively about the new manager and people living in the home were

complimentary about the staff support they receive. Opinions were sought through meetings and surveys about the quality of the service and complaints were responded to appropriately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 08 September 2017).

Why we inspected

The inspection was prompted in part due to concerns the CQC received about the quality of care and an increase in the number of incidents being reported to the local authority. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needed to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

The provider and manager had identified a number of the issues we raised through their own governance systems prior to our inspection and additional support was in place from the providers quality team who were supporting the manager at the time of our inspection. Immediate steps were taken by the manager to reduce the risks relating to pressure care at the Westbourne.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Westbourne on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the management of risks relating to people's physical health and also the oversight of these risks at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Westbourne Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an inspection manager and a specialist advisor who was a nurse.

Service and service type

The Westbourne is a 'care 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 service had a new manager who was in the final stages of registering with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This included contacting Healthwatch who had recently completed an Enter and View report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the regional director, manager, assistant manager, senior care worker, an agency nurse, the activity worker, care workers and the chef. We also spoke with members of the provider's quality team who were supporting the manager at the time of our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision as well as agency records. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at two care records to determine if improvements had been made following our visit. We also spoke with professionals involved with The Westbourne following recent safeguarding concerns raised and received their feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and care plans were in place, however the information recorded was not always accurate or clear. For example, where people needed a pressure relieving mattress to reduce the risk of pressure sores, the bed settings were not correct based on people's weights. We raised this with the manager and the regional director who ordered an immediate review of all weights and pressure relieving mattresses.
- We also found one person with diabetes did not have their blood sugar readings completed for a significant period of time. We raised this with the manager during the inspection, and sought further clarification following the inspection. There was no clear rationale why this person had detailed records followed by a significant gap in recording.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the risks to people's safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They ensured that all pressure mattresses were reviewed and on the second day of our inspection we saw that this had been rectified.

- One person had not been regularly weighed in line with their risk of malnutrition. We raised this with the manager during the inspection and sought further information following the inspection. Although we were provided with assurance this person's needs had changed, the care plans had not been reviewed so the guidance for staff remained unclear.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that the review of people's risks was effectively managed. This placed people at risk of harm. This evidence and the lack of oversight of the issues relating to the breach of regulation 12 was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other aspects of assessing and managing risk was safe. The manager had recently introduced a new handover system which detailed peoples key support needs and risk areas. This enabled new and agency staff to have an overview of peoples support needs. We spoke to agency staff who told us this information helped them understand people's needs.

- Regular checks were made on the building to ensure they remained safe.
- Staff confirmed they had access to key policies and procedures that helped to keep people safe.

Using medicines safely

- The Westbourne used homely remedies. A homely remedy is a medicinal preparation used to treat minor ailments and does not require a prescription. They are kept as stock in the care home to allow access to products that would commonly be available in any household. We found that these had been agreed for use by a GP however on a number of occasions paracetamol was agreed when the person already had this prescribed.

We recommend the provider consider current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

- We were made aware that topical creams were not always being signed for by care staff. The manager had already addressed this and had enlisted the support of the providers quality team who were on site during our inspection and completing daily checks to ensure this was being done.
- Protocols were in place for the use of PRN medication. PRN medication is medication that is taken "as needed."
- Medicines were stored securely, and medication rooms were clean and well maintained.
- Medicines were only administered by nurses and staff who had been trained and assessed as competent.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- This inspection was prompted in part by an increase in the number of safeguarding allegations to the local authority.
- We reviewed a sample of the incident forms where notifications had been made to the CQC to ensure, where appropriate, the local authority had also been informed. A number of these were subject to further investigation so were not reviewed by us as part of the inspection.
- The manager had recently introduced a new handover file where staff recorded emerging risks such as recent incidents, falls and pressure wounds. We saw where a person had an ongoing risk, this had been recorded onto the following month for consistent care to be given. In one example we saw that one person's care plan had been reviewed and a copy of the changes were placed in the file under each day to ensure staff were aware. The manager had started to use the information in this file to identify themes and trends.
- Staff were able to describe signs of abuse and the actions they would take to report abuse if they had concerns.

Staffing and recruitment

- Staff were safely recruited, and all necessary checks were completed on new staff before starting work at The Westbourne. This included where the service used agency staff. Profiles of each worker were received by the service before they completed their first shift.
- There had been a significant change in the management structure of the service in recent months and a number of staff had left. This had resulted in a high reliance on agency staff. The manager explained they were working to recruit new regular staff and showed evidence of new staff due to start. One relative also expressed concern about the lack of regular staff and its impact on consistency of care.
- The manager explained that in July they were dependent on 50% agency staffing. Rotas showed that the use of agency had decreased to almost half of this figure.
- Staff also expressed the difficulties they had experienced during this period. One staff member told us, "The number of staff are fine but we need to have 'proper' staff and not agency." Another staff member told us, "This [has been] getting better over the last two months. Plus the agency now are the same ones."

Preventing and controlling infection

- The Westbourne had systems in place to reduce the risk of infection. Staff had access to personal protective equipment such as gloves and aprons and received training in infection control.
- The home was clean and tidy and one relative told us that the home is always clean and tidy when they visit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- We found there was poor communication regarding the meals available. The manager had recently changed the menu so that the main hot meal was served in the evening. Menus had not been updated to reflect this and we observed staff consistently telling people that the incorrect food was available.
- We also found condiments were not readily available and at times there was a shortage of crockery which meant some people had to wait for a short period between courses.
- We raised these issues with the manager who explained they had discussed changes with staff during a recent team meeting however stated they would review the support during mealtimes.

We recommend the provider reviews the mealtime experience to ensure it reflects best practice for people living with dementia.

- Although there were issues raised with the manager, we observed staff to be courteous and people were supported at their own pace to eat and drink. Where people's care plans stated they required support or observation when eating and drinking, this support was provided.
- We also observed one person who did not want to eat the options available, prepared an alternative by the chef. People also confirmed they could choose to eat in their own room if they wanted.
- People also spoke positively about the quality of the food provided. One relative told us, "The food is good and always looks appetising," and one person living at the service told us, "I can ask for something when I am hungry and the [staff] will get it for me."

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a

person of their liberty had the appropriate legal authority and were being met.

- There was a matrix recently developed which detailed who had a DoLS in place however we found one had recently expired without a new application being made. We raised this with the manager and we were provided with evidence on the second day of inspection that this application had been made.
- We did find all other current DoLS we sampled were in date, reflected current needs and conditions were appropriately recorded in care plans.
- People's needs were assessed prior to moving into The Westbourne and care plans had been developed based on these assessments, as well as assessments provided by other health and social care professionals.
- People confirmed staff sought their consent before they delivered care.

Staff support: induction, training, skills and experience

- The manager informed us that supervisions had been infrequent and they were taking steps to improve this. We sampled records and could see that the supervision frequency varied between staff. The manager had developed a new matrix to ensure these were now being completed. Staff told us that there had been a lot of changes but these had been positive and they were feeling more supported in their roles.
- Staff received the training they needed to do their job and received an induction when they started working at the service. Where staff training had expired, arrangements had been made for this to be updated.
- The regional director also showed us records that a number of agency nurses had recently completed the providers 'clinical standards' training to familiarise them with the providers systems and processes.

Adapting service, design, decoration to meet people's needs

- Some improvements had been made to the living environment to assist people living with dementia and the manager explained further improvements were planned such as rummage trolleys and one dining room was being decorated to reflect a restaurant environment.
- We saw signage outside one bedroom that reflected one person's previous employment which helped them to recognise their bedroom. In other observations however we saw that there were no names on bedroom doors. The manager explained this was being completed following the decoration.
- People confirmed they could personalise their bedrooms and bring in personal items and pieces of furniture.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with a number of agencies to ensure people's needs were being met, including GP's, and community health teams.
- Referrals were made to other health professionals when their specialist advice was required. Advice provided by these professionals was incorporated within people's care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Records showed that where able, people had been involved in making significant decisions about their care. Care plans were in the process of being updated however, and some records were unclear whether relatives had been involved in this latest review where the person themselves were unable. No concerns were raised during the inspection about care not being provided in a way people would choose
- People did however confirm they were able to make everyday decisions in relation to the gender of the staff who provided them care and also about where they chose to spend their time. Some people preferred to spend time in their own bedrooms and we were told this was respected by staff.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed warm interactions between staff and people living at the home and people we spoke to were positive about the care they received. One person told us, "I moved in a while ago and I don't have any problems at all. The staff are lovely and always take time if I need anyone to speak to." Another person described staff as, "Very helpful."
- People confirmed their relatives and friends could visit any time and there were no restrictions.
- People's diverse needs were known and respected, including any characteristics under the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- During the inspection, we observed people's dignity being respected. We observed staff support a number of people living with dementia who were experiencing distress in a positive and reassuring manner. Staff were attentive and able to divert people's anxieties well.
- We also observed involvement from specialist professional input for one individual to encourage them to sit in an appropriate chair to reduce the risk of social isolation. We observed this person sitting out of bed for the first time in months and joining the rest of the residents in the communal lounge to listen to a singer perform. The person was visibly relaxed and enjoying the interactions with others.
- People told us staff respect their privacy by knocking on their bedroom door before entering and one person told us, "[Staff] understand I like my privacy when my door is closed."
- People were supported to maintain their independence as much as they were able and one person told us how they continued to access the community independently which was important to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The Westbourne was undergoing a lot of change during the inspection. The manager had sought support from the provider's quality team to ensure care plans were personalised and reflected the needs and preferences of people. We found that the new care plans were person centred, detailed and reflected people's needs well. The older care plans were more task focused, not as easy to follow and had not all been regularly reviewed.
- We also found documentation was in place for formal decisions regarding end of life care such as when there was a DNACPR in place, but care plans focusing on personal wishes required further development.

We recommend the provider ensures that as part of the care plan review they ensure people's views and wishes are captured and their involvement is clearly recorded throughout the care plan process.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The Westbourne employed an activities co-ordinator to encourage people to engage in activities that were socially and culturally relevant to them. During our inspection we saw a number of activities including an entertainer who sang for a residents birthday and a number of smaller group activities including poppy making for Remembrance day, indoor gardening and individual pamper sessions taking place. Those participating appeared engaged with the activities on offer.
- Although these activities were observed, we were also told by staff activities were only available in the week and there was limited structure for the weekend and we also observed times where the activity coordinator was busy elsewhere, there was little stimulation for the remainder of the residents. On one occasion we observed in the lounge that the TV and music were playing at the same time.

We recommend the manager refers to best practice to review the existing activity programme.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The communication needs of people were assessed and care plans contained information about people's individual needs. This included when people were unable to communicate their views verbally.
- Staff were aware of people's communication needs and whether people needed spectacles and hearing

aids to effectively communicate their needs.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible.
- People confirmed they knew how to raise a complaint and were confident in doing so.
- Complaints received had been investigated and responded to appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Prior to the inspection, the new manager had identified a number of improvements needed at The Westbourne. A detailed improvement plan was in place as well as a system of audits to monitor the quality of the service and the care provided to people. Although the improvement plan and audits identified some of the issues we have raised throughout this inspection, the existing systems in place failed to identify all of the issues we identified.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the risks to people's safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had allocated additional resources from their quality team to support staff and make the improvements needed and during the inspection we found the new manager to be open, honest and responsive to our concerns.
- The manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.
- The most recent CQC rating was clearly displayed in the reception area.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and relatives told us there had been lots of changes since the new manager had started. Staff told us they were starting to feel the benefits of this and said morale was improving. One staff member told us, "It's less regimented now and we can do what we need when people are ready. I feel that everybody matters more and they are not rushed." One relative stated they, "Liked the new manager" and described them as, "Transparent."
- Team meetings were in place and people living at the Westbourne and their relatives were also asked for

feedback about the service through surveys and residents meetings. Relatives told us that although they couldn't always make meetings, they were kept updated by the manager and staff.

Working in partnership with others

- The registered manager worked with external professionals to ensure outcomes were achieved for people.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People who use services were not adequately protected against the risks associated with poor pressure care or diabetes management.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People who use service were not protected against the risks relating to physical health as there was a lack of oversight to identify risks in a timely manner.