

West Bank Residential Home Limited

West Bank Residential Home

Inspection report

Walford Road
Ross-on-Wye
Herefordshire
HR9 5PQ

Tel: 01989562741

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31 August 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

West Bank Residential Home is located in Ross-on-Wye, Herefordshire. The service provides personal care and accommodation for up to 41 older people. On the day of our inspection, there were 40 people living at the home.

The inspection took place on 31 August 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who knew how to keep them safe and how to respond to any concerns about their safety. Staffing levels were determined by the needs of the people living at West Bank.

People were supported to have as much freedom as possible, whilst keeping them safe. People received their medicines safely, and as prescribed by the GP.

People had access to a range of health professionals and were supported to maintain their health. People received the support they needed with eating and drinking, and with maintaining a healthy weight.

People's individual choices and preferences were respected.

People were involved in decisions about their care. People's religious beliefs were respected and they were given opportunity to continue to practise their faiths. People had access to independent advocacy services, where required.

People's changing health and wellbeing needs were responded to and appropriate medical attention sought. People enjoyed their individual hobbies and interests, as well as various group social events and opportunities.

People and relatives knew how to make or complaint, provide feedback or raise a concern. Where complaints or concerns had been raised, these had been investigated, responded to and action taken to prevent a re-occurrence.

People and their relatives were positive about the running of the home. The registered manager involved people, relatives and staff in the running of the home. The provider, registered manager and staff were clear of the values of the home, and worked together to ensure people were as happy as possible.

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 is safe.

People were supported by staff who knew how to recognise abuse or harm and how to report any concerns. People's individual safety needs were known by staff and these were reviewed. There were sufficient staff to keep people safe and maintain their freedom as much as possible. People received their medicines safely and as prescribed by their GP.

Is the service effective?

Good ●

The service is effective.

People were supported by staff who were trained to meet their specific needs. People's health was maintained and they saw other health professionals when needed. People were supported with their eating and drinking needs, and maintain a healthy diet. There was flexibility with the meals so that people's individual preferences were met.

Is the service caring?

Good ●

The service is caring.

People enjoyed caring and respectful relationships with staff. People's religions and faiths were respected and people were supported to practise these. People were involved in decisions about their care.

Is the service responsive?

Good ●

The service is responsive.

People's changing health and wellbeing needs were responded to. People were encouraged to maintain their individual hobbies and interests. People and relatives felt listened to by staff and the registered manager and that any concerns or complaints they had would be listened to and acted upon.

Is the service well-led?

Good ●

The service is well-led.

People benefited from a positive staff team and an inclusive environment in which their views and opinions were sought. Staff felt supported in their roles and respected the registered manager's experience and knowledge. The provider and the registered manager carried out regular checks and audits to ensure people received high quality care.

West Bank Residential Home

Detailed findings

Background to this inspection

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

We made an unannounced inspection on 31 August 2016. The inspection team consisted of two Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had knowledge and experience of care for older people.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

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. This information helped us to focus our inspection.

We observed how staff supported people throughout the day. As part of our observations 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 spoke with twelve people who lived at the home and four relatives. We also spoke with the registered manager, five members of care staff, the cook and two health professionals, which included a GP and a community support worker. We looked at three records about people's care, which included risk assessments, healthcare guidance and mental capacity assessments. We also looked at and the quality

assurance audits that were completed by the registered manager and the provider, which included complaints and feedback received.

Is the service safe?

Our findings

People and relatives told us there were enough staff on duty to keep people safe. On the day of our inspection, there were seven members of staff on duty, which staff and the registered manager told us was the typical amount for day shifts. We saw the registered manager and provider determined staffing levels through the use of a dependency tool. The tool was used to assess the support needs of people living at the home and the necessary staffing levels required to keep people safe. We saw there were sufficient staff on duty to respond to people's needs. For example, where people needed support from two members of staff to help them mobilise, this was provided. We saw that staff had time to spend with people, both in terms of sitting with them and chatting, as well as assisting them with their support needs without rushing them. The registered manager and staff told us that agency members of staff were used when required, but they always tried to cover shifts using existing staff members in the first instance to ensure consistency with people's care.

People we spoke with told us staff ensured they received their medicines when they should. One person told us, "I have my eye drops four times a day. They never forget." Another person told us, "There has never been a problem getting my tablets, they are given to me at the same time every day." We saw that consideration had been given as to whether people were able to administer their own medicines. However, at the time of our inspection, no one living at West Bank was able to administer their own medicines safely and needed staff to do so. Only senior carers and team leaders administered people's medicines, which was to ensure people only received medicines from suitably trained and competent staff. Staff told us the registered manager carried out regular competency checks to ensure they administered people's medicines safely and as prescribed by their GP. We saw that medicines were clearly labelled and stored appropriately, and there was no overstock of medicines.

We spoke with staff about what actions they took to ensure people were protected from abuse and harm. They demonstrated a sound understanding of different types of abuse, how they would be vigilant to signs of this, and the action they would take if they suspected abuse or harm. This action included notifying the registered manager, the local authority and the Care Quality Commission. We saw examples of where staff had raised concerns with the registered manager. This included concerns about other staff members' conduct or communication styles. We saw that the registered manager had taken appropriate action in addressing these concerns and reported these to the local authority, where necessary.

We looked at how the individual risks associated with people's care and support needs were assessed and managed. We saw that individual risk assessments were in place in relation to areas such as mobility, skin health, pain, fatigue and falls. Each risk assessment set out the specific concerns and how these were to be managed. For example, whether people needed to be repositioned at set times throughout the day to prevent pressure sores, or whether they needed two members of staff to assist them with mobilising. We found that staff were aware of people's individual risk assessments and that these were followed. As part of managing risks, we found that there were lead roles in place within the staff team. These included infection control, medicines and moving and handling. Staff told us about the usefulness of these roles. One member of staff told us, "I had a concern recently about someone's ability to weight bear. I went to the lead role and

we discussed about the possibility of needing a hoist. They then took the lead on that in terms of sorting an assessment with occupational therapy. It works really well."

The registered manager had oversight of any accidents and incidents within the home. They and the provider reviewed these on a monthly basis, or sooner if necessary. Recently, the registered manager had identified an increase in falls for a person. We saw that medical attention was sought to ascertain whether it was as a result of any underlying medical condition. Staff and the registered manager identified the falls had increased after a change in medication. This was discussed with the GP, and the medication was altered.

We asked staff and the registered manager how they kept people safe, whilst maintaining as much of their freedom as possible. The registered manager told us, "We allow as much freedom as is safe." For example, where people enjoyed being in the kitchen and making their own drinks but where unsafe to do so alone, staff supported people with this rather than tell people they are not able to go into the kitchen at all. We saw people in the kitchen with staff during our inspection. We also saw that where people wanted to go out of the home but were not able to do this safely by themselves, staff accompanied them.

Staff told us, and we saw that, the appropriate pre-employment checks had been completed before staff were able to start work at West Bank. These checks helped the registered manager and provider make sure that suitable people were employed and people who lived at the home were not placed at risk through the provider's recruitment processes.

Is the service effective?

Our findings

People and relatives told us that staff were skilled knew how to care for the people living at West Bank. One relative told us, "The staff are very skilled and knowledgeable about dementia, it shows in how they are with people". Another relative told us, "They do a good job of managing [relative's] diabetes."

We spoke with staff members about their induction and ongoing training and support they received. We spoke with two new members of staff, who told us the induction was useful as it, "Shows you how to be a good carer." They told us they had been shown how to support people effectively when using hoists and stand belts. In addition to formal training, the new staff members told us they had worked alongside experienced staff members for a period of two to three weeks so they could observe best practice and learn their roles. They told us the staff team were approachable and supportive and taught them their roles.

Staff were positive about the ongoing training they received. The registered manager and staff told us that epilepsy training had been booked with an epilepsy nurse, and this was scheduled for next month. This training had been arranged to meet the specific needs of two people living at the home and so that staff knew the best way to support them. Staff told us this training would be useful in their roles and they were pleased it had been arranged. One member of staff told us, "We (staff and the registered manager) worked really hard to get the epilepsy training sorted for next month. This will help us understand and provide better care for the two people living here who have epilepsy." One member of staff told us how useful palliative care training had been and that this had been arranged for staff in recognition of the fact they were supporting increasing amount of people with end-of-life care. They told us the registered manager supported staff training and they could request training they felt would be useful in their roles.

The registered manager ensured that staff had understood any training they had attended by discussing key topics in monthly one to one meetings. We saw that recent topics of conversations in one to one meetings were the Mental Capacity Act and safeguarding.

We looked at how people's health was maintained, and whether people had access to other health professionals, when necessary. People told us staff helped them to keep healthy. One person told us, "They encourage me to walk and to exercise." Another person told us, "They help me with my health." People told us they saw a range of health professionals. One person told us, "I see a doctor whenever I need to, which isn't often. I see the dentist." A relative told us, "The district nurses come in about once a twice a week. Everything is done how it should be; the staff keep an eye on everything." We saw that people received input from a range of health professionals, including from the Mental Health Team and specialist nurses.

We spoke with a doctor and a community support worker about the registered manager's and staff's knowledge of people's health needs, and whether medical and professional guidance and advice was followed. The doctor told us that staff were quick to seek guidance and this was always followed. The community support worker told us that staff contacted them with any concerns about people's skin health and that they always followed medical and professional guidance and recommendations.

We looked at how people were supported with eating and drinking. We saw that where people needed additional support, this was provided, such as helping people to eat. Where people had difficulty with drinking, specialist cups were available for them so that they were able to hold these and drink. We found that where there were concerns over people's weight loss, people's food and fluid intake was monitored and they were weighed either weekly, fortnightly or monthly, depending on the extent of the weight loss. Medical attention had been sought where people's weight loss was rapid and of concern.

People told us that they enjoyed the food provided and that they were given choices about what they ate. One person told us, "I had cereal and a banana for my breakfast but I am sure if I wanted a cooked breakfast every day, they would do that for me. Honestly, it's like being in a hotel, here." Another person told us, "I don't know what is for lunch, but I know it is going to be good!"

We spoke with the cook about people's specialised diets and changing nutritional needs. They were knowledgeable about the nutrition needs of people living at the home, such as people who needed a soft food diet, and people who needed to avoid certain foods due to medical conditions. The cook was also aware of people's individual preferences regarding food. This was reflected in what relatives told us. One relative told us, "They know what [relative] eats and doesn't eat. [Relative] hates strawberries and they all know that here and make sure none are offered." We saw that fresh vegetables were delivered daily and that a healthy diet was encouraged for people. The cook told us the importance of a flexible approach with people's meals. They told us, "Some people like small meals, but often. So we cater for that as well and will offer small meals five or six times a day." We saw people offered small meals and snacks throughout the course of our inspection, as well as drinks.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. We spoke with the registered manager about their understanding of the Act, and also the staff team's overall understanding. We found that staff and the registered manager understood the key principles of the Act, and how this was important in their day-to-day practice. One member of staff told us, "It is about offering choices, and then respecting the choices people make." One relative we spoke with told us their relative had decided they no longer wanted to go downstairs in the home and wanted to stay in their bedroom. They told us that whilst staff encouraged the person to go downstairs and offered them the choice daily, they did not force the person and instead, respected their choice to stay in their room.

We saw that where people lacked capacity to make certain decisions, best interest meetings had been arranged with relatives, health professionals and Independent Mental Capacity Advocates (IMCA). An IMCA is someone who helps people with communication difficulties make their views known and represents people when decisions are being made about them.

At the time of our inspection, every person living at West Bank had been assessed in respect of their

individual care and support needs, and the provider had ensured DoL applications had been submitted accordingly. We reviewed a sample of these authorisations and saw that each application was specific to individuals' requirements. Staff we spoke with knew why DoLS authorisations had been made for people and were able to explain to us the individual reasons for the authorisations.

Is the service caring?

Our findings

People told us they felt staff and the registered manager were caring. One person told us, "(staff) couldn't be kinder, and I couldn't be happier. They can't do enough for you." Another person we spoke with said, "The care is great. I am very happy here." Relatives we spoke with were equally positive about the care their relatives received. One relative told us, "The staff have endless patience."

People told us that staff were respectful towards them. One person told us, "The staff always talk to me with respect. They are lovely." We observed caring and respectful interactions between people and staff during the course of our inspection. We saw that staff knew people well, including their individual preferences, such as how they wanted to be addressed. Staff we spoke with were respectful about the people they cared for. One member of staff told us, "We look at people's backgrounds, the people they are and were, not just what their conditions are."

We asked staff about how they treated people with dignity and respect. One member of staff explained to us the importance of maintaining people's dignity and showing respect in the way their meals were presented to them. The staff member told us, "If a person needs a soft food diet, it doesn't mean you have to present it as mush. We always make it look as appetising as possible for them." There was an appointed dignity champion for the home. Their role included educating and informing staff about dignity and respect, and acting as a point of contact for people or staff if they had any concerns about the way people were being treated.

We saw that people's religious beliefs and faiths were respected and they were supported to maintain links with churches and religious groups of their choosing. This included visits to the home by priests, vicars and a particular religious group.

People told us that staff encouraged them to maintain their independence, where possible. One person told us, "I don't really ask for help from the staff, I like to try and keep my independence. Although, I do need help doing my buttons up and they are always happy to help." A relative we spoke with told us their relative's independence was promoted by involving them in decisions about how they want to dress and making sure they were in control of these decisions.

We looked at how people were involved in decisions about their care. We saw that people were involved in their care plans, as much as possible. The care plans recorded information such as people's life histories, their interests and their personal preferences regarding their care. One person told us, "When I first came here, I was asked my likes and dislikes and stuff like that." Relatives told us that they were also involved in people's care plans, and in any reviews of their relatives' care. This was so that where people could not be involved in decisions themselves, their relatives could be. We found that staff used the information in people's care plans to inform their practice, such as knowing topics of conversation people would like to discuss.

We looked at whether people had access to independent advocates. Although no one had an advocate in

place at the time of our inspection, the registered member and staff understood when people may benefit from this service and knew how to access it for people. The registered manager told us they saw advocacy as part of their daily role. They told us, "I'll fight anyone's corner." The GP we spoke with told us the registered manager was a good advocate for the people living at West Bank.

Is the service responsive?

Our findings

We looked at how the provider responded to people's changing health and wellbeing needs. One relative told us, "[relative's name] had a recent chest infection. The staff were brilliant and arranged for a doctor straight away." Another relative we spoke with told us, "I think they know my relative pretty well; they are straight on it and changing [relative's] medication if [relative's] mood starts to change." Staff we spoke with explained to us the importance of meeting people's changing needs. One member of staff told us, "People living here get their needs met. I wouldn't work here, otherwise." We spoke with a doctor, who told us staff and the registered manager were quick to pick up on any changes to people's health and wellbeing and seek appropriate guidance.

We asked people about their individual hobbies and interests and whether staff supported them to continue to enjoy these. One person told us how important gardening was to them and as a result, the registered manager had ensured this person had a section of the garden which belonged to them and which they maintained. This person showed their garden to us and told us how much they enjoyed it. They told us, "I spend as much time in the garden as I can". This person also enjoyed dog walking and so a member of staff brought their dog in once a week for them to walk, which the person told us they looked forward to.

Another person told us how important painting had always been to them. Although they could no longer paint due to their health condition, we saw their art work was displayed in their bedroom. The person told us, "I get to talk about my paintings with staff, that is what I like."

During the course of our inspection, we found that some people chose to spend their time in their bedrooms and did not want to spend time in communal areas. We spoke with one person's relative, and they told us that staff checked on their relative every twenty minutes, as well as spending time with them in their bedrooms to prevent social isolation. We saw staff regular check on people in their bedrooms throughout the day.

One person we spoke with told us how much they enjoyed walking, but needed a member of staff to go with them and this was not always possible. The person told us they wanted to go for a walk that day. We discussed this with the registered manager, who arranged for a member of staff to go for walk with the person in the afternoon.

We saw that there were in-house social and leisure opportunities for people to take part in. In the afternoon, we saw that staff played an interactive card game with a group of people in a lounge area, which people enjoyed. We saw that a member of staff supported one person with reading the newspaper whilst this activity took place. This was followed by a music afternoon, with people singing and dancing with staff. One person told us at the end of the music, "Oh that was wonderful. I did enjoy that". One relative we spoke with told us, "There are some activities. They do things like movement to music, art classes, nail painting. My relative does what they can, if they want to."

People said they would speak to staff or the registered manager about any concerns. One person told us,

"[registered manager] will go out of their way to help me. I had a rake go missing from the garden. The registered manager told the maintenance man to get me another one next time he was out shopping." Another person told us, "If I had a complaint or something was bothering me, I would go to [registered manager's name] and they would look into it straight away, not in half an hour or the next day." We found there was a complaints procedure in place, which was displayed clearly for people, relatives and health professionals. Where complaints had been received, these had been investigated, responded to and action taken, where needed, to prevent a re-occurrence.

Is the service well-led?

Our findings

People we spoke with knew the registered manager and told us that they saw them regularly. One person said, "I see [registered manager's name] two or three times a day, I go to the office every morning and fetch my paper and we say hello and often, they ask me if I am OK." People we spoke with were positive about the registered manager, and how the home was run. One person told us, "[registered manager], in my opinion, could not work harder if they tried. They are very good to the carers, outstanding to (people living in the home), for sure." Relatives we spoke with told us they were in regular communication with the registered manager as they kept them informed. One relative told us, "The registered manager is lovely and keeps us updated." Another relative told us, "[registered manager] is wonderful, all the staff are great. I cannot fault the place."

Staff we spoke with were positive about the support they received from the registered manager, and about their roles. One member of staff told us, "I love it here, it is the best place I have ever worked. The staff, the registered manager and the home are brilliant." Another member of staff told us, "There are good systems here for listening to staff. We have regular meetings and we feel listened to." Staff told us that they had respect for the registered manager as they had a lot of experience both as carer and as a registered manager. They told us the registered manager's knowledge and experience, and the respect the staff had for them, helped create a strong and unified team.

We asked staff and the registered manager whether they felt supported in their roles by the provider. The registered manager told us they were in regular communication with the provider and were supported in their role. Staff told us about the provider's "Employee of the Month" initiative, and another new initiative where people received a bonus payment on their birthdays. Staff were positive about this and told us it helped staff morale. One member of staff told us, "It's boosted us." Staff told us the area manager visited the home regularly and that they felt they could approach them if they had any concerns.

We looked at how the registered manager and provider involved people and staff in the running of the home. The registered manager told us they were trying to set up a relatives' committee. The purpose of this was for relatives to meet with the registered manager on a monthly basis and discuss any concerns on behalf of their relatives, or to provide feedback. We saw that satisfaction questionnaires had recently been sent to people, relatives and health professionals. Where suggestions had been made, these had been acted upon. For example, a relative had commented they would like to see healthier snacks offered for people. As a result, fresh fruit was available for people throughout the day. We saw that a monthly newsletter was provided to people, staff and relatives. This contained information such as about any staffing changes, and any forthcoming social events.

The registered manager and provider maintained oversight of the quality of care provided to people. The registered manager carried out monthly audits in areas such as medicines, health and safety and environmental health. Where any issues were identified, these were rectified. In addition to audits, the registered manager regularly covered care shifts, partly so that they could carry out observations and speak with people about whether they were happy at West Bank.

Staff we spoke with told us they knew, and shared the provider's vision for and values of the service. One member of staff summarised this as, "We all want happy and healthy residents, and we all work together to make that possible." Staff were aware of the provider's whistleblowing policy and told us they would feel confident in raising any concerns about the treatment of people living at the home and that they believed action would be taken. The registered manager told us they wanted people living at West Bank to have the highest possible quality of life. We saw this approach was reflected in the way staff interacted with people, and the feedback we received from people, relatives and health professionals.

The registered manager had links with the local community and used the links to benefit the care provided to people in the home. The registered manager explained to us that due to the complex needs of people living at West Bank, it was not always possible to support people in their local community so instead, "We bring the community to us." We saw this included visits from a local school choir who came and sang to people, which the registered manager and staff told us was very popular with people living at the home. There was also an established link with a local hospice, which had provided palliative care training for staff members.

The provider had, when appropriate, submitted notifications to the Care Quality Commission (CQC). The provider is legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure that the CQC is aware of important events and play a key role in our ongoing monitoring of services.