

Kent County Council

Westbrook House Integrated Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Westbrook House is a residential care home that accommodates up to 60 people. At the time of the inspection, not all the accommodation was being used. There were two units open for up to 30 people. One unit offered short stay enablement beds to support people to improve their skills and independence to return to their own homes, there were 10 people in the unit during the inspection. The second unit, provided support and assessment of needs for people living with dementia, there were four people in the unit during the inspection.

People's experience of using this service:

People told us they felt safe and staff supported them in the way they preferred. However, potential risks to people's health and welfare had not always been assessed and there was not always guidance for staff to reduce the risks. Medicines were not always managed safely. Audits had been completed but had not identified the shortfalls found at the inspection.

People were treated with kindness and respect, they were supported to be as independent as possible. People were actively supported to express their views about their present and future care needs. Staff monitored people's health and referred them to health professionals when required. Health professionals such as physiotherapists were involved with people's care to enable them to be as independent as possible and return to their homes. Professionals held regular meetings to discuss people's needs and the support they would need in the future. People's preferences about their future care were supported and put in place whenever possible and were reflected in their care plans.

People and visitors were asked their views about the service; the responses were analysed and the results displayed within the service. There was a complaints procedure available to people. People told us they had a choice of meals which they enjoyed. There were enough staff to meet people's needs, who had been recruited safely and knew how to keep people safe from abuse.

There was an open culture within the service, any incidents were recorded and analysed to improve the care people received. Staff worked with other agencies to ensure people benefited from joined up care to enable them to live their life as fully as possible.

The service was purpose built and was adapted to support people to be as independent as possible. The service was clean and odour free.

Rating at last inspection:

Good (report published 17 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found that the service no longer

met the characteristics of Good in all areas. The domains of safe and well led are now rated Requires Improvement. The overall rating is now rated Requires Improvement overall.

Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

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 effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led
Details are in our Well-Led findings below.

Requires Improvement ●

Westbrook House Integrated Care Centre

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type:

Westbrook House is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

The service had a manager registered 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 the inspection:

The inspection was unannounced.

What we did:

We reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

Most people living at Westbrook House could tell us about their experiences living at the service, we spoke to five people during the inspection. We spent time observing staff with people in communal areas during the inspection. We spoke with the registered manager, senior team leader, two team leaders and two care staff.

We reviewed a range of records. This included four people's care records and medicine records. We looked at recruitment records, supervision and training records of all staff. We reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

Requires Improvement: 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:

- Potential risks to people's health and welfare had not been consistently assessed and there was not always guidance for staff to mitigate the risks.
- Some people had a catheter, this is a tube into their bladder so they could pass urine. They were at risk of developing urinary infections and the catheter becoming blocked.
- People's care plans did not contain guidance for staff about how to care for the catheter, when to change the drainage bags and the signs of infection.
- When people have a drainage bag that is attached to their leg, this should be changed weekly. The service did not have a clear system of when staff were changing the leg bag. Some staff had recorded in the daily notes that one person's leg bag had been changed twice since admission, four weeks previously. There was no evidence that the leg bag had been changed according to best practice guidance. Staff had taken appropriate action when people showed signs of infection.
- Some people were living with diabetes, and their insulin was given by the district nurse. However, there was no guidance for staff about how to recognise the symptoms of when people were unwell and what action to take. There was a risk that people would not receive consistent care if they became unwell.
- The registered manager had employed a number of new staff and there was a risk that they would not know how to support people with their catheters and diabetes health needs.

The provider had failed to assess risks to the health and safety and doing all that is reasonably practicable to mitigate the risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us a catheter care protocol, a daily checklist, details of catheter care training that had been booked and the form used by GP's to refer people now requested that people bring in information about their catheter care on their catheter passport.
- During the inspection, guidance about the signs of symptoms of high and low blood sugar were placed in people's care plans.
- Checks were completed on the environment and equipment to make sure they were safe. Any shortfalls were rectified quickly.

Using medicines safely:

- Some people were prescribed medicines 'when required' (PRN), such as pain relief. There was no written guidance for staff about when to give the medicine and how often. We reviewed administration records for PRN medicines, two people had not been given paracetamol safely.
- When giving paracetamol, there should be four hours between each dose. Records for two people showed

that staff had given two doses of paracetamol less than four hours apart on five occasions since 23 January 2019.

- Medicines should be stored below 25c to ensure that they remain effective. The temperature in the room where medicines were stored had been recorded daily to check it was within the safe limit. However, the medicine trolleys were kept on the units for a large part of the day, the temperature of where they were kept had not been recorded. There was a risk that the medicines were not being stored at a safe temperature.

The provider had failed to manage medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us a PRN protocol for staff to follow and confirmed that the temperature of the area where medicine trolleys were stored was now being recorded.
- The registered manager sent us an action plan to address the administration of PRN medicines and check staff competency to administer medicines.

Lessons learnt when things go wrong:

- Accidents and incidents were recorded by staff. They were analysed to identify any patterns and trends.
- Action had been taken to reduce the risk of them happening again and were used as learning opportunities for staff. The team leaders discussed any incidents at the daily handovers, so staff knew as soon as possible the action they should take and any new guidance they should follow.

Supporting people to stay safe from harm and abuse, systems and processes:

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware how to recognise and report any concerns they may have. They were confident that the registered manager would deal with any concerns they may have.
- The registered manager had reported any concerns to the local safeguarding authority and taken appropriate action to keep people safe.

Staffing levels:

- There were sufficient staff to meet people's needs. Bank staff were used to cover sickness and holidays.
- People told us there was always staff to assist them when they needed them.
- Staff were recruited safely. Checks had been completed before staff started work at the service including references and full employment history. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employer's make safer recruitment decisions.

Preventing and controlling infection:

- The service was clean and odour free.
- Staff received training in infection control and used personal protective clothing such as gloves when required.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards and guidance and the law:

- People were assessed before they moved into the service to make sure that staff would be able to meet their needs.
- People's needs were assessed using recognised tools to assess people's nutritional needs and skin integrity, following best practice guidance.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment, this included people's needs in relation to their culture and religion.

Staff skills, knowledge and experience:

- Staff received mandatory training and regular updates. The registered manager had identified that staff required additional training in specific topics such as catheter care and these had been booked.
- Staff competency was checked to make sure staff were competent in their skills.
- New staff completed an induction including shadowing more experienced staff. Staff completed the Care Certificate, a nationally recognised qualification to assess staff competency.
- Staff received formal supervision to discuss their practice and development. Staff told us they were supported to develop their role; one team leader had recently completed a diploma in Dementia.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were given a choice of meals. People told us they were asked what they wanted each mealtime. One person told us, "We get a good choice of food."
- We observed the lunchtime meal, there was a relaxed atmosphere, people's meals were served from a hot trolley. Each person was asked how much they wanted to eat, and the portion sizes were what the person wanted.
- People were offered drinks and snacks throughout the day.

Staff providing consistent, effective and timely care. Supporting people to live healthier lives, access healthcare services and support:

- Staff monitored people's health and referred them to relevant health professionals when their health needs changed. People were referred to the GP when they became unwell.
- People had access to physiotherapists and occupational therapists to assess their needs and provide support to enable them to return to their own homes as quickly as possible.

- People were encouraged to be as active as possible, to remain mobile and lead healthier lives.

Ensuring consent to care and treatment in line with law and guidance:

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and any conditions on such authorisations were being met. The registered manager had applied for DoLS authorisations appropriately and there were no conditions on the authorisations.
- When people were unable to make decisions, best interest meetings were held with family and health professionals to make a decision. A best interest meeting for one person had decided following a comprehensive assessment that they should go home with a person centred care package, as this is what they would have wanted and it was the least restrictive.

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

- The service was purpose built to meet people's needs.
- Each room had en-suite facilities and there were communal areas for people to spend their time. People had access to outside space, where they were supported to spend time including feeding the birds.
- Each unit had basic kitchen facilities so that people had access to drinks and snacks when they wanted them.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- We observed people being treated with kindness and respect. Staff knew people's choices and preferences and supported them in these.
- We observed staff speaking to people in a discreet way and adapted how they approached people according to their needs.
- People were supported to maintain relationships that were important to them. Visitors were welcome at any time.
- People told us staff treated them well. One person told us, "The hospitality is good and they help me when needed."

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

- People were encouraged to express their views about their care and future plans.
- Staff made sure that people's wishes were represented at best interest meetings, when they were unable to do this themselves. One person, expressed to staff through behaviour, that they wanted to go home. Staff ensured that the person's view was heard and that the person should be supported to go home with support, even though this was not considered to be the safest option.
- People were encouraged to make decisions about how they spent their time and what they wanted to eat.

Respecting and promoting people's dignity and independence:

- People were supported to be as independent as possible. Staff, including physiotherapists and occupational therapists, worked with people to improve their independence.
- People told us and we observed, staff knocking on their doors and waiting to be asked in.
- People's care records were kept securely and staff understood their role in maintaining people's confidentiality.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Each person had a care plan and where possible people had signed to confirm they had been involved in the development of the care plan.
- Care plans contained information about people's choices and preferences, including when they wanted to go to bed and get up.
- People told us, that staff supported them in the way they wanted. One person told us, "They check what I want them to help with and let me get on with everything else."
- People's care plans were reviewed when people's needs changed, this included when people made improvements in their mobility.
- Regular meetings were held with the physiotherapist and occupational therapist to discuss people's progress and if the support they would need to return home.
- Activities were organised by staff in response to what people wanted to do, including board games, arts and crafts and watching films.

Improving care quality in response to complaints and concerns:

- The provider had a complaints policy, this was displayed in the communal areas of the service and was available in easy read format.
- The registered manager told us that there had not been any complaints since the short stay service had started. People received an agreement explaining that the service was designed to enable people to develop and improve their skills to return home.
- The registered manager told us that this meant people had a clear understanding of the service they were going to receive and their expected participation. This had contributed to the limited number of 'niggles' and complaints received but also to a high level of success in people going home and remaining successfully at home with support.

End of life care and support:

- The service did not routinely support people with end of life care. People moved to Westbrook House to improve their skills and independence to return home.
- The registered manager understood how to access support from the community, if required, if a person's needs changed.

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There was a quality system in place to identify any shortfalls in the quality of the service. This was not always effective as the audits had not highlighted the shortfalls found at this inspection such as the lack of guidance for staff to mitigate risk and the medicines errors.
- Staff completed care plan audits, however, the audits did not assess the quality of the content, only if documents were completed.
- Medicines audits had not identified that there were no 'when required' protocols and that administration errors had been made.
- An external audit had been completed, but this audit had not identified the shortfalls found at the inspection.
- When shortfalls had been identified there were action plans put in place to rectify the shortfalls.

The provider had failed to assess, monitor and improve the quality of the service provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff:

- The service sent out a yearly survey, the results were analysed, an action plan put in place and the results were displayed in the service.
- People were asked for their opinions of the service during their stay. People had suggested that more board games should be available and people wanted roast lamb on the menu. These suggestions had been put in place.
- Visitors were asked for their feedback on the service, the questions changed each month so that all aspects of the service were covered. The responses were analysed and displayed in the front hall.
- Surveys were sent to staff yearly and the analysis of the results were displayed in the service.
- Staff meetings were held regularly and covered all aspects of the service and staff were asked for their opinions and suggestions.

The service promoted person centred, high quality care and outcomes for people:

- There was an open culture within the service. The management team spent time on the units, there was a

relaxed atmosphere and people were happy to chat to managers.

- Staff told us that the registered manager was approachable and supportive.
- The management team had open discussions with staff about any issues within the service, at daily handovers, asking for their opinions. Following the inspection, we were sent an updated form, the senior team leader told us that staff had made a suggestion to improve the form and this had been accepted.

Continuous learning and improving care and working in partnership with others:

- The registered manager attended forums and training to keep up to date with changes and good practice.
- The registered manager met with the local clinical commissioning group to discuss the development of the service.
- The service worked with the local rapid response team, to enable people to go home with care packages, to live their lives as safely and independently as possible.
- Representatives from the local commissioning groups told us, they worked well with the registered manager and that the service was well led.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess risks to the health and safety and doing all that is reasonably practicable to mitigate the risks. The provider had failed to manage medicines safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality of the service provided.</p>