Bupa Care Homes Limited

The Westbury Care Home

Inspection report

Warminster Road
Westbury
Wiltshire
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11 May 2017

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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

The Westbury Care Home is a purpose built home that provides accommodation, nursing and personal care for up to 51 people. At the time of the inspection there were 39 people living at the home.

This inspection was over two days which took place on 10 and 11 May 2017. The visit on the 10 May was unannounced and the manager was aware of the second visit on 11 May 2017.

People told us they felt safe living at the home and staff made them feel secure. Members of staff were knowledgeable about the safeguarding of vulnerable adults from abuse procedures. They were able to identify the types of abuse and understood their responsibility in reporting abuse.
Risks were managed appropriately. Risks assessments on how staff were to minimise risk were in place, for example in ensuring people were supported to use their mobility equipment. Incidents and accidents were reported by staff and analysed to prevent any reoccurrence. The manager said where accidents and incidents were reported the quality assurance team shared learning from analysis of trends and patterns.

Medicines were administered and managed safely. Protocols for when required medicines (PRN) were in place for all PRN medicines and detailed how and when the medicine was to be taken.

People were involved in the planning of their care. Care plans were detailed on how staff were to deliver care and treatment in people's preferred manner. People's changing needs were assessed and care plans were amended accordingly. People told us the staff were kind and caring. The staff understood the importance of developing relationships with people. We saw staff communicating with people in a way they understood. When people needed support from staff we observed a discreet approach was used to offer assistance.

Staff were knowledgeable around the principles of the Mental Capacity Act 2005 and care and support was delivered in line with the Act.

People were supported to make day to day decisions such as menu choices, activities and choice of clothing. We saw good examples of staff supporting people to make choices, for example at lunch time or in how people wanted to spend their time.

Staffing levels were calculated according to people's needs and this was regularly reviewed.

Staff received support through supervision with their line manager and team meetings where they could share good practice and discuss any day to day issues. Staff told us they received appropriate training and support to do their job well.

Quality assurance systems were in place. A programme of audits had taken place. Action plans on the areas for improvement were in place and where actions were on-going the timescale was amended.

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.

People told us they felt safe living in the home.

Medicines were administered and managed safely to ensure people received the medicine they required.

Risk assessments were in place which highlighted potential areas of risk and how staff should support people to keep safe.

There were safe recruitment processes in place which ensured staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

People received a balanced and nutritious diet and people told us there was a good range of food on offer.

Staff were knowledgeable about the principles of the Mental Capacity Act 2005 and care plans were underpinned by the Act.

People received support from community health care such as dental checks and optical care.

Staff received training and support which was required of their role.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and caring and treated them with respect.

Staff supported people to make choices about their care and support and supported people in an unhurried manner.

Positive relationships had formed between people and staff.

Is the service responsive?

Good

The service was responsive

People enjoyed a range of activities and social events which the service provided.

People told us they were involved in the planning of their care and reviews.

There was a complaints procedure in place however people told us they did not have any complaints but knew how to raise one if needed.

Is the service well-led?

Good

The service was well led.

Staff attended regular meetings to share information and keep up to date with the running of the home.

There was a range of audits which identified the shortfalls and action plans were put in place to address these.

People were asked for their opinion about various aspects of the home and their feedback was taken into consideration and informed the planning of the service.

The Westbury Care 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. The provider changed its legal entity in February 2017 and this is the first rated inspection under the new legal entity.

This inspection took place on 10 May 2017 and was unannounced. We returned on the 11 May 2017 to complete the inspection. The inspection was undertaken by one inspector, a specialist nurse 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.'

Prior to the inspection we looked at all information available to us. This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about. In addition we looked at the 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.

The registered manager was not available during this inspection however we spoke with the newly appointed manager and deputy who were available throughout. In addition, we spoke with care staff and nursing staff, the activities co-ordinator, housekeeping and the chef. On the second day of the inspection we spoke with the regional operations manager. We spoke with nine people who live in the home and with six visitors. In addition, we contacted health and social care professionals who work with the home.

As part of the inspection we walked around the premises to ensure they were safe. We reviewed the care records for ten people living in the home. We looked at five staff records and other records relating to the running of the home. This included staff supervision, training and recruitment records, and quality auditing processes, policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home and with the staff who supported them. We observed people looked comfortable in approaching staff for support when required. The home was clean throughout, warm and welcoming. Corridors were wide enough to allow free movement and clutter free which reduced the risk of slips and trips. People had access to a portable call bell whilst in communal areas and if in their room and staff responded promptly.

During our observations we saw staff intervened where necessary to keep people safe. For example, we saw staff provide assistance for one person to safely get up from their chair and for another person to hold onto the hand rail when walking to their room. These actions helped to minimise the risk of falls and injury to people. Staff used pagers to communicate with other staff and to ensure they were quickly available in the event of an emergency.

During the inspection we saw that staff were attentive and responded to people in a timely manner. People told us they felt there were enough staff, although at times they may have to wait for example, if they wanted to return to their room during an activity in the lounge or waiting to be taken to the lounge to take part in an activity. We reviewed the dependency tool the service used to calculate the number of staffing hours which were required to support people. This showed that staffing was determined by the needs of people and was regularly reviewed. We spoke with the manager about some of the feedback we had received around the availability of staff at certain times. They told us they would review the deployment of staff to ensure staff were available at all times.

Medicines were administered and managed safely. People told us they knew what their medicines were for and they received their medicines as required. Information was available to nursing staff on how the person preferred to take their medicine and assessments were in place where people chose to self-administer their medicine. Medicines were stored in locked cabinets in the nurses' office, the door to which was kept shut. On the second day of the inspection, a key pad was installed to better secure the room. Room and fridge temperature records were taken daily to confirm they remained at a safe level to ensure the integrity of the medicines.

We reviewed the stock level of medicines which were accurate against the Medicine Administration Records (MAR). Protocols were in place where people received medicines as and when required (PRN). Pain management plans were in place which noted how people exhibited signs of pain and recorded people's pain level, which was monitored. A medication audit was completed in April 2017 and an action plan was in place with a one month completion timeframe. These identified recording issues which the service was addressing.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff said they would report abuse if they were concerned and were confident the senior managers would act on their concerns. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside of the home if they felt they were not being dealt with.

Risks to people's safety were assessed before they came into the service and on an on-going basis. The risks associated with people's care and support were assessed and reviewed regularly, for example the risk of falls, pressure ulceration, choking and poor nutrition. Measures were put in place to guide staff in reducing the risk to the person and ensuring they were safe. For example, we observed that people's rooms were arranged in a safe way, free from trip hazards.

The service had an accident and incident reporting system in place. Our checks of daily records, cross referenced with incident and accident recording, indicated that reporting and recording of incidents and accidents took place. There was an effective system for auditing incidents and accidents that was used to improve the quality and safety of the service.

The equipment which people used to support them in their daily living was checked for wear and tear and for suitability. Fire tests were carried out weekly and reviewing the fire safety equipment was part of the auditing process. Personal evacuation plans were in place in the event of a fire and which detailed the level of support each person required in order to safely leave the home.

Good

Is the service effective?

Our findings

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

We saw examples of best interest decisions being taken on behalf of people, where it had been assessed they did not have the capacity to make specific decisions. Documentation contained details of who was consulted and involved in the decision making process. The assessment clearly identified the day to day decisions the person could make independently and the support required for more important decisions that may need to be made. Where applications had been made for a Deprivation of Liberty Safeguards (DoLS), these were reviewed to ensure they remained relevant and the least restrictive practice.

Staff confirmed they had received training in the Mental Capacity Act 2005. They were able to tell us about key aspects of the legislation and how this affected people on a daily basis with their care routines. Staff were heard routinely asking people for their consent when offering support throughout the inspection.

Staff told us they had regular supervision meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Nursing staff also received clinical supervision. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I think we get a lot of support now" and "The new manager is not just here for people but for the staff as well and is available to staff".

Supervision and staff meetings were used to embed learning and identify refresher training needs of staff. Staff said they had sufficient training and development in order to carry out their work safely and competently. Mandatory training included 'People Moving and Handling', 'Infection Control' and 'Medicines Management'. Nursing staff received clinical training and support required of their role. The training matrix showed that not all staff had completed refresher training in safeguarding and fire safety, however these course's had been booked for the week following the inspection.

New care staff completed the Care Certificate; this is training which helps new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, to enable them to provide people with safe, effective, compassionate, high-quality care. When new staff were recruited they completed a comprehensive induction programme. This included shadowing an experienced member of staff and not working independently until they had been assessed as being competent to do so.

People were supported to eat a healthy and balanced diet. Meals were freshly cooked each day by the chef. This included a choice of menu and people were offered an alternative if they did not want the options that

were available that day. A menu was available on the dining room wall and was changed every month. The chef based the menu around seasonal tastes and availability of fresh produce. They were introducing more options for people to have choices such as, a range of fillings in baked potatoes which people were currently trying for preference. People were appreciative of the meals they were served and told us they enjoyed the food, and there was a good choice. Drinks were available to people throughout the day as were snacks.

Where people required support with eating and drinking we saw staff were patient and attentive. Staff explained what the meal consisted of, offered mouthfuls of food which were manageable for the person and asked if the person would like a drink in between.

The chef was aware of the different type of dietary needs of each person and kept a list of people's likes, dislikes, food intolerances and cultural preferences. Different types of dietary needs were catered for such as diabetic controlled, pureed and different levels of textured food. A relative told us "Food was hard for X to swallow following an illness. They make soft food now". The person described the food saying "They puree the food and place it separately on the plate; it is always hot and smells very nice".

The kitchen team met each day to discuss any changes in people's dietary requirements. Nursing staff liaised with the chef around changes in dietary needs, for example following weight loss or gain. The Speech and Language team (SaLT) team were involved in assessing people's needs particularly around the risk of choking. Support plans were put in place to ensure each person received appropriate nutrition and hydration. Where required, staff monitored people's food and fluid intake and monthly weights were completed to support people to maintain or reach a healthy weight.

People received co-ordinated care and their on-going health needs were managed. Support plans were in place around their medical conditions such as epilepsy and staff documented routine checks and appointments with consultants. Various health professionals visited the home for appointments such as the GP, chiropodist or physiotherapist and people visited their optician and dentist. Referrals were made to other health care professionals when required, for example people who required support with their nutritional intake were referred to a dietician and speech and language therapists (SaLT). These external professionals gave advice to guide staff to manage people's nutritional needs effectively.

The home had a provision for eight intermediate care beds (ICT). These beds enabled timely discharges from hospitals and supported people by helping them to achieve their independence and return to their own homes as soon as possible. The typical length of stay will be between five to six weeks. The service is led by the nursing and care staff at the home and supported by a multi-disciplinary community health care team of professionals, for example occupational therapy.

A health professional told us "A small proportion of self-funding ICT people find that they are unable to, or choose not to return home following their stay at The Westbury Care Home and have then chosen to remain there as permanent residents. Feedback to us from people's families suggests that a high proportion would choose for their loved ones to remain at The Westbury Care Home if a nursing placement was required". The deputy manage confirmed that this was the case.

Good

Is the service caring?

Our findings

People told us the staff were "kind" and "caring" and said they liked living at the home. We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people's privacy and responding to requests for support. Where people required personal care, staff were mindful to ensure this was done in the privacy of the person's room to maintain their dignity. Before staff entered a person's room, they knocked and waited for a response before entering.

Professionals who visited the home were positive about the caring nature and approach of staff. A healthcare professional told us "I have found the home to be well staffed by cheerful, friendly and experienced nurses and carers, who treat residents with dignity and respect. A social care professional told us "I have not found anyone who feel the care they receive is inappropriate, things have improved in the home and all the families and people I see speak highly about the quality of care".

Each person had personalised their bedroom which contained photographs, pictures and personal items. Staff knew people well and what was important to them including their family members. They were able to give a detailed history of the people using the service, including their likes, dislikes and how best to support the person. One person told us "Staff are always aware of people's birthday. Just recently one person had a birthday cake and everyone sung 'Happy birthday' to them". They told us everyone had enjoyed this event. For another person who was celebrating their birthday, we saw staff had taken pride in ensuring the person was wearing clothes they liked and looked nice in. The person's hair was styled and they were wearing co-ordinated clothes, jewellery and a touch of make-up.

We saw that people moved freely around the home choosing where they wished to sit and spend time. People were able to choose to go to their room at any time during the day to spend time on their own which promoted their comfort and privacy.

The atmosphere in the home was relaxed and friendly and positive relationships had formed between people and staff. Staff told us "I do this job because it puts a smile on people's faces" and "It's such a rewarding job I couldn't think of doing anything else".

Staff spoke with people in a respectful manner and asked people for their preferences for example in choice of drink, where they would like to sit and at the request of one person, removed their slippers whilst they sat in an easy chair. Staff offered reassurance to people when supporting them, for example when walking to the dining room and asked people's permission before carrying out support. Staff supported people at their own pace and were unhurried in their approach, chatting to people as they did so.

Relatives told us the staff were "very caring" and they were happy with the care and support their loved one received. One relative told us they visited the home most days for lunch with their loved one and they also took part in some activities which they enjoyed. Staff told us that families are welcome to stay for lunch and that Sundays were a popular day. Visitors told us they could visit the home at any time and people confirmed this was the case.

The manager had collated examples of feedback they had received. For example "Thank you from the bottom of my heart for all the wonderful care and attention I have received in this lovely home" and "I stayed with you recently and would like to thank you all for the loving care from every department". Comments from relatives included "X spoke very fondly about many of you [the staff] and your compassion was very much appreciated" and "Thank you all so much for your kindness over the years".

Good

Is the service responsive?

Our findings

People received care and support according to their preference and level of need. Each person had a support plan which was personal to them. We reviewed the care and support plans of nine people. The plans included information on maintaining people's health, likes and dislikes and their daily routines. The support plans set out what people's needs were and how they should be met. This gave staff information about people's specific needs. The plans included the support people needed to maximise their independence, for example 'put toothpaste on the brush for X to brush their teeth'. People confirmed with us the support they received and told us their care and support was delivered according to their preferences.

Support plans were in place around specific risks such as falls, epilepsy, skin integrity and breathing/circulation support plans. Moving and handling risk assessments were in place for people that needed assistance with moving around the home. Within the risk assessments were the equipment needed for each movement and the number of staff to assist the person with transfers. Care plans were cross referenced to risk assessments, setting out the support people needed to manage any identified risks.

Where people were at risk of pressure ulceration, a Waterlow score was undertaken and this indicated the on-going level of risk. Repositioning charts were implemented where required and reviewed to ensure people were being repositioned according to their assessment. Wound care plans were in place and body maps were used to indicate the location of the wound or injury. Photographs of wounds were kept to monitor the healing process and these were kept confidential within sealed envelopes. A screening tool called a MUST tool was completed to identify people who may be at risk of malnutrition or not within a healthy BMI weight. In conjunction with specialist professionals, management plans were devised to support people to have appropriate nutrition and hydration.

People and their representatives had been involved in the development and review of their support plans. Care plans were amended as people's needs changed and there were clear systems for communicating any changes with all staff. The staff handovers between the work shifts identified changes to people's support including monitoring of people's welfare.

The service provided a range of activities and events which people could choose to take part in. There were three activity co-ordinator's and the provision was over a seven day week. One person told us "They entertain you here, keeping fit moving (she demonstrated some chair exercises), we play games such as bingo, have musical entertainers, local groups doing folk singing, like on May Day. We make things like Chinese fans for their New Year". A relative told us "there are enough activities; my mother always participates in the afternoon activities".

On the noticeboard in the foyer of the home were details of the forthcoming activities which people could take part in. There were regular meeting events such as the 'Men's' club and 'Ladies' get together. The service sought to gain the views of people about the type of social activities they wanted to see in the home. People had said they would enjoy seeing different types of animals and arrangements were made for

Alpaca's [An Alpaca resembles a small llama in appearance], baby rabbits and owls to visit the home. People told us they really enjoyed this event and we were told a repeat visit had been arranged.

Another social event was a 'Pub night' which people had requested and a 'singing duo'. The Duo was so popular that people asked for repeat visits and this was arranged with a monthly booking throughout 2017. People told us their families visited and they went out for the day. The service also arranged for trips out for example, to garden centres and a nearby animal park.

In the afternoon we observed a poetry reading in the lounge which ten people attended. The activities co-ordinator used the poetry to encourage discussion about topics raised in the poems, for example, a poem talked about holidays, the activities co-ordinator asked people, "Where did you go on holiday?" Following the poetry reading the activities co-ordinator asked people what activity they would like to do after lunch. The activity chosen and done that afternoon was 'Higher or lower' using large cards and a forfeit when you chose incorrectly to sing a song of your choice with everyone else. People liked the game and actively participated. The rules were varied for people, for example extra time and clues were given to those needed this. This meant people of all abilities were engaged in this activity.

For people who did not wish to take part in activities and preferred to stay in their room, the activities co-ordinator visited during the morning to offer social interaction. There were also volunteers who visited people in their room to chat or sit and read a book of the person's choice. Each day the activities coordinator completed a log to identify the activities people took part in and which also evaluated the achievement of each person and if they enjoyed the activity.

A healthcare professional told us "The Westbury Care Home has an excellent activities coordinator who arranges interesting and meaningful activities for both permanent and temporary residents. Intermediate care bed (ICT) customers are fully included and encouraged to take part, but are not pressured to do so".

End of life plans care plans were in place which detailed the type of resuscitation orders in place, and where people were to be resuscitated in the event of a cardio pulmonary attack this was made clear in the plans. The service had a complaints procedure in place to enable people to raise any concerns they had. We looked at the complaints log and saw there had been comments made although not formal complaints. People and visitors we spoke with said they had no concerns but if they did they knew who to speak to.

Good

Is the service well-led?

Our findings

There was a registered manager for the service. 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.

We did not meet with the registered manager, as at the time of the inspection they were transitioning to manage another of the provider care homes. They were in the process of handing over to a new manager who was available during the inspection. The new manager had submitted an application to become the registered manager and had previously held this status in one of the provider's other homes.

We observed there were clear lines of leadership and accountability, for example the head nurse leading the team of care staff along with the team leader on duty. Staff were aware of their responsibilities and the line management of the home. A healthcare professional who regularly visited the home told us "Staff are hospitable to both professionals and visitors and senior staff have an 'open door' policy should any queries or concerns arise. People's care plans and records are kept up to date and accurate".

Collectively the manager and the staff team had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maximised people's independence. Staff valued the people they supported and were motivated to provide people with a high quality service. People and families felt the home was well managed.

There were regular staff meetings for the different departments within the home. These enabled staff to keep them up to date and to reinforce the values of the organisation and how they should be applied in their work. The meetings were also used to provide training and information for staff to keep them up to date with best practice. Staff spent time in these meetings discussing people's individual support needs and any changes. Each day there was a senior team meeting which the deputy and manager attended. There was a set agenda and each department fed back about the progress of their department and any issues. New admissions were discussed, activities for the day and other relevant management matters.

Staff told us they felt well supported in their role, partly due to the new manager being a full time post. They told us the manager had made some positive changes since they started and staff morale was good. They felt the management team were approachable and the door was 'always open' if they had any questions or concerns. Comments included "the new manager is really good for the home", "they [the new manager] say thank you and ask if you need help" and "the new manager has spent time on the floor getting to know the staff, that's really good".

The service sought people's and visitors views through the comments box in the foyer of the home. Individual surveys were completed around different subjects and the chef had recently asked people for their views about the quality and choice available in the menus. The service has a 'resident's involvement

charter' to encourage people, families and visitors to influence the way social activities were arranged and decided upon. People were encouraged to give feedback to inform future planning. In the hallway of the home were the results of such involvement. People had requested different types of activities through staff asking for their opinion and through resident meetings. The noticeboard displayed people's feedback about the activities which had taken place.

Regular audits and assessments were carried such as the environment and premises, infection control, medicines, wound care, nutrition, staff training and supervision. Audits identified areas for improvement and how they could be achieved. For example, a shortfall had been identified in monitoring charts not being accurately recorded and in the documentation of application of barrier creams. The results of these audits were used to develop an action plan for the service. We saw that actions were monitored with regular updates to show the progress that had been made.

The manager told us their immediate plans were to continue to get to know people and staff at the home. The service was also keen to move their intermediate care beds so they were in one location rather than spread around the home.

Services that provide health and social care to people must inform CQC of important events that happen in the service. The service submitted notifications of these events as required.