

Bainscare Limited

Westbourne Care Home

Inspection report

Westbourne
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Westbourne Care Home is a care home providing accommodation for up to 27 people older people, some of whom are living with dementia. At the time of the inspection there were 26 people living at the home.

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

At the last inspection, the service was failing to ensure people's safety was promoted, did not have effective governance systems and did not comply with duty of candour. As a result, there were found to be multiple breaches of regulations.

At this inspection we found that the required improvements had been made and systems implemented to address the shortfalls had been more effective.

More effective governance systems had been introduced and there were ongoing developments in this area. New assurance tools were being implemented to help drive improvement in the home. There was an action plan in place relating to the whole service. Audits checked all areas of the home.

People felt safe and told us the staff looked after them. We noted that in most cases staff worked safely and in accordance with people's care plans and risk assessments. However, we noted one instance where this did not happen. This was dealt with immediately following our inspection. Relatives told us that most of the staff team were good but had been concerned about changes in management of the home. Some were aware of the new manager who had recently started. People's safety and welfare was monitored. There was an overview of accidents and events and these were reviewed to help ensure there was not a reoccurrence.

People were given choices and staff knew people well. Care plans were detailed giving staff the appropriate information to meet people's needs. People were encouraged to eat and drink well to help promote their wellbeing.

Staffing was monitored and additions were being made to the staffing numbers to help improve people's experience and staff availability. This was as a result of listening to people, staff and quality monitoring.

Staff felt they had enough training and support to do their role. Training relating to infection control and COVID-19 had been delivered. There was additional training booked as a result of the quality assurance process and lessons learned. Staff knew how to reduce the risk of transmission of COVID-19. Staff worked safely in relation to COVID-19 in most cases. However, we did identify two staff not wearing their masks and one staff member not wearing their mask correctly. This was addressed following our visit.

Medicines were managed safely, and these were checked through an audit system. We noted a recording error and one discrepancy in quantities as part of our inspection. This was followed up the manager and a

lessons learned record, with actions was completed.

Rating at last inspection

The last rating for this service was Requires Improvement (published 27 March 2020) and there were multiple breaches of regulation. The provider sent us an action plan stating how they would make the required improvements.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 January 2020 and 13 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance, safe care and treatment, duty of candour, consent and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The rating in well led has improved however the overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Please see the safe section of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westbourne Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was well led.

Good ●

Westbourne Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector and an assistant inspector.

Service and service type

Westbourne Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was applying to be registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection. We had requested information from the provider prior to the inspection and this information was used as part of the inspection plan.

During the inspection

We spoke with five members of staff, the manager and provider. We spoke with six people who used the service and received feedback from four relatives. We received feedback from a visiting health care professional. We contacted the local authority for their feedback.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection we found that the rating had remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection, the provider failed to ensure people were protected from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found that while there were some areas that needed to be developed further, there had been improvements made.

There was enough improvement and the provider was no longer in breach of regulation 12.

- People told us they felt safe. Relatives also told us they felt people were safe. One relative said, "I definitely feel that they [family member] are safe. I would pick up an indication from them. They feel safe too."
- Staff told us the management team was regularly around the home checking staff were working safely.
- People had individual risk assessments. Staff were aware of people's individual risks. We saw where one person was at risk of complications with their catheter, this was clearly recorded in their care plan. We noted that when these risks arose, the appropriate action was taken in response to them.
- People were supported with behaviours that may challenge. Staff recorded any instances of these behaviours and care plans gave clear guidance on how to ensure people's needs were met.
- For people who had bedrails in place, these were fitted corrected and checked for safety. Care plans included a bedrails risk assessment.
- There had been a low number of people having falls. However, we noted that one person was at risk of falling between the hours of 10am and 12pm. Their care plan stated they must have a sensor mat with them in the lounge, but this had not been done. A senior staff member advised us that this was because activities were in progress. However, the mat was not in place when we arrived, and no activities were taking place at this time. The manager addressed this with the staff on duty.
- People had personal emergency evacuation plans (PEEPS). These detailed how people should be evacuated in the event of a fire.
- Staff were aware of how to support people to maintain or improve skin integrity. Records showed people were supported to reposition, skin cream was applied and pressure relieving equipment was in place and checked. People were also encouraged to have milkshakes to help improve their protein and calorific intake.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were reported to us when needed and to the local authority safeguarding team.
- Staff had received training on what signs of abuse to look out for and how to report any concerns they had within the home. Staff felt they could raise any concerns with the management team.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. When we arrived the member of staff who answered the door did not have their mask on and the chef was also not wearing a mask. Reasons given were not appropriate and they should have been wearing a mask. In addition, another staff member was seen with their mask below their chin and at times under their nose. We discussed this with the manager and the provider who told us they would address this urgently.

We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- At the last inspection we found medicines were not always managed safely. At this inspection we found systems in place to promote safe management of medicines were more effective.
- Records were accurately maintained for medicines and they were stored securely.
- Medicine audits were completed, and staff training was carried out.
- A sample of medicines checked showed that the quantities matched the records held in all but one of the tablets we reviewed. This showed that there was one more tablet than there should have been. In addition, the quantity of another medicine had not been carried over so this could not be reconciled.

Staffing and recruitment

- At the last inspection the provider had not ensured that there were enough staff and they had received the training required to carry out their role. This was a breach of Regulation 18 [Staffing]. At this inspection we found that they had increased staffing numbers and encouraged staff training.

There was enough improvement and they were no longer in breach of Regulation 18.

- People told us they staff were around most of the time when they needed them. However, they said at times they needed to wait for support. One person said, "We could do with more staff at times." Another person said when asked if there were enough staff to support them, "I've got what I need." Relatives gave mixed views about staffing. One relative said, "I have been in to see my relative three times since visiting opened up and there appears to be enough staff." Another relative said, "I do think there are times that they are very short staffed, and mum has said that to me as well."
- Staff told us overall staffing levels were safe, but some staff said in the mornings it could be busy. This was

mainly due to the number of people needing assistance to eat. A staff member said, "I feel trained and supported. There's enough staff, people are well cared for, we are really good with the use of PPE. It's very good here; people get their repositioning and drinks and snacks." All staff felt that people's needs were being met.

- The manager told us additional staffing hours and better deployment was being implemented. This was in part to enable staff to have more time to spend with people who stayed in their rooms and due to people's increasing dependency. This was planned to start in April 2021.
- Staff told us training and supervisions were ongoing. The training matrix showed that progress was being made. Training for specific needs, such as learning disabilities, was scheduled. This had to be rearranged due to the pandemic. Additional training to include pressure care was booked to ensure the needs of people were met.
- The recruitment process included the appropriate checks to help ensure those employed were fit to work in a care setting.

Learning lessons when things go wrong

- Staff meetings included information about events and updates staff needed to be aware of.
- The manager completed a 'lessons learned record' in relation to events in the home. This included any shortfalls such a near miss medicine error or if a person developed a pressure ulcer. Additional training and monitoring were introduced as an action.
- Staff felt the management team kept them informed and they had enough information to carry out their roles well.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating has improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found that the systems in place to monitor the quality of the service and to drive improvement were not always effective. This was a breach of Regulation 17 [Good Governance].
- At this inspection we found systems were in place to ensure all aspects of the home and care provided were reviewed. This has been developed into a home improvement plan to enable the provider to monitor their progress. This plan had included areas identified at the last inspection as needing improvement. For example, capturing lessons learned, developing staff culture and addressing staff training needs.

There was enough improvement and the provider was no longer in breach of Regulation 17

- At the last inspection we found processes in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) had not always been followed consistently. This was a breach of Regulation 11 [Consent to care]
- At this inspection we found that these had been developed to ensure that people's choices were reflected, consent was obtained, and the required records were completed. The principles of the MCA had been considered and there was a DoLS tracker in place to help ensure people's rights were protected. People told us they felt that staff gave them choices and listened to them. We observed staff doing this.

There was enough improvement and the provider was no longer in breach of Regulation 11.

- Since the last inspection there has been a change of manager. Staff feedback about the new manager was positive. People we spoke with knew who the manager was and said they seemed nice. A relative had sent a card which stated, "Thank you for your emotional support. It meant so much that you were prepared to listen and understand, and for always being kind, friendly and helpful."
- The management team had worked on addressing the areas of concern in the home and learned from previous concerns. Systems had been put in place to reduce the risk of reoccurrences. The new manager was working with the provider developing systems to help provide better oversight.
- People and their relatives told us they were happy with the care they received. One relative said, "Care is person centred. They know [person] very well. Food [is] excellent [and staff] cook to their needs. [If family

member] doesn't want what is on the menu, they will make something for them." Another relative said, "When my [person] first went there [they were in a] poorly state and out of her own choice took to her bed and wouldn't move. They [staff] have got her out of her bed, in lounge and eating food. They have done a good job. [It's] not easy and they have brought her back to life."

- People were offered choices and staff tried to get them involved in activities that were going on.
- There had been concerns raised about the availability of activities and events in the home, in particular for those being cared for in bed. On the day of the visit, people told us they had enough to do and chose how to spend their day.
- For people who were cared for in bed, the activity organiser documented one to one visits to their rooms. The manager had the monitoring on the activities provision and meeting with the activities planner as an action on their plan.
- There was a log of any complaints and a record of responding to these.
- People's feedback was recorded at team meetings. Meetings notes showed examples of actions being taken. For example, where a person had raised concerned about water temperatures, it was noted that a new boiler had been installed.

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

- At the last inspection the provider did not adhere to the duty of candour as they had failed to be open, honest, and apologise to people when things went wrong. This was a breach of Regulation 20 [Duty of Candour].
- At this inspection we found the management team was keeping people and their relatives informed about events and incidents in the home. The manager told us they were meeting with relatives and would ensure this was followed up in writing going forward. They shared with us a letter that had been sent to a relative apologising for a person developing a pressure ulcer. They were reporting to the appropriate agencies.

There was enough improvement made at this inspection and the provider was no longer in breach of regulation 20.

- Most relatives told us the home had supported people to keep in contact with them during the COVID-19 pandemic. One relative said, "They have been good on the IT front, upgraded all their wi-fi system [and] helped get an Alexa system into [relative's] room so we can do video calls. [They are] always trying their best."
- Relatives told us they felt the management team were open and shared information with them. Some relatives felt communication during the pandemic could be improved, mainly if they were unable to visit. One relative said, "I hate to say it, but it has been really poor. I have had to do all the communication." We noted there was now a COVID-19 audit, and this had an action plan which now included ensuring regular contact with relatives was maintained.
- Some relatives were not aware of the new manager and were concerned due to the changes over recent months. The new manager had started two weeks prior to our inspection and was being supported by the regional manager, provider and deputy manager to get familiar with the home and be aware of any required actions needed.
- There was a service improvement plan. This included all areas identified as a concern at the last inspection. We saw good progress had been made in addressing these areas.
- There were audits across all key areas of the home. For example, COVID-19, falls, care plans and medicines. Where any shortfalls were found, an action plan was developed. We found these to be effective as there were fewer shortfalls found and no breaches identified as part of the inspection.

- Care plans included clear information to help guide staff. The electronic system flagged when reviews were due and if any planned care needs were not recorded as being completed. The electronic system was relatively new to the home and they were still addressing some issues with it, such as poor signal to the handheld devices.
- The manager provided guidance and support for staff. Staff told us that they found them approachable.

Working in partnership with others

- The manager was in contact with the local authority and engaged with CQC to support the inspection and enable them to address any shortfalls.
- The management team was open to feedback and wanted to use this to improve and develop the service further.
- The service was working with a local care providers association to update their knowledge and skills by accessing training that was offered.