

The Orders Of St. John Care Trust

OSJCT Westbury Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Westbury Court is a care home, which provides personal or nursing care and accommodation, to a maximum of 42 people. At the time of the inspection 39 people were receiving care. People who received this care were predominantly aged 65 and over; some people lived with dementia, or with a learning disability or a specific physical disability.

People's experience of using this service:

Following our last inspection in October 2016 the service had gone through several management changes. This meant the quality assurance systems were not always effective and consistently implemented and monitored and the service had not sustained their previous 'Good' rating. A new management team had been in post for three months. Prior to our inspection the provider had completed a comprehensive quality audit and identified shortfalls. A new management team had been in post for three months. Actions for improvement taken by this team and had already made significant improvements to people's experiences and their quality of life.

Time was needed for further improvements to be fully completed, embedded and sustained. For example, personalisation of care and social activities, areas of staff communication and for care plan content to always remain updated and fully reflective of people's care needs and preferences. Therefore, at this inspection we rated the service 'Requires Improvement' overall.

Everyone we spoke with told us they felt safe. People's health needs were managed appropriately. Improved working relationships with other health care professionals meant people received their medicines as prescribed and they had access to timely health support. People received support to maintain their nutritional well-being and risks to people were assessed and managed effectively.

Some people and staff had moved to Westbury Court from another care home, which had closed. Therefore, people and staff were still developing new relationships with those they had not previously known or worked with. The management team were aware of the challenges merging of the services would present and had a clear action plan in place to manage this effectively.

People's right to make their own decisions was supported. People were supported to make decisions for themselves. People who were assessed as lacking mental capacity to make safe decisions were protected from care or decisions which were not in their best interests.

The provider's quality monitoring processes were in place to monitor the service provided to people. The provider was supporting the registered manager's program of change and improvement. The registered manager had a clear vision of the standard of care they wanted delivered. They were supported by skilled

and experienced senior staff who were also committed to the success of the improvement program. These staff were providing team building support and the leadership staff needed to work as one whole team for benefit of those who lived in the home.

Rating at last inspection:

The service's rating at the last inspection in July 2016 was Good.

Why we inspected:

Our inspection on 3, 4 and 7 January 2019 was a scheduled inspection based on the previous rating.

Follow up:

We will monitor all intelligence received about the service to inform us of the service's progress and of any risks, and to help us plan the next inspection accordingly.

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.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Further personalisation of people's care and activity support was needed so that people's preferences were met.

Care plans were not always fully reflective of people's current needs and preferences; needed so that staff and visiting professionals had access to fully updated information about people's needs to ensure appropriate and safe care was provided.

Details are in our findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had effectively identified shortfalls in the service prior to our inspection and the new management team were taking action to make the required improvements. Some of these actions still needed to be successfully completed and embedded to ensure the improved outcomes for people could be sustained.

Details are in our findings below.

OSJCT Westbury Court

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:

This consisted of one inspector 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. In this case an older person who lives with dementia.

Service and service type:

Westbury Court provides accommodation for people who need personal or nursing care. There was a registered manager. 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.

Notice of inspection

This inspection was unannounced on the first day, meaning no notice was given regarding the date or time of the inspection.

What we did:

Before we visited the home, we reviewed the information we held about it. This included notifications and the Provider Information Return (PIR). Notifications are information about important events the service is

required to send us by law. A PIR is a form we ask the provider to send us annually, which gives some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with 10 people who lived there and nine relatives. We spoke with 12 members of staff which included, the registered manager, deputy manager, senior care leader, two care leaders, two care assistants, one housekeeper, activities co-ordinator, day centre lead, head cook and the maintenance person.

We reviewed four people's care files; care plans, risk assessments, health professionals' visit records and records pertaining to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We reviewed records relating to people's medicines and medicines management overall. We reviewed three staff recruitment files and the staff training record.

We also reviewed audits, the service improvement plan, records of complaint, accidents and incidents analysis and the reviewed the maintenance arrangements and records.

We sought and received feedback from two health and social care commissioners of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes; assessing risk, safety monitoring and management.

- ☐ Risks to people had been assessed and action taken to reduce these. Maintenance and servicing arrangements ensured the building and equipment remained safe. Actions taken to reduce risks to people's health, included, repositioning people to alleviate pressure from their skin to reduce the risk of pressure ulcers developing and ensuring people's nutritional wellbeing was supported.
- ☐ Specific health associated risks had been assessed and clear guidance was in place for staff, in relation to, risks associated with falls when people were prescribed blood thinning agents, diabetes and epileptic and non-epileptic seizures. People at risk of choking had been identified and action taken to manage this.
- ☐ Systems and processes ensured all staff were aware of these risks and knew how to manage them. The content of staff hand-over information and daily heads of department meetings had promoted a collective problem-solving approach for managing risks.
- ☐ The provider's safeguarding policies and procedures were in line with the local authority's multi-agency safeguarding protocols. Staff knew how to identify and report abuse and discrimination within their organisation and with relevant agencies and professionals to safeguard people.

Staffing levels.

- ☐ There were enough staff to meet people's needs. A significant reduction in the use of agency staff had supported better continuity of care.
- ☐ Changes had been made to how staff were deployed and this had ensured the service was staffed according to people's and the service's needs.

Using medicines safely.

- ☐ People's medicines were managed in such a way which ensured medicines were available when they were needed.
- ☐ Actions had been taken to reduce medicine errors, for example, better monitoring of people's medicine administration records had resulted in fewer recording errors.
- ☐ We observed staff administering medicines; people received the support they needed and staff followed safe practice.
- ☐ Specific guidance was in place for medicines which were prescribed to be used 'as required'. For example, some pain relief, medicines for distress or anxiety and rescue medicines prescribed for use in seizures.

Preventing and controlling infection.

- ☐ People lived in a clean environment. Cleaning schedules had been reviewed and altered to incorporate deep cleaning tasks.
- ☐ The registered manager had correctly reported an infectious outbreak to Public Health England (PHE)

and taken their advice to prevent further spread of infection.

- ☐ Hand sanitising products were available for use by staff and visitors and staff wore protective gloves and aprons when delivering care. Laundry was managed safely.
- ☐ There was restricted access to the kitchen and all staff wore protective clothing in this area. The kitchen had a rating of '5' from the Food Standards Agency; food hygiene and safety standards were 'very good'.

Learning lessons when things go wrong.

- ☐ Senior staff promoted an open and transparent culture. Staff told us they felt able to raise concerns and discuss things openly.
- ☐ Reflective practice was used to examine where things had gone wrong and to learn lessons so future practice could improve. This process had been used with a member of staff following a complaint and they had found it to be constructive. It was used again following a person's admission to ensure pre-admission arrangements would be fully completed in the future.

Is the service effective?

Our findings

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

Outcomes were achieved which ensured people's health needs were met and that an overall better quality of life was experienced.

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

- ☐ People's needs were comprehensively assessed before they came to live at the service. One commissioner praised the effectiveness of the home's admission process. They said, "The registered manager, [name] has been incredibly helpful, amazing at the quickness in the way they carry out assessments and organise admissions."
- ☐ During the pre-admission assessment and the admission process itself, people's preferences and expectations were explored with them, or with their representative, and incorporated into the planning of people's care.
- ☐ When assessing people's needs current legislation was considered and followed. An example of this was seen with reference to the Mental Capacity Act 2005.

Staff skills, knowledge and experience.

- ☐ Staff with the right skills, knowledge and experience were available to meet people's needs. Consideration was given to the skills and knowledge needed when recruiting staff.
- ☐ Staff completed the provider's program of training. This included induction training and ongoing mandatory training in subjects the provider considered necessary for staff to carry out their roles out safely.
- ☐ Additional training was provided according to staffs' roles and when needed. For example, the provider's Admiral Nurse supported staffs' further understanding of the principles of the Mental Capacity Act (MCA). Further training was planned for care leaders on the law surrounding the administration of covert (hidden in food or drink) medicines.
- ☐ Nurses received additional training when needed and support to maintain their registration with their professional regulator, the Nursing and Midwifery Council (NMC). During our visit to the home a nurse specialist from a hospital visited to instruct nurses on how to administer one person's specialist medicines.

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

- ☐ People were supported to make a choice, on the day, about what they wanted to eat and drink. Staff supported those who needed help to do this.
- ☐ Snacks and drinks were available in-between meals and provided to those who needed these to help maintain their weight.
- ☐ Food and drink was produced and provided to meet people's dietary and health needs, as well as any cultural or religious preferences.
- ☐ NHS guidance on healthy eating and the provider's own tool was used to ensure people received a balanced and healthy diet.

- The head cook was aware of how to provide texture modified foods, such as soft or pureed. They were aware of guidance issued by the International Dysphagia Diet Standardisation Initiative (IDDSI) and training on this was booked.
- Comments from people about the food included, "The food's excellent" and "The food's good." We reviewed the menu which rotated over several weeks and it offered a variety of meals containing meat and fish as well as meat free options and vegetables. Alternatives to the main options were available and provided.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support.

- One person said, "My impression is that people are being well looked after here" and a relative said, "I feel quite happy that he's here where he can be safe and they look after him really well."
- Many of the changes and new initiatives introduced by the management team, had been to ensure people received consistent, effective and timely care. One relative said, "[Person] is calm now, well fed and more settled".
- Improved working relationships had been established with external health care professionals so people's health needs could be more effectively reviewed and met.
- Staff worked with a variety of health care professionals, which included mental health practitioners, physiotherapists, occupational therapists, speech and language therapists, tissue viability [specialist skin and wound] practitioners and continence assessors.
- People had access to NHS dental and optical services as well as chiropody.
- Some people had received support and intervention from the NHS Rapid Response Team; their health need had been managed in the home by this team; avoiding a hospital admission.

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

- Adaptions included keypad secured doors to staircase areas to reduce the risk of falls, fixed bath hoists to enable people to bath and handrails alongside toilets and in corridors to aid with mobility.
- Call bells were located in areas throughout the building and could be placed alongside people so they could summon help.
- Gentle slopes at entrances to the home allowed wheelchair users and people with mobility aids, to enter and exit the building safely. A passenger lift provided access to first floor accommodation.
- Coloured doors and appropriate signage helped people orientate themselves, for example, find the toilets.

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

- The principles of the MCA were understood and the MCA Code of Practice followed. Deprivation of Liberty Safeguards had been appropriately applied for. Where safeguards had been authorised there were no additional conditions to these for staff to meet.
- Staff obtained consent from people before providing care and treatment.
- Decisions made on behalf of people who lacked mental capacity were made in line with the MCA; in people's best interests. The GP and family of one person had been involved in this process so the person could receive the care they required lawfully.
- Care and treatment was delivered to people in the least restrictive way. For example, technology was used to support one person which negated the need for intrusive supervision by staff.
- People's legal representatives were identified so that information about people's care and treatment was discussed with the appropriate representative.

Is the service caring?

Our findings

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

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 staff showing kindness and compassion towards people. One person said, "All my doubts about finishing up in a care home have been unfounded. It is nice and I'm grateful to be in a home where there's nice people to take care of me, most of the carers are very good."
- ☐ Relatives were consulted and kept informed about people's care and any changes. One relative said, "Nothing's too much trouble for them [the staff], if I have a query it's never an issue with staff when we phone for news. I can't knock the staff, they're good." Another relative said, "The carers couldn't be better" and another relative said, "They've coped admirably with [relative], who can be difficult."
- ☐ One member of staff said, "I care because I care about people and what people need is what they will get."
- ☐ To support a more personalised approach to people's care and to enable staff to have more meaningful interactions with people, the activities co-ordinator had started to improve the information gathered about people's preferences, their life histories and what was important to them.
- ☐ During our visit staff provided one person with a quick response to keep them safe and could communicate with them, in a way they could understand, to alleviate any distress. Staff had built up a relationship with this person and had learnt how they preferred to be cared for and communicated with. Staff successfully and compassionately cared for this person at a time this person was fully dependent on them.

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

- ☐ Care reviews were being completed with people, and their relatives, where appropriate, to provide people with an opportunity to give feedback on their care and to discuss any changes they would like made to this. Two people's representatives were booked to attend a care review to discuss areas of care they were unhappy about. This was so staff could provide any explanation about people's care they might be unclear about.
- ☐ Staff had worked with specialist practitioners to learn how two people with complex needs communicated; expressed their views, preferences and aspirations so they could support these people in a person-centred way.
- ☐ How people wanted and required information to be given to them had been assessed so that staff could support people with this in the most appropriate way.
- ☐ Independent advocacy had been sought where needed to help people express their views and to help them make independent decisions.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy was respected during delivery of personal care.
- People's right to a private family life was respected and upheld. Relatives could visit when they wished or when it suited people. The only time this was strongly discouraged was at mealtimes and visitors had been asked not to visit during an infectious outbreak.
- Dignity in care was supported, for example, people were helped to retain the right and ability to choose what they wanted to wear, what they wanted to eat or drink, be called by their preferred name and to be socially included. The management team planned to introduce dignity leads; staff who would further promote this practice.
- One person told us they felt they had lost their independence over the last year because they had not been supported to retain their mobility. The registered manager explained that previous routines in the home had not encouraged people to retain their independence or mobility. People were now encouraged and supported to stand and walk and for example to walk to the dining room at mealtimes.
- The registered manager's view was that everyone's abilities and retained skills were to be celebrated and supported. An additional reason for introducing protected mealtimes had been so that people, who had expressed feeling embarrassed to eat in front of visitors, could feel more relaxed and retain the desire to come down to the communal dining room to have their meals. They explained that for some, eating independently was challenging and if they wanted to continue to be independent in this task, they should feel comfortable enough to do this in their own home.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were not always met in a way which they would prefer. Further work was required to ensure person centred care was delivered and for people's care plans to fully reflected their current needs and preferences. Activities needed to be more meaningful for some people.

How people's needs are met; personalised care.

- ☐ Comments varied from people about how their personal support preferences were met. One person said, "You can get up when you like. I like to get up early but I understand that sometimes I have to wait." Another person told us they had to wait for staff to be available so for them, their preferred time for receiving care was not always met.
- ☐ Managers explained there were enough staff but still some issues with staff not taking breaks according to plan, which had an impact on when people could receive support. The geography of the building had also been reviewed and a plan to split staff into smaller teams, covering all areas of the home, was due to be implemented imminently. This would avoid staff needing to leave their area to help in others and support responsiveness and person-centred care in their own designated area.
- ☐ Comments from representatives, about how their relatives' needs were met varied. One relative told us, there were aspects of their relative's care they still wanted personalised. Senior staff explained that this was a good example of where a more personalised approach to care was needed, by all staff. However, they also explained that some of the requests, being made on the day, were not always possible to act on immediately because this would involve pulling staff away from support being given to others. Further discussion around the personalisation of this person's care were to be held with the relative, involving the person also.
- ☐ Other relatives' comments were more positive. One relative commented that their relative was "more settled in this home" because staff were attentive to their needs and another relative said, "We have no problems, [person] is better off here than at home."
- ☐ Improvement was required, to some care plans, for example, those relating to continence, dietary requirements and moving and handling needs, to ensure, when the monthly (or sooner if needed) review of the care plans took place, that the content of the actual care plans was amended. This would ensure that staff and visiting professionals had access to up to date information about people's needs and how to meet them, through the care plans. Some care assessment records also needed to be reviewed in line with the provider's expectation (minimum of once monthly – or before if needed) to ensure assessment information was up to date and could appropriately inform the care plan/s review. Senior managers were aware of this and work was in progress to address this.
- ☐ Activities had been provided in the home since October 2018 following a long gap of having not been, which people told us about. Although enjoying the activities being provided, people commented that they would like more support with activities which met their own interests. The activities co-ordinator was aware of this and had been gathering information about these. More outings were requested which were to be addressed for the better weather.

Improving care quality in response to complaints or concerns.

- ☐ There were arrangements in place for people, their representatives and other visitors to the home to raise a complaint and have this acknowledged, responded to and resolved where possible. The procedure for this was on display in the reception area.
- ☐ The management team was visible and available for people to be able to speak with them. They were keen for areas of dissatisfaction to be brought to their attention so they could address these.
- ☐ We discussed with the management team complaints which had been received. These had been responded to within the provider's complaints policy time frame and further resolution work was being completed.

End of life care and support.

- ☐ Staff were experienced and skilled in providing end of life care. There were arrangements in place to ensure necessary medicines and additional health care support was available at this time.
- ☐ Work had been completed to ensure resuscitation decisions had been reviewed by GPs as well as people's wishes to be admitted to hospital, or not, when their health deteriorated.
- ☐ End of life wishes had been explored with people, which included end of life care preferences and any specific religious and cultural preferences at this time.

Is the service well-led?

Our findings

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

The managements and leadership provided was consistent and this had resulted in better outcomes for people. However, some of the actions to address the shortfalls identified by the provider, prior to our inspection, still needed to be completed and fully embedded into practice. Further work was needed to fully secure a change in staff culture to support sustained improvement in outcomes for people.

Leadership and management; continuous learning and improving care.

- ☐ The senior management team had been in post at Westbury Court since October 2018 after moving from a sister home that ceased operating.
- ☐ Staff we spoke with were going through change but felt positive about the improvements made so far. Comments included, "We are working together much better now", "We are working well together and communication is working" and "The decisions made by [name of registered manager and deputy manager] had to be taken; so many changes were needed but it's getting better."

Provider plans promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- ☐ The provider had completed a full quality audit of the service prior to our inspection and produced an action plan which supported personalised care and high-quality care. The home's senior management team had started implementing the identified improvement actions.
- ☐ The provider's quality assurance arrangements had altered and they were now able to consistently support and monitor the home's performance and current program of improvement.
- ☐ Duty of Candour applied when things went wrong and when situations affected people; explanations were given to people and their representatives and where appropriate, an apology given.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- ☐ Members of the senior management team were clear about their roles and what their responsibilities were.
- ☐ They had prioritised the actions required to first address areas of high risk for example in relation to medicines. Systems and processes were now in place to maintain people's safety and ensure their health needs were met. Changes in staffing arrangements meant there were now enough staff employed and progress was being made with a person-centred approach to care. Staff were being effectively monitored and supported to deliver a higher standard of care and communication arrangements had improved. There were clear plans in place to address areas which still required improvement such as the personalisation of care plans and activity provision.
- ☐ Managers, supported by senior care staff, took collective responsibility for ensuring regulatory requirements were met. This included making appropriate notifications to us and ensuring legislation and policies and procedures were understood and followed. For example, making sure that care delivered and

the decisions made on behalf of people, were in their best interests.

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

- The registered manager and deputy manager shared their visions and information about the values and behaviours they expected to see.
- They remained accessible to people and their representatives by working alongside staff to meet people's needs. One member of staff said, "[Name of registered manager and deputy manager] are very involved (in people's care)."
- Meetings with people, representatives and staff had been held and continued to be held. This allowed managers to share relevant information, but also to receive feedback.
- All senior staff worked closely with members of the collective staff team and were therefore aware of the staff culture. One member of staff said, "Some staff were resistive to the changes but [name of registered manager and deputy manager] are very 'hands on' so this was a shock as some [staff] were not used to this."
- Other staff comments, about their engagement with the senior management team included, "They are really supportive", "They are trying really hard to support the changes by being approachable; issues are sorted out straight away", "[Name of registered manager and deputy manager] have put structured changes in place. [Name of registered manager] has done a marvellous job, if you have a problem you can go to her...she gives praise when it's due."

Working in partnership with others.

- The registered manager worked closely with local commissioners of care to ensure people could access adult social care support when needed.
- Senior staff liaised with local hospitals to help promote and support seamless care between both services.
- Community links were being promoted through the provision of the home's day centre and there were plans to make further links with local community groups. This included LGBT community links.