

**Bainscare Limited**

# Westbourne Care Home

## Inspection report

Westbourne  
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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** 

### Overall summary

This inspection was carried out on 3 November 2015 and was unannounced. We arrived at 5am in response to concerning information we had received about the care people received and the safety of the building. However, we found the concerns to be unfounded and people received good care and the appropriate safety checks were carried out.

Westbourne Care Home provides accommodation and personal care for up to 27 older people, some of who live with dementia. There were 27 people living at the service

on the day of our inspection. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

# Summary of findings

When we last inspected the service on 20 August 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service. The manager and staff were fully aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People received care that met their needs and told us they were happy. Care plans were written clearly and people were involved in planning their care. There were

activities provided and people's feedback was sought regularly. Complaints were investigated thoroughly and people told us they knew how to make a complaint but were happy with the care they received.

Staff received relevant training and regular supervision which enabled them to carry out their role. They were employed through a robust recruitment procedure. People told us there were enough staff to meet their needs.

There was a varied menu and people enjoyed the food. People who were at risk of not eating or drinking enough received the appropriate monitoring and support. There was access to health and social care professionals and their involvement was documented.

People felt safe at the service and staff knew how to identify and report any concerns appropriately. Risks were assessed and reviewed. There were systems in place to monitor accidents and events in the home. There were monitoring and safety checks were carried out regularly and where needed action plans were developed.

# Summary of findings

## 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 safe.

People felt safe and staff knew how to identify and report any concerns.

There were sufficient staff to meet people's needs and they were recruited safely.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were appropriately trained and supervised.

People's capacity was assessed where needed and the correct processes were followed.

There was a varied menu and people were supported to eat and drink sufficient amounts.

People had access to health and social care professionals.

Good



### Is the service caring?

The service was caring.

People were treated with dignity and respect.

Staff were kind and caring.

People were involved in planning and reviewing their care.

Good



### Is the service responsive?

The service was responsive.

People received care that met their needs and care plans were clear giving guidance to staff.

There were activities provided that people enjoyed.

People's feedback was sought and complaints were responded to appropriately.

Good



### Is the service well-led?

The service was well led.

People and staff were positive about the leadership in the home.

There were systems in place to monitor the quality of the service and action plans developed to address any shortfalls found.

The manager and staff shared the same vision for the home.

Good



# Westbourne 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 3 November 2015 and was carried out by one inspector. The visit was unannounced. Before

our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with five people who lived at the service, four members of staff and the registered manager. We received feedback from health and social care professionals. We viewed three people's support plans and three staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

# Is the service safe?

## Our findings

People told us they felt safe living at Westbourne Care Home. One person said, “At home I might have fallen and been there for ages, that wouldn’t happen here.”

Staff were familiar with safeguarding procedures and how to recognise and respond to abuse. They were able to confidently explain how they would report concerns. All staff were aware of how to report concerns externally if they had not been addressed internally. There was information displayed in prominent places around the home. The manager was aware of how to report concerns and had done so previously. However, we noted that one matter had been addressed through the complaints and disciplinary process and this had not been referred to safeguarding as it should have been. The manager told us they would report the issue retrospectively.

People had their individual risks assessed and reviewed regularly. We saw that when a person’s health or care needs changed, the risk assessments were updated. Staff were familiar with people’s needs and how to support people safely. Accidents and incidents were communicated through the team and any remedial actions completed. For example, a referral to a health professional or a change to a person’s equipment. The manager monitored accidents and incidents each month to identify any trends and ensure all actions to reduce a reoccurrence had been completed.

People had individual evacuation plans in place for in the event of an emergency. There were regular checks on all fire safety equipment and staff had attended recent fire drills. The fire alarm panel, although in working order, was due for an upgrade and this occurred two days after the inspection. Water temperatures were monitored and recorded to ensure it was at a safe temperature for use. The system had received a recent service to ensure it was working sufficiently to meet everyone’s hot water needs. Staff told us that issues with equipment were dealt with promptly and repairs happened in an acceptable timeframe.

People told us there were sufficient staff to meet their needs. They told us that they received support promptly when needed. Staff also told us that they felt they were adequately staffed to enable them to support people. One staff member told us, “In my previous job it was chaos, here there is time to spend with people.” We saw that people were responded to in a timely manner and call bells only rang for three minutes at most. The manager told us that they did not use a tool to assess dependency as it was a small service and if people’s dependency rarely varied significantly. However, they told us that if needs increased they would, and previously had, approach the provider for an increase in staffing levels during a higher needs period. The service did not use agency staff as the staff team covered shifts between them. One staff member said, “We never work short.” The manager was currently recruiting for additional staff to cover future staff vacancies for staff that had given their resignation. They also worked with a training scheme providing work experience for students who then may become permanent members of the staff team.

Staff were recruited through a robust recruitment procedure. We saw that all appropriate checks had been completed and documentation received prior to staff commencing employment. This included two written references, criminal records check and proof of identity.

People’s medicines were managed safely. We saw staff support people to take their medicines in accordance with safe working practice. People were asked if they wanted medicines that were prescribed on an as needed basis and some people were responsible for administering their own medicines. Records were completed consistently and quantities we counted were correct. Boxes and bottles were dated when they were opened and medicines were stored securely. Regular audits were carried out and if shortfalls were identified, such as a missing signature, this was identified in an action plan and staff had signed to acknowledge the responsibility. This helped to ensure that people received their medicines in accordance with prescriber’s instructions.

# Is the service effective?

## Our findings

People told us that they felt the staff were knowledgeable in the role. Staff were positive about the amount of training opportunities. One staff member told us, “There is so much training, I have recently completed several workbooks.” The manager tested staff knowledge on subjects during supervision and meetings. We saw that they were encouraged to review the local authorities training calendar and request training to support their personal development. Most training was up to date and dates were booked to address any gaps in updates to knowledge. New staff had a day of induction with the manager and they had recently started working at the service and they were working through the care certificate.

Staff told us that they felt supported and received regular one to one supervision. One staff member told us, “It’s really friendly here, [the manager] is always willing to have a chat.” We reviewed supervision and annual appraisal files and saw that actions were developed to ensure staff worked to their full potential.

People were encouraged to make independent decisions and those who were unable had their mental capacity assessed. Assessments were reviewed monthly and reflected what decisions they related to. Staff were familiar with the MCA and DoLS. One staff member said, “We always assume they have capacity unless we had reason to think otherwise.” Another staff member told us, “Just because they might lack capacity in one area, it doesn’t mean they

can’t make day to day decisions, like what they want to wear.” We observed that staff offered choices throughout the inspection and consent was sought before support was given.

People told us they enjoyed the food. One person told us, “There’s plenty of choice, two dishes to choose from, and it’s good.” We saw that the cook arrived in good time to cook breakfast and prepare lunch. The night staff prepared the porridge so that anyone getting up and wanting to eat before the cook arrived, would have something warm to eat. We saw that during breakfast extra portions were offered when people had finished and it was served at individual times when people arrived to the dining room or were ready for their trays in their bedrooms. We noted that the care staff and cook were familiar with people’s likes, dislikes, preferences and dietary needs. People who were assessed as being at risk of not eating or drinking enough had their food and fluid intake monitored. People’s weight was checked monthly and fortified food and drink was available. Where staff had concerns, these were referred to the appropriate health care professional.

People told us that they saw health and social care professionals when needed. A visiting professional told us that they had established a good working relationship with the service benefitted people who lived there. We saw from records that people were visited by GP’s, district nurses, chiropodists, a hairdresser and the mental health team. Any changes as a result of their involvement were clearly documented in people’s care plans and communicated through the staff team. This helped to ensure that people’s individual health needs were met appropriately and consistently.

# Is the service caring?

## Our findings

People's privacy and dignity was promoted. One person told us, "They always knock, they never just bowl in." We saw that some doors were open and some were closed when we arrived and people's preference relating to this was documented in their care plans.

People told us that staff were kind and caring. One person said, "They're very pleasant, I'm very happy here." Another person told us, "Everyone is nice." A visiting professional told us that the staff team's approach was consistently respectful, warm and caring. Another health care professional told us, "The residents are well cared for by staff members and this is demonstrated through patient feedback I have had during my home visits at Westbourne." Staff were aware of people's preferences and life histories and promoted person centred care. They knew what was important to people and supported them with this. For example, maintaining a relationship with friends and family or going out. However, we also saw that the subtle differences and preferences were respected such as how they addressed a person or offered support. For example, the way that they spoke or the words they used, such as laughing and joking or behaving in a reserved manner. We saw that staff were observing people and checking how they were. For example, we heard a staff member offer a person an extra pillow and another staff member ask someone if they felt tired and would they prefer to go for a lie down in bed rather than go to the lounge. Staff had

established relationships with people and this was evident in how they greeted each other on entering a room or passing in a communal area. Staff spoke about people with affection and told us they enjoyed their company. One staff member told us, "The residents are all so friendly." The staff teams attitude and approach to people contributed to a relaxed and homely atmosphere.

People were involved in planning their care, and when they were unable, if appropriate, a family member was involved. One person said, "Yes they go through it with me." One staff member told us, "Talking with people is the best way to get to know them. Family members are important too in ensuring care is provided in a way the person would choose if they found themselves unable to be involved." A visiting health care professional told us that there was good communication between staff and relatives where appropriate regarding people's care and welfare. Care plans included a detailed account of the person's life and preferences. This, in addition to people's signatures, demonstrated people's involvement.

People were supported to practice their chosen religion. Ministers for individual faiths visited the service and people were also supported to attend services outside of the home. The home facilitated relationships between people and their family and friends by making visitors feel welcome and inviting them to join in with parties and outings. A Christmas meal at a local hotel was in the process of being organised for people living at the home and their friends and families.

# Is the service responsive?

## Our findings

People told us that they had their needs met in a way they needed and preferred. One person told us, "They are very good." Another person said, "I'm looked after." A visiting professional told us that people had told them during their visits that they were well cared for and getting their needs met. Another health care professional told us that there was, "Good staff support from all levels."

When we arrived at the service at 5am everyone was asleep in bed. People had access to their call bells, soft lighting was on where requested and drinks were within people's reach. When a call bell sounded, we saw staff responded promptly.

Staff knew people well and were able to describe people's needs to us. Staff knew what time and how people liked to get up. One staff member said, "Just because we know what people like it doesn't mean we don't still ask them first, they might have changed their minds." We saw that care was provided in accordance with information in people's care plans.

People's care plans gave clear guidance on what support they needed. These plans were reviewed monthly and updated in between if their needs had changed. For example, following a discharge from hospital, a fall or a change to a person's weight. This information was then discussed during handover to ensure all staff were aware of the changes and how to support people in accordance with their needs.

People told us they were happy with the activities provided and could not think of anything else they would want to do.

One person said, "I like reading and an occasional quiz." Others told us they had the opportunity to go out regularly. Staff told us that they had recently received training on engagement and this was as important as a structured activity. We observed this during the inspection and staff were frequently stopping and speaking with people. However, we also saw that different activities were set up including dominoes, scrabble and drawing. We also heard the activities organiser telling people about the exercise session coming up later in the day. The manager also told us that one person likes to do household chores rather than an 'activity' and this was encouraged as it was something they enjoyed.

People knew how to make a complaint. However, everyone we spoke with told us they didn't have any complaints. One person said, "Absolutely nothing to complain about at all." Another person told us, "Everything is good." We saw that information on how to make a complaint was displayed around the home and when complaints had been received they had been dealt with appropriately.

People's feedback was sought through surveys, a suggestion box and meetings. People were also asked to participate in the decisions relating to the refurbishment of the home. Where any issues had arisen, action plans were developed to address them. The feedback was displayed around the home and was accompanied by the action plans. This demonstrated that people were listened to and the suggestions were acted upon. For example, following concerns being raised over recent staff changes, the manager met with the people concerned and provided them with information and the issues providers were facing and what they were doing to address it.



# Is the service well-led?

## Our findings

People were positive about the manager and told us they knew who they were. One person said, “[The manager] is always around.” We noted that the manager knew people well and supported people as they needed around the home. A visiting professional told that they felt the home was well managed. They also told us that they felt the manager was professional, organised, thorough, communicated well and had a good knowledge of each person and clear understanding of their needs.

Staff were positive about the leadership in the home. One staff member told us, “It’s well run, runs really smoothly.” They told us that the manager was always there for support and regularly checked on how they worked and offered guidance. We saw from meeting and supervision notes that the manager did regular walk rounds with staff asking them to identify any shortfalls they found. The manager told us they found this to be a more effective way of promoting good practice than identifying it themselves and telling staff how to put it right.

Staff were given key roles and this helped them to take responsibility for areas such as training, care plans, daily records, health and safety and room checks. They then developed the action plans and communicated it through the staff team. The manager told us, “This means that everyone received regular supervision and support from

each other making for a much more skilled team.” We saw that all checks allocated to staff members were completely consistently and they were confident to discuss them. Staff told us that action plans were discussed with the manager and they were told to let the manager know if they had any issues or needed help.

The manager and staff team had developed a self-assessment tool using the key questions that we reviewed at inspection. The manager told us, “We did it to make sure we were still meeting the standards after the regulations changed and to drive improvement.” A staff member told us, “[The manager] asked for our input and then really listened to it. [They] took my views and told me it was a good idea and did it my way, it’s a good feeling.”

People came first at Westbourne care Home. One staff member told us, “This is their home, I just work here.” Staff displayed a ‘person first’ practice throughout the inspection. They knew what was expected of them by the manager and provider and were proud of the home. Standards were communicated through daily checks and handovers, audits, provider visits and meetings. Where there were lessons learned, we saw, and were told by staff, that these were also communicated at these times. This helped to ensure that standards were met consistently and the service strived to always look at ways to drive improvement.