Westbury Care Limited

Westbury Nursing Home And Westbury Garden Suite

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 10 June 2015 and was unannounced. The last inspection took place on 13 August 2013 and no breaches of regulation were found at this time.

The service provides accommodation and nursing care for older people. The home is divided into two separate areas of accommodation. The main home provides nursing care and a smaller unit within the grounds of the home provides support for people with residential care needs.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The service was safe in most aspects; however more needed to be done to ensure that the risks associated with medicine management were minimised. Processes in relation to the administration of covert medicines were inconsistent. Covert medicines are given to people without their knowledge when it is in their best interests to do so. Documentation was not always completed fully. This meant that there was a risk that people would not receive medication in line with their identified needs.

People told us they felt safe and were well cared for by staff. Comments included; "you have nothing to worry about with the staff here", another person said "I don't feel as if I'm being neglected here and feel very safe…" A relative commented "I really feel X is safe here, it's an amazing place, and we love it".

There were sufficient numbers of staff available to support people safely and meet their needs. At the lunch time meal, we observed there were enough staff to support people safely and meet their nutritional needs.

People received effective care in relation to their nursing needs. We saw that people who were identified as being at risk of developing pressure damage to the skin, received support to reposition regularly. Their food and fluid intake was also monitored to ensure adequate nutritional intake. People had the equipment they needed in place to meet their nursing needs safely and effectively. Where necessary, staff worked with other professionals to ensure that people's healthcare needs were met.

People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's capacity was considered in decisions being made about their care and support and best interest decisions made when necessary.

People were supported by staff who were kind and caring in their approach and were treated with dignity and respect. People were able to maintain relationships with friends and relatives.

Staff understood people's individual needs and preferences which meant that they received care in accordance with their wishes. There was a programme of activities in place, which we observed people actively taking part in and enjoying. Strong links had been built with the community, including a project working with local school children, building relationships with people in the home.

The home was well led. There was a positive attitude amongst staff towards their work and staff responded well to the direction of registered nurses. This ensured that people's needs were met.

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?

Requires Improvement

The service was safe in most aspects; however more needed to be done to ensure that the risks associated with medicine administration were minimised.

There were sufficient numbers of staff to ensure people's needs were met.

Staff were aware of their responsibilities to safeguard people in the home from possible abuse.

There were individual risk assessments in place to guide staff in providing safe care for people.

Is the service effective?

Good

The service was effective.

People's rights were protected in line with Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received effective nursing care and staff worked with other healthcare professionals when necessary.

Staff received good training and support to fulfil their roles and ensure that people's needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their interactions with people and people were treated with dignity and respect.

People were able to maintain relationships with people that were important to them.

Is the service responsive?

Good

The service was responsive.

Staff understood people as individuals with their own likes and preferences.

There was a programme of activities in place and strong links were built with the local community.

There was a process in place to manage complaints and people felt able to raise issues or concerns.

Is the service well-led?

Good

The service was well led.

There was a management team in place to support the registered manager.

Summary of findings

Staff responded well to the direction of nurses. Staff reported feeling well supported and able to raise issues or concerns.

There was a programme of quality and safety monitoring in place.

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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.

This inspection took place on 10 June 2015 and was unannounced.

The inspection team was made up of two inspectors, two experts by experience and a specialist nursing advisor. 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 reviewed all information available to us, including notifications and the Provider Information Return (PIR). Notifications are information about specific important events the service is legally required to send to us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

We spoke with 12 people who used the service, five relatives or friends, six staff and the registered manager and group manager. We looked at the care records of seven people across the nursing home and residential unit. We looked at other records relating to the running of the home including staff files, audits and recruitment information.

Requires Improvement

Is the service safe?

Our findings

The service was safe for people in most aspects, however we found that improvements needed to be made in relation to the use of medicines.

People's medicines were stored and administered safely. However people's individual needs in relation to medicines administration were not always reflected in their care plans, which meant there was a risk that they would not always receive support in accordance with their needs. The management of covert medicines was also not safe. Covert medicines are given to people without their knowledge when it is in their best interests to do so.

Some people were receiving covert medicines but the documentation to support the decision to administer covertly was not sufficient. The form did not have a designated section for staff to record the person's name. As a consequence there were some forms being used as a basis to administer medicines covertly that did not state the name of the person who was receiving them. Staff did not follow a consistent procedure when completing the forms. Some forms had no name, whilst others contained a name and a date of birth. Although there was space on the forms for a GP signature, a relative signature and a registered nurse signature these had not always been signed. The care plans did not always reflect when people were receiving their medicines covertly. The forms for covert medicines also stated they should be reviewed every six months. However, one form had been dated April 2014 and there was no evidence of a review taking place since that time.

There were also forms in place for when people needed their tablets to be crushed. Although the form that was in place had space for a pharmacist signature to confirm their professional input in the decision, one of the forms we saw had not been signed. This person's care plan did not reflect their need to have some tablets crushed.

Some people had been assessed as able to self-administer their medicines but this process had not always been followed consistently and care plans did not always reflect the content of the assessments. For example, we saw one care plan where the risk assessment stated the person was competent and able to self-medicate 'Level 3'. The care plan reflected the content of the assessment and informed staff that the person was self-administering their medicines. However, another person had been assessed as 'level 2'. The form stated that the nurse 'opens the cabinet, gives boxes to the person and they self-medicate'. However, the care plan stated that the person was Level 0 and not able to safely self-medicate.

These inconsistencies in the information held about people's needs in relation to medicines meant that there wasn't clear guidance for staff to follow. There was a risk that people would not receive their medicines in accordance with their assessed needs.

This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Overall comments about the safety of the service were positive. One person commented "you have nothing to worry about with the staff here", another person said "I don't feel as if I'm being neglected here and feel very safe…" A relative commented "I really feel X is safe here, it's an amazing place, and we love it".

Staff received training in safeguarding adults. Through our discussions with them, it was clear that they understood their responsibilities and the action that they should take if they were concerned about the possibility of abuse occurring in the home. Any potential concerns were discussed with the local safeguarding teams and notified to the Commission in line with legal requirements.

There were sufficient numbers of staff to ensure people's needs were met and they were supported in a safe way. During the lunch time meal, we observed that people received the support they required. However, we were told by people and their relatives that on occasion, the lounge on the top floor was left unattended. This was observed during our inspection on three separate occasions over an hour period; however we did not observe that anyone was at risk during this time. Our observations were fed back the group manager.

We viewed staffing rotas for the last month and saw that these reflected staffing levels as described. We were told that any unplanned staff absences were covered within the staff team, so that agency staff were not used, which meant a more consistent staff team supported people.

The risks associated with people's care and support were assessed and reviewed regularly. Measures were put in place to guide staff in reducing the risk to the person and

Requires Improvement

Is the service safe?

ensuring they were safe. This included risks in relation to pressure damage to the skin and risk of falls. We observed that people's rooms were arranged in a safe way, free from trip hazards.

There were recruitment practices in place to support the provider in making safe recruitment decisions. This included the completion of a Disclosure and Barring Service (DBS) check. This check gives information about any criminal convictions a person has and whether they are barred from working with vulnerable adults

Good

Is the service effective?

Our findings

The service was effective. People's rights were protected in line with the Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions independently about their own care and treatment. An assessment of the person's capacity to make a specific decision was carried out and a best interest decision made. We saw examples of this in relation to decisions such as supporting a person with their daily care. Where it had been found that bedrails were necessary in order to care for a person safely, it was recorded that consent had been given by the person if they were able. Where the person was not able to give consent, we saw examples of where the person's registered power of attorney had given their consent.

The provider had identified people for whom there were concerns about them being deprived of their liberty. Applications had been made to the local authority for these people for Deprivation of Liberty Safeguards (DoLS). This is a legal framework that that allows a person to be deprived of their liberty if it is in their best interests to do so and the only option to care for them safely. This meant that people's rights were protected.

People were positive about the food in the home, comments included "Superb chefs, food is fantastic;" "I enjoy my meals" and "we have a choice of meals, it is very seldom there is nothing I like". Hot and cold drinks were freely available throughout the day, there were also snacks available including cakes and biscuits. This helped ensure that people had adequate amounts to eat and drink.

People's weight was monitored on a regular basis as part of a nationally recognised nutritional assessment. This helped identify people who were at risk of malnutrition so that action could be taken promptly to support the person, if required. Where people had particular needs in relation to their nutrition, these needs were well managed. For example, one person had a PEG (Percutaneous Endoscopic Gastrostomy) in place. This is a procedure that supports a person who is unable to receive food orally. There was a risk assessment in place in relation to this and this was reviewed on a regular basis. The person was supported by a healthcare professional who specialised in nutrition. Another person had been identified as being at risk of malnutrition prior to arriving in the home. We saw that this person's weight had been monitored and was stable. We observed at the midday meal that this person was eating independently.

People received effective care in relation to their nursing needs. We looked at all aspects of nursing care for four people with particularly complex needs. We found that in each case their support needs were well described in their care plans and there was clear evidence that these needs were being met. For example we looked at the care provided for one person who was at high risk of pressure damage to the skin. Records showed that the person was offered fluids on at least a two hourly basis. The amounts of fluid taken each day were totalled so that it was clear this was being monitored. There was also evidence that the person was being supported to reposition in order to relieve pressure on the skin. In the case of another person, we saw that they had all the equipment they needed to ensure safe and effective care. This included for example, specialised mattresses to protect against the risks of pressure damage to the skin. There was also a power assisted, reclining chair in place for this person, if they felt able to be supported out of bed. It was clear from discussions with this person that they felt safe and well cared for.

Staff were positive about the support and training they received. Records showed that staff received regular supervision. The arrangements for intervals between supervision sessions were flexible in order to accommodate staff needs. Supervision records showed that the sessions were used as an opportunity to discuss staff performance and development needs. Staff also reported that they would feel confident approaching senior staff at any time on an informal basis to discuss any issues or concerns.

Good

Is the service caring?

Our findings

The service was caring. People were positive about the nature and approach of staff. Comments included "It's lovely here; the staff go the extra mile. They always knock before they come in my room and actually wait to be invited in", "This is a good place to be, they will do anything for me, I can please myself what I do, I am very content and cannot think of anything more that I could want" and "It is lovely here, they are all nice to me, we have a joke and a laugh".

We observed that staff were kind and caring and interactions with people were positive. People appeared to be comfortable and relaxed with staff who spoke in a caring manner, with appropriate volume and tone of voice. Staff listened and allowed ample time for people to respond. We observed a member of staff asking a person if they would mind moving so that they could sit next to another resident who was distressed. This person became calmer and more settled as a result of the staff speaking gently to them and stroking their arm.

People told us they were treated with dignity and respect. All staff were seen knocking on people's doors and seeking consent prior to entering; also before carrying out any intervention. At the lunch time meal, we saw that people were provided with protective aprons, which had been chosen with ensuring the person's dignity in mind.

There was guidance in place in people's support plans so that staff would know how to encourage people's independence. For example, information was provided about the particular aspects of a person's routine that they were able to manage independently.

People's cultural needs were taken in to consideration and accounted for. For example at the midday meal, a person was provided with food in accordance with their cultural background. In another person's activity record, we saw they had been able to attend church. There was a pre admission assessment in each person's care file and this included reference to people's spiritual and cultural needs.

People were involved in planning their care and were given opportunity to express their views about how the service was run. There was a section in people's care plans which was ticked to show that it had been discussed and agreed by the individual concerned. Where appropriate, relatives views were recorded in the care plan review document. For example, in one case we saw that a relative had expressed they were happy with the care provided but wished for their relative to be encouraged to drink more.

People and their relatives had opportunity to attend resident meetings. We viewed minutes of these minutes and saw they were used to update people on matters relating to the running of the home.

People were able to maintain relationships with friends and family that were important to them. We saw that visitors were welcomed in to the home. In one case, arrangements were made for close relatives in the home to spend time together. Communication logs of any contact with relatives were also kept and these reflected that relatives were kept informed of important details or events for people in the home. Relatives confirmed that communication from staff was good.

Good

Is the service responsive?

Our findings

The service was responsive. Staff understood people as individuals with their own preferences, likes and dislikes. There was a dedicated member of staff who visited new people in the home and completed a 'This is me' form in order to get to know the person's likes, dislikes and how they would like to have their care delivered. This staff member had also undertaken bereavement counselling training and was available to relatives to provide support in this area.

People gave examples of the individual ways in which their preferences were met. For example, one person told us they chose to stay up until midnight, and said night staff brought a hot drink and biscuit every night at 11.30pm. One person told us their relative sometimes didn't like what was offered on the menu and if this was the case, the kitchen would be happy to prepare something different for them. Another person told us their relative presented differently from day to day but that staff were aware of this and supported them well. People were able to personalise their rooms, for example by brining furniture and other items, so that they could arrange their personal space as they wished.

Staff demonstrated they had good knowledge of the ways in which people should be supported. For example one person could at times behave in a way that affected other people in the residential unit of the home. Staff were able to describe in detail the action they would take to support this person; although the details of this were not fully captured in the person's support plan. This information was fed back to the group manager so that action could be taken to ensure that support plans gave clear guidance for staff.

There was a programme of activities in place, with a team of five activities staff working various hours during the week. We observed activities taking place during the day, including quizzes and physical movement. People appeared engaged and to enjoy the sessions. The home had access to its own minibus which meant that transport was available to take people out on trips. There were limitations on the numbers of people that could be taken in the minibus. This was reflected in the comment of one person who said that they didn't go out as often as they would like. Activity staff told us that they tried to maximise the numbers of people able to go out, by involving relatives in supporting people whilst out.

Strong links had been built with the local community. For example, activities staff had carried out a project with a local school, where children visited the home and took part in a range of activities with the people there. This included art and craft activities and the children spending time with people finding out about their life histories. Staff told us that the project had been a huge success and people in the home had benefitted greatly and enjoyed the programme very much.

There were arrangements in place to respond to complaints. We saw that a log of complaints was kept and records showed that these were investigated and responded to accordingly. A complaints policy and procedure was in place and this identified other organisations and agencies that concerns could be reported to if necessary. People told us they would feel able to raise concerns or complaints if necessary although most people said they had never needed to.

Good

Is the service well-led?

Our findings

The service was well led. People knew who senior staff were and commented that the registered manager often stopped to speak with them during the day. One relative commented that the registered manager was very "visible and chatty". This helped people feel confident about raising any issues or concerns. We observed during our inspection that the registered manager and group manager spent time around the home, talking to people. This approach helped promote an open and transparent culture in the home.

Staff were positive about the management arrangements in the home and told us they were well supported in their work. Staff told us they were actively encouraged to undertake further training to improve their skills. This helped ensure a culture of continual improvement in terms of staff being enabled to keep up to date in terms of their skills and best practice.

The registered manager was supported by a deputy manager and nurses who led teams of care staff. We observed that care staff responded well to the direction of nurses which meant that people's needs were met. There was a 'group manager' also based within home providing additional support and guidance. This helped ensure that the home was managed effectively across all areas.

There was programme of quality and safety monitoring in place. This included gathering regular feedback from people who used the service and their relatives. People confirmed that their opinions were sought on a regular basis. A 'suggestion box' was in place in the reception area of the home as a further means for people to highlight any issues.

There was a programme of audit in place which checked on a various aspects of the service. These included the external environment, internal environment, infection control and medicines. Action plans were drawn up to show what improvements were planned for the home.

The action plans were monitored by the registered manager to ensure that actions were completed. We saw that recently work had been completed to improve the internal environment of the main building including work on the flooring. New baths had also been purchased throughout the home, which would better suit the needs of people.

There were checks in place to ensure the safety of the environment. These included regular testing of fire alarms and safety lighting to check that these were in good working order. There were also logs in place to show that checks were carried out on bed rails and air mattresses. There were dedicated maintenance staff in place responsible for these checks.

The registered manager was aware of the responsibilities of their role, including making notifications to the commission. For example, notifications had been made when an application to deprive a person of their liberty had been approved. Notifications help ensure that the service can be monitored effectively by the commission.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The risks associated with the administration of medicines were not minimised because supporting documentation was not always complete or accurate.