

Laudcare Limited

Westbury Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

Westbury Court provides accommodation, nursing and personal care for up to 60 people. At the time of our inspection there were 33 people living there. The home is a large purpose built building, with the rooms arranged over three floors with only the first two floors being occupied. There are communal lounges and a dining area on each floor with a central kitchen and laundry.

This inspection took place on 8 and 9 of June 2015 and was unannounced. At a previous inspection which took place in December 2014 we found the provider had not satisfied the legal requirements in the area of safe

management of medicines. They wrote to us with an action plan of improvements that would be made. We found on this inspection the provider had taken steps to make the necessary improvements.

At the time of our inspection the home had recruited a manager who was in the process of submitting an application to become the registered manager. 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.

At our last inspection we made a recommendation for the provider to seek advice and guidance about developing an effective recording system. We looked at the care and support plans for ten people and found that guidance did not always reflect people's current needs and identify how care and support should be provided. This meant people were at risk of inconsistent care and/or not receiving the care and support they needed. We found this to be a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

At our last inspection we recommended that the provider seek advice and guidance with regard to appropriate training for staff. We reviewed training records which showed that core training identified by the provider had been completed by staff.

Staff were appropriately trained and understood their roles and responsibilities. The staff had completed training to ensure that the care and support provided to people was safe and effective to meet their needs.

Checks in place for the safe management of medicines were not always being used correctly in order to identify any risks of people receiving medicines unsafely.

People and and/or their relatives praised the staff at Westbury Court for their kindness and compassion. People told us they felt staff living there and were treated with dignity and respect. Staff understood the needs of the people they were supporting. We observed care and support was provided in a considerate and patient manner.

Staff were knowledgeable about how to safeguard people in their care. They said they knew how to report any concerns and they were confident any concerns raised about safety would be taken seriously by the home manager. Staff understood the term whistleblowing and their responsibility to use this procedure to protect people in the home if they needed to.

People were supported to eat a balanced diet. There were arrangements for people to access specialist diets where required. People told us they could choose what they wanted to eat each mealtime. If they did not like what was on the menu then they could ask for an alternative. There were snacks and drinks available throughout the day during our inspection.

There were effective systems in place to reduce the risk and spread of infection. Staff we spoke with were clear about their responsibility in regard to infection control.

There were systems in place for monitoring the quality of care and support people received. Audits were completed by the home manager and senior management periodically throughout the year.

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?

This service was not always safe.

People's safety was promoted as staff knew how to recognise signs of potential abuse and knew how to report safeguarding concerns.

There were arrangements in place to ensure that staffing levels had the right mix of skills, knowledge and experience to meet people's individual needs.

There were systems in place to ensure that people received their medicines safely. However checks in place for the safe management of medicines were not always being used correctly in order to identify any risks of people receiving medicines unsafely.

Requires Improvement



Is the service effective?

This service was effective.

People were supported to maintain their physical and emotional health.

Appropriate referrals were made to other health care professionals.

People were supported to have their health needs met. People had access to sufficient food and drink throughout the day.

Staff and the registered manager understood the Deprivation of Liberty Safeguards (DoLS) and the requirements of the Mental Capacity Act 2005. They put this knowledge into practice to ensure people's rights and choices were respected.

Good



Is the service caring?

This service was caring.

We saw that staff showed concern for people's well-being. We observed staff seeking people's permission before undertaking any care or support. People's dignity and privacy was respected. We saw staff knocked on people's doors before entering their room.

Staff treated people with kindness and compassion acknowledging their preferences and choices.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes.

Good



Is the service responsive?

This service was not always responsive.

Requires Improvement



Summary of findings

We found that people's care and support plans did not always reflect people's current needs and identify how care and support should be provided. This meant that people could be at risk of inconsistent care and/or not receiving the care and support they need.

People were supported to take part in daily activities within the home.

There were procedures in place to respond to and investigate complaints. People and visiting relatives told us they knew how to raise their concerns.

Is the service well-led?

This service was well-led.

Staff continued to be pleased with the improvements the new manager was implementing. Staff we spoke with were happy and motivated in their work. They understood their role and what was expected of them.

People and their relatives were asked for their views about their care and support and these were acted on. Regular staff meetings took place and staff confirmed they were able to express their views.

Quality assurance processes were used to monitor the standard of service provided and to make improvements where required.

Good



Westbury Court

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 8 and 9 June 2015 and was unannounced. Two inspectors carried out this inspection. We carried out this inspection as a follow up from an inspection in December 2014 where we found the provider had not satisfied the legal requirements in the area of safe management of medicines. They wrote to us with an action plan of improvements that would be made.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR) as

the inspection was carried out in order to follow up on the previous inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people and their relatives, looking at documents that related to people's care and support and the management of the service. We reviewed a range of records which included ten care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with 11 people and six relatives about their views on the quality of the care and support being provided. During our inspection we spoke with the senior regional manager, the home manager, two nurses, two unit managers, six care workers, two night staff, an activities co-ordinator, three housekeeping staff, the chef and two kitchen assistants. We also spoke with a visiting health professional.

Is the service safe?

Our findings

At our last inspection the provider did not meet the legal requirements for the safe management of medicines. They wrote to us with an action plan of improvements that would be made. We found on this inspection the provider had taken steps to make the necessary improvements.

People's medicines were managed so that they received them safely. We observed parts of two medicines rounds and on both occasions the nurses were wearing red "Do not disturb" tabards in line with the provider's action plan and local policy. Staff were not interrupted and were able to focus on the administering the medicines safely.

Time critical medicines were now being given at the appropriate time, and staff were aware of when people were due to receive such medicines. One person using the service said "There used to be a problem with tablets not being given at the right time, it was a bit hit and miss, but it's much better now."

Transdermal patches which contained slow release pain relief were given on the correct day. People who were prescribed patches had location charts in their files which showed where patches had been positioned. All patch administrations had been signed for on the Medicine Administration Record (MAR) chart.

The provider had implemented a daily check, "The 10 point MARs check". This had been completed daily and nothing of note had been identified by staff. One of the checks related to ensuring that eye drops were dated on opening. This is to ensure drops are used as recommended by the manufacturer and are discarded after a specific period of time. In one of the medicine fridges there was an open bottle of eye drops which had not been marked with the date of opening. The prescription label was dated 02/04/15 and the bottle was more than half empty. The dispensing label informed staff to discard the eye drops after four weeks but it was not clear how long the bottle had been open for. This meant there was a risk the person was receiving out of date eye drops, which could in turn lead to ineffective treatment or an increased risk of infection. One tube of topical ointment had also not been dated when opened. Despite implementing the check, it was not always

being used correctly in order to identify any risks of people receiving medicines unsafely. We spoke with the home manager who confirmed they would look at this in the medicines audit.

The provider had undertaken medication audits with actions noted. All of these actions had been carried out. For example, photographs of people using the service had been updated at the front of the MAR charts to ensure a true likeness. However, it was not clear how these audits linked with the information within the 10 point MAR checks.

Medicines were reviewed by the GP when requested. For example, one person had been prescribed antibiotics for a chesty cough. There were clear body maps in people's care files informing staff where they should apply topical creams and these had been signed after they had been administered. Where people were receiving their medicines covertly, the provider's policy was followed correctly and the relevant documentation was in place. Covertly means when medicines are disguised or concealed when given to people. This may be because the person may be refusing essential medicines that if not taking would have a detrimental effect on their well-being.

Where assistance with medicines was given, this was done in a calm and gentle manner. Nurses informed people of the medicines they were due, and ensured a drink was provided to help them to swallow the tablets. People were not rushed and staff checked medicines had been taken before signing the MAR chart. When people refused medicines, the nurses gave gentle encouragement but did not force them to take it. The reasons for non-administration were recorded on the MAR chart.

Medicines were stored and disposed of in accordance with the provider's procedure.

The Clinical Lead, who was new in post, informed us they were planning to arrange a review of medicines for people with input from the GP and the pharmacist.

People and their relatives told us they or their relative felt safe and supported living at Westbury Court. Comments included "I have no worries about how staff treat me", "I feel my mum is safe here, it's the happiest she's been" and "If I have any worries I can chat to staff."

Staff were knowledgeable about safeguarding people in their care and knew how to report any concerns. All staff said they were confident that if they raised any concerns

Is the service safe?

about safety that these would be taken seriously by the registered manager. Staff understood the term whistle blowing and their responsibility to use this procedure to protect people in the home if they needed to. One staff member told us “If I felt uncomfortable about something I would go straight to the manager”.

Care plans identified risks to people’s health and welfare, for example falls prevention, risk of malnutrition and risk of pressure ulceration. Risk assessments were used to identify what action was required to reduce a risk and were completed with the aim of keeping people safe. Staff knew how to ensure people were assisted to move safely and were following guidance as detailed in the person’s risk assessment.

Staffing levels were determined according to the dependency levels of the people who used the service. Staff told us staffing levels had improved and that they felt there was sufficient staff to provide the care and support people needed. We looked at the home’s rota which indicated there was a consistent level of staff each day.

There were safe recruitment and selection processes in place to protect people receiving a service. All staff were subject to a formal interview in line with the provider’s recruitment policy. Records we looked at confirmed this. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. Records showed that references had been obtained and a check made with the Disclosure and Barring Service (DBS) before new staff started working. The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they are barred from working with vulnerable adults.

The home had a policy in place to promote good infection control. There were processes in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which was completed by housekeeping to ensure that areas of the home were appropriately cleaned. Staff used coloured coded mops and clothes for different areas of the home to help ensure cross contamination was minimised. We looked at a number of individual bedrooms and these were clean and well maintained.

A relative spoke with us to say their family member’s room was not very clean on that particular day. This was in the morning. When we went back to check on the afternoon we could see that the housekeeping staff had since been in and the room had been cleaned. We spoke with housekeeping staff about this. They explained that it was sometimes difficult to ensure the room was clean at all times. Once they had cleaned the room, then if staff identified there had been a problem they would go back and clean again.

We were told by staff that they had access to personal protective equipment (PPE) such as disposable gloves and aprons. Staff we spoke with were knowledgeable about the home’s infection control processes and described how they implemented it in practice. For example how they handled and transported soiled laundry. Training records reflected that staff had received training on infection control. This ensured staff followed the home’s infection control procedures.

We recommend that the provider seek to ensure that checks in place are used correctly to ensure risks of people receiving medicines unsafely are identified.

Is the service effective?

Our findings

People had access to food and drink throughout the day and staff supported them when required. People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, “I get plenty to eat and drink”, “The food here is lovely” and “The staff tell me what’s available every meal and I then choose what I want.” The chef explained that whilst there was a set menu each day, people could choose to have something different if they did not want the meals provided. One person told us they didn’t like the evening meal and so the kitchen staff asked them every day what they would prefer for supper.

People said they were offered enough to drink. However, two people said they were not always offered an evening drink. This issue had been raised at a recent residents’ meeting which the home manager was addressing.

We observed the lunchtime meal on one of the days of our inspection. People chose to either sit with others at the dining tables, in the lounge or they ate in their rooms. Lunch in the dining areas ran smoothly with people receiving their meals at the same time as the people they were sitting with. Staff told us if people changed their mind about their previous choice of food, they could have the alternative or something else. We saw people were provided with soft texture diets, thickened drinks and fortified food and that their weight was monitored by staff. We observed a lot of positive staff interaction with people during the lunchtime meal. People were offered drinks, including alcohol with their meals. Where assistance was needed, staff offered support in a reassuring and encouraging way. For example, one member of staff asked one person “Would you like some help cutting up your food? It might make it easier for you”.

We spoke with the chef and two kitchen assistants who told us they were given information about people’s dietary needs by the care staff and nurses and they had information in the kitchen about particular likes and dislikes. They explained that people had a choice of meals. They said if people did not like what was on the menu then they were able to request alternatives. The kitchen was clean and tidy and had appropriate colour coded resources to ensure that food was prepared in line with food handling guidance.

People were supported to maintain their physical health and had access to appropriate healthcare services. The GP visited twice a week and staff said they could request a visit on other days if required. Care plans showed that people were reviewed by other professionals that were involved in their care and that advice and guidance was sought appropriately, for example the local Parkinson’s Disease Nurse and the tissue viability nurse. During our inspection we spoke with a visiting health professional who said they felt the care and support being offered in the home had improved in recent months. They felt communication between the surgery and nursing staff had also improved. The clinical lead had implemented a comprehensive handover of information which supported the visiting GP to know who required a visit and why they needed to be seen by the GP.

Staff said they felt well trained and able to perform their roles correctly. The provider’s induction programme was robust and covered all areas of core training such as moving and handling, health and safety, fire safety and policies and procedures. Staff signed the provider’s induction booklet on completion and this was also countersigned by an assigned mentor to evidence that staff were deemed competent. There was an e-learning programme in place for staff to complete. E-learning is training completed on a computer with staff answering a series of questions relating to the training topic. Staff said they had completed dementia training and that palliative care training was being arranged for them in order to help them care for people during the last stages of life.

Previously to this manager being employed staff had not been receiving regular supervision sessions, however, the home manager showed us their supervision plan of meetings with staff for the coming year. Despite the lack of formal supervisions, staff said they felt well supported by the manager and that they were approachable and they were a visible presence throughout the home.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the

Is the service effective?

care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

Where required applications had been submitted by the provider to the local authority. Staff were able to discuss the Mental Capacity Act and how it linked with people's

ability to consent to their care. They understood how best interest decisions were made in line with legislation. Staff said they offered people choices, and we observed this happening throughout the inspection. For example, one person told us "I get up when I want to and I go to bed when I want to".

Is the service caring?

Our findings

People and/or their relatives told us that staff treated them with kindness and compassion. People living at the home spoke highly of the care and support received from staff and nurses. Comments included “The staff are lovely, really nice and kind”, “All staff are really good and give me help when I need it” and “The staff are very good, they treat me nicely.”

Staff were respectful, friendly and caring in their approach to people. People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. We observed staff consistently asking people’s permission before carrying out any personal care. We heard one member of staff ask a lady if it was “Ok” to “Freshen her up and change her clothes”. We heard the staff member explain they were just lowering the bed so they could wash the person, before doing so.

People told us that they could get up and go to bed when they chose. We observed one staff member responding to a person who was calling out. They knocked on the person’s door before entering. They asked the person if they needed anything as the person was shouting “Come on”. They explained that they were just going to help the person get washed and dressed and that they could then go down to the lounge. They checked with the person if this was ok. Once the person responded “Yes” they closed the door to ensure privacy.

People told us their relatives and friends were able to visit them at any time. During our inspection days we saw family

and friends of the people living in the home visiting at various times throughout the day. Relatives were able to prepare drinks for themselves and their family member using the kitchen facilities in the dining area.

Housekeeping and kitchen staff took an interest in what people were doing and chatted with them whilst they went about their work.

Staff were knowledgeable about the care and support people required. Staff took time to understand people. We observed one lady who on entering the dining area became anxious and said they were in pain. The staff member took the time to explain to the person that they had just seen the nurse who had given them some pain relief. They also explained it would take “a little while” before the medicine would take the pain away. They offered the person reassurance and then explained it was lunch time. This reassured the person and they were then happy to choose where they wanted to sit and eat.

Although staff were busy they did not rush people and responded when to people when they asked for assistance and support as quickly as they could. We saw staff supporting people to move around the home and this was done at the person’s pace. At all times staff chatted with people explaining what it was they were doing.

People’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas. They also said they could sit in the garden if they wished.

Is the service responsive?

Our findings

During our inspection we looked at 10 people's care and support plans and identified people's records were not always accurate and did not always contain information about how people wished to be supported. For example in one person's care plan it stated the person was non-compliant in taking their medicines and staff were to offer encouragement. There was no further information to detail what was meant by them being non-compliant i.e. frequency of refusal, what encouragement could be offered and what to do should the person refuse to take their medicine after encouragement. In another person's care plan whilst they were assessed as being low risk of choking it had noted a referral to the speech and language therapist was required. We could find no evidence of a referral and the referral was not mentioned in the monthly review after January of this year.

A relative we spoke with explained about a medical procedure their family member was required to have each year which they stated they had to remind the home about. On discussion with the nurse we could find no evidence of this procedure in the person's care and support plan to remind nurses that it needed to be carried out each year. This meant the person was at risk of not having this procedure carried out as required.

In another person's care plan, in their personal care section, it noted the person became emotionally upset whilst receiving personal care. There was no guidance on what support could be offered by staff during this time. There was also no mention of this person's anxiety or distress in the emotional needs section of their care plan.

Care plans did not contain information on people's preferences, likes or dislikes. When we asked staff how they knew about people's preferences they told us that each person had a 'My Journal' which documented this information. We looked at 17 of these journals and found only one to be completed.

Although reviews of care plans had been completed the plans were not easy to use and at times it was difficult for us to find the information we were looking for. For example, we looked at one person's emotional well-being section which in June 2014 noted they liked to have a cup of tea before bed. At each monthly review this information had not been transferred across. This meant that when we

looked at May 2015 there was no mention of this preference. It was also difficult to identify what changes had happened in this person's care plan and what information was actually being reviewed each month.

Care staff completed a daily record of the care people received and details about how people had spent their day. We looked at 10 people's records and found they did not give a clear and descriptive reference to the emotional well-being of the person and the actions staff had taken.

For example in one person's notes it was recorded that they had been 'violent' but did not state what this meant or the actions that had been taken to resolve the situation. On another occasion it stated the person had not liked receiving personal care but contained no detail of what they had not liked or any actions taken. A lack of recording which describes behaviours or actions taken may prevent staff sharing important information about the person's emotional well-being and what was done to support them. In the absence of this information people were at risk of not receiving timely and appropriate support.

We found that the registered person had not designed care and treatment plans to include people's preferences and accurate information to ensure their needs were met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

For those people requiring daily monitoring this information was held in a folder in their room for staff to complete each time the care task was completed. For example, some people had monitoring records for being repositioned to minimise their risk of pressure ulceration or for receiving personal care or having their food and fluid intake monitored. We reviewed 10 people's records and found recordings were consistently completed. For example, records showed when personal care had taken place and if the person had been turned. Staff told us they understood the importance of accuracy when completing the charts and knew their responsibility to do so. They said there had been recent training provided on documentation and that this had been useful.

The home had two activity co-ordinators who organised group activities throughout the week. They also offered people activities on an individual basis. Activities included wine and sherry mornings, seasonal arts and crafts, church services and reminiscing. The home manager and staff told us about a 'seaside day' they were having in June 2015.

Is the service responsive?

Some people who were too frail to attend a day trip had mentioned they missed visiting the seaside. With this in mind the home had decided to bring the seaside to them and the day had been organised. People told us they enjoyed the activities on offer. One person said “They always ask if I want to join in, it’s my choice whether to or not.”

There was a procedure in place which outlined how the provider would respond to complaints. People were given this information in their service user guide when they first arrived at the home. People and their relatives said they felt comfortable speaking with the manager or a member of staff regarding any concerns they may have.

Is the service well-led?

Our findings

There was a home manager in post who had submitted an application to become the registered manager. People and their relatives knew the manager well, saw them often and said they felt comfortable speaking with them. Staff told us the manager was approachable, valued their opinions and made them feel part of a team. They said they could easily raise any concerns with the manager and were confident issues would be addressed appropriately. Staff told us they felt supported in their role and did not have any concerns.

There was a strong team culture at Westbury Court. Staff were aware of the provider's values and there posters around the building reinforcing these. Staff had been provided with cards that highlighted the values and we observed the values being discussed at one of the daily meetings. Staff demonstrated a good understanding of what the service was trying to achieve for people. One staff member said "It's about keeping people independent and supporting and encouraging them to make choices."

Communication amongst staff was open and honest. One staff member said "It is so much better here now, the manager really listens to us", "I've seen so much positive change in the past few months and the residents are much more satisfied." Another staff member said "Things have improved dramatically here, it's so much better and we have real leadership".

Staff said they were proud to work for the provider and were proud of the care they provided. Comments included, "I love it here; the residents are like my extended family" and "I love working with all the staff, we're a great team and the residents are great."

Two members of staff said they had recently attended "Pace Setter" training from the provider. They described

this as them being identified as "An organisational champion in the home". Both said they had found it interesting and a positive experience having access to the provider's senior management team. They intended to cascade their knowledge to the rest of the team in the near future.

People and their family were regularly involved with the service and their feedback was sought by the provider and the home manager. Relative and resident meetings were held periodically throughout the year. During these meetings updates were provided and people were invited to make suggestions about how the service could be improved. The manager had implemented a 'You said, we did' book which was accessible to all people living at the home. The book included information of suggestions made by people and what the home had done to address them. For example, people had asked for a drinks station to be located in one of the corridors so that they could access cold drinks if they were in this area. We saw that this had been done and in the book there were pictures of the drinks station so that people could see that action had been taken.

The provider had systems in place to monitor the quality of the service and to help inform and plan improvements. This included audits which were carried out periodically throughout the year by the home manager and the senior regional manager. The audit documents we looked at covered areas such as equipment, safe medicines management, infection control, nutrition and accidents and incidents. The audits showed that were areas had been identified for improvement this had been put into an action plan. The person responsible for completing these actions was identified and dates when completed.

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
	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>We found that the registered person had not designed care and treatment plans to include people's preferences and accurate information to ensure their needs were met. (3) (b) (C)</p>