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The Westbourne Care Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 18 and 24 November 2015 and was unannounced.

The last inspection of this service was undertaken on 14 January 2014 where it was found to be compliant in all the areas looked at.

The Westbourne Care Home is registered to provide accommodation, nursing and personal care for up to 50 older people who may be living with dementia. The home is purpose built and is divided into two units, one on the ground and one on the first floor. The kitchen and laundry areas are on the second floor of the building together with a large room which is used as a base for staff training. There is an enclosed garden area and parking to the front of the building.

There was no registered manager at the service. The manager had been at the home for four weeks before our inspection having transferred from another of the provider's care homes where she was registered as

Summary of findings

manager. She had submitted her application to The Care Quality Commission (CQC) to become a registered manager of The Westbourne. A registered manager is a person who has registered with 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 2008 and associated Regulations about how the service is run.

Relatives and people living at the home were happy with the behaviours and standards of care provided by staff. We observed how staff spoke and interacted with people and found that they were supported with dignity and respect.

We found that all staff had an understanding of supporting people who lacked capacity with making choices in relation to everyday living. Care staff took appropriate actions to fully support people who lacked capacity to make their own decisions with regard to activities, dressing and choosing food.

The care and treatment people received was based on plans which focused on the person as an individual and contained information about their history, preferences and views. We saw that these plans were not very well organised and it was often difficult to find information. This would not enable any new member of staff reading them to have a good idea of what help and assistance someone needed at a particular time. The plans that we looked at were not being reviewed consistently and were not being updated following a change or a visit from another professional. However the manager had identified this and had commenced a review of all care plans.

People did not always experience care and support in a prompt manner when they asked for assistance due to low staffing levels. People were satisfied overall that the care and treatment they received met their needs and took into account their choices, likes and dislikes.

We found that most staff had received or had been identified to receive training by the end of January 2016 in relation to Mental Capacity. Senior staff had received training including the requirements of the Deprivation of Liberty Safeguards and the new manager had ensured that appropriate referrals had been made to the relevant regulator in respect of depriving people of their liberty.

Staff told us that they received regular training. However the manager had identified that some training necessary to fulfil their role had lapsed and had arranged refresher training so that they worked in line with current guidance and best practice.

Staff had not received structured supervision in line with the provider's policy. However this had been addressed and planned supervision was now in place for all staff who worked at the home.

Staff sought people's consent before they supported them with their care and the service followed legal requirements where people did not have capacity to make a particular decision.

Where people needed support to maintain a healthy diet, this was provided. However low staffing levels impaired staff to provide timely assistance to people who needed help with eating and drinking.

There was a caring friendly atmosphere in the home. People felt able to speak openly to both staff and the manager. The manager had identified actions to improve the quality of service provided and had quickly established a management style which was appreciated by staff. There was a system of internal checks and audits and quality surveys which were intended to let the manager monitor the quality of the service and identify improvements. These improvements to the service had commenced and feedback from people who used the service, their relatives and health and social care professionals was positive about the transparency and speedy actions taken by the newly appointed manager.

We found breaches 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.

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 not always safe.

Procedures in place did not always protect people against the risk of avoidable harm.

People were not always supported by sufficient numbers of staff.

People's medications were not always handled safely.

Requires improvement

Is the service effective?
The service was not always effective.

People were supported by staff with the necessary skills and knowledge however staff supervision was not always timely.

Care and treatment for people who were not able to consent did not always follow legal guidance to ensure decisions were made in their best interests.

Requires improvement

Is the service caring?
The service was caring.

There were caring relationships between people and the staff supporting them.

People's privacy, dignity and independence were respected.

Good

Is the service responsive?
The service was not always responsive.

People did not always receive prompt support.

People's care and treatment was not always planned and delivered in a way that treated them as individuals and met their needs.

The new manager had implemented procedures to ensure that the service responded to comments and complaints to improve the service.

Requires improvement

Is the service well-led?
The service was not always well led

The registered provider needed to develop its quality assurance systems to ensure the service was well led.

The manager had established an open caring atmosphere with an emphasis on team work and care which treated people as individuals.

Staff and people responded to the new manager's style. The manager had identified areas for improvement and was carrying out the necessary actions.

Requires improvement

Summary of findings

Systems were in place to monitor and improve the quality of the service provided.	

The 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 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 18 and 24 November 2015.The first day of the inspection was unannounced however we advised the manager that we would return on the second date. On the first day of the visit the inspection team comprised one adult social care inspection manager and three inspectors. The second visit was undertaken by two adult social care inspectors.

Before the inspection we reviewed information we had about the service including previous inspection reports, action plans and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us by law. We also spoke with the contract monitoring team from the local authority. As a consequence we identified the following concerns had been made;

1. Staffing levels were inadequate to meet the needs of the people who lived in the home.

2. Staff were working under extreme pressure and staff morale was low.

3. There was no stimulation for people who lived in the home.

4. Management of the home has been very poor and the ethos of the home has been to fill beds rather than provide needs led care.

5. Safeguarding.

We looked at these issues as part of the inspection.

We introduced ourselves to everyone living in The Westbourne and had lengthier conversations with ten of the people who lived in the home and four visiting relatives. We observed care and support people received in the shared area of the home. We used our Short Observational Framework for inspection (SOFI). SOFI is a way of observing care and support to help us understand the experience of people who could not talk with us. We spoke with the manager and her deputy, two nurses, nine care workers and kitchen and laundry staff. We also spoke with the area quality manager and a visiting health care professional.

We looked at care plans and associated records for eight people and medicine records for six people. We reviewed other records including the provider's internal checks and audits, training records, staff rotas, an organisational chart, the manager's action plan, records of meetings and staff supervisions and six staff recruitment records.

Requires improvement

Is the service safe?

Our findings

Relatives were not always confident that the levels of staffing meant that their family members were safe. One relative commented, "We just want enough staff here to keep my mum safe".

On the first day of our visit we were told that there were 47people living in the home. The ground floor was for people who required nursing care and the first floor was for people who required personal care only. However the manager told us that on the first floor five people had been reassessed as needing nursing care with a possible ten more who may also require nursing care. On the first day of our visit there was one nurse and nine care staff on duty between 8.00am and 8.00pm. This included one carer who worked solely on a one to one basis with a person who lived in the home. Night staff worked from 08.00pm until 08.00am and the rota showed that one nurse and four care staff were on duty plus the one to one carer. On the second day of our visit we noted that two nurses were on duty during the daytime with nine care staff plus the additional one to one carer. The manager told us that this was due to increasing dependency and occupancy of the home.

We saw that staff members were aware of individual needs but the relatives we spoke with stated that at times they had had concerns about how well their relative was cared for due to staff numbers. Comments included; "He's well looked after, there hasn't been enough carers. The staff are nice with him and I have no complaints about the staff, just the numbers. It has got better though", "I am concerned that when there are not enough carers my mum may not get assistance, it all comes down to staffing levels", "They (people who live in the home) often have to wait to be seen to".

Relatives were not always confident that their family members were being well looked after. They felt that the staff were caring and knew what they were doing, but that there were not enough members of staff. Comments included, "There hasn't been enough carers, but it has got better, if there's less than four then it's not good", "Sometimes we are not sure if my mum has been changed from morning until night as according to the records she hasn't", "At the weekends staff are often very stressed as there are not enough staff on".

Our observations during the inspection indicated that at times there were not enough staff on duty. We saw that staff were not readily available to assist a person who lived in the home when they were shouting from their room for assistance. Family members also told us that they felt that there should be more staff on duty and they commented on the use of agency carers.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the staff members that we spoke with acknowledged that there had been problems with staffing levels. The comments from staff members included, "Its better now there are four of us on duty, we can get things done now", "We're getting there now with staff numbers, there were not enough before", "It feels safe now and calmer". We spoke with the manager about the staff numbers and she acknowledged that when she began in post there were not enough staff on duty. She told us she had now recruited more staff and they were starting their employment within the home. On the second day of our visit, we observed that there was a new member of staff completing their induction.

The manager was very aware of the staffing shortage and told us that she had commenced a recruitment drive to alleviate the problem. We saw that four senior carers had applied to undertake training in the role of care practitioner. We were told that once the training was completed the staff would be able to offer more support to the nurses who worked in the home.

The staff spoken with confirmed that they had completed training in protecting vulnerable adults and that this was updated on a regular basis. They told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. One person said, "I would contact the line manager and sometimes you can avoid situations escalating between residents by considering other options like diversions". All members of staff we spoke with were familiar with the term 'whistleblowing' and said that they would report any concerns about poor practice to senior staff. One member of staff told us, "I feel confident reporting whistleblowing, I have done it in the past and this was acted upon".

Requires improvement

Is the service safe?

Records showed that prior to our inspection we had received a high level of safeguarding notifications relating to people who used the service. We spoke with the manager who told us that she had reviewed the process used by the home in respect of submitting safeguarding notifications and had noted that in the past some of the referrals made should have been addressed as care concerns. Records showed that since the manager's appointment all safeguarding concerns had been dealt with appropriately.

In the eight care plans that we looked at some of the risk assessments and areas of the care plan had not been reviewed for a number of months. Relevant risk assessments, for example regarding falls, medicines and nutrition were kept within the care plan folder. We spoke with the manager and staff about this and they had identified themselves that a number of improvements were needed within the care plans. One care file stated "Staff need to be aware of X whereabouts at all times" however we observed that this was not always possible due to the staffing levels. The manager had put an action plan in place to address this issue and was in the process of executing this plan.

We saw that if accidents and incidents did occur the manager had put systems in place for staff to complete a standard form which was reviewed and followed up. Steps were taken to prevent the same thing happening again, and follow up actions were recorded. We saw records which identified that analysis of accidents and incidents were completed on a monthly basis including monthly totals, timing statistics and severity of injury.

From our observations, we found that permanent staff members knew the people they were supporting well. However, comments from family members included, "The [regular] staff know my mum's tea preferences but the agency staff have no idea." We spoke with the manager who told us that the home had used agency staff in the past. However records showed that since her recent appointment as manager she had interviewed and appointed permanent staff so that agency staff would no longer be needed.

We discussed the provider's recruitment processes with the manager and found them to be robust. Records showed that the necessary checks were made in all of the six staff files looked at including candidates' identity, previous employment, qualifications and suitability to work in a care setting.

We observed staff administering medicines during our inspection and this was done in a safe and courteous manner. A member of staff told us that new medicines prescribed were discussed at handover so that staff would be aware of why they were used and any potential side effects of the medicines.

We saw that staff specimen signatures were available in line with the provider's medicines policy. A photograph of each person who received medicines was provided on the medicines record to confirm their identity. The home's own records showed that medicines were stored appropriately and kept at temperatures in accordance with manufacturers' recommendations.

Medicines had usually been counted and the number recorded on receipt into the home. However we saw many instances where nurses had handwritten instructions regarding the prescription and these were not countersigned by a second member of staff. We saw one example where the handwritten instructions were not clear and were not the same as the instructions written on box containing the medicine. This meant there was a risk that people would not be given the correct dose of their medicines.

Some people were prescribed a medicine 'when required'; there were guidelines (protocols) to help staff give these medicines in the way the doctor intended. Creams and ointments for topical application were kept safely but the record of their administration was inaccurate. The nurses made entries on the medicine administration records (MAR) indicating that a carer had applied any prescribed creams. However, there was no system in place to clearly identify and confirm that this task had been carried out by the carers.

We noted that medicines records were not always consistent with the amount of medicines given. Examination of these records identified a number of discrepancies such as number of tablets signed for as given did not correspond with the tablets missing from the pack.

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

Requires improvement

Is the service safe?

Discussions with the manager identified that medication audits should have been undertaken and any issues dealt with accordingly. However she told us that since her appointment to the home, four weeks before our visit, she had not yet undertaken a medication audit. She did however check the medicines when we told her of the discrepancies and was able to provide information about the issues raised.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. We observed that there was specialist equipment available, for instance cushions to reduce the likelihood of pressure sores. There was a tactile board with bolt and handles on the ground floor corridor. Tactile boards can be used to distract and calm a person who may have become agitated or frustrated.

We saw that maintenance staff had a clear guidebook in order to ensure that regular safety checks were being carried out, for instance, fire safety checks, bed rails and other safety equipment. The records showed that these were being carried out on a regular basis and clear records were available of all these checks.

Requires improvement

Is the service effective?

Our findings

One person told us that they would recommend The Westbourne to anyone. They said "Staff are very willing to accommodate your needs. If you don't like a particular meal they will try and put on an alternative. The staff here know exactly what they are doing".

We spoke with a member of staff who was on induction, who confirmed that they had completed e-learning and were about to undertake moving and handling and fire safety training. They advised that they were shadowing and observing that day and were likely to do this for a few more shifts before starting work as a carer. The staff member told us, "I can do shadowing until I feel comfortable starting work, but I have done this kind of work before so want to get started".

We asked nine staff members about their training and they confirmed that they had received regular training and they said that most of their training was up to date. One member of staff told us that a lot of the training was e-learning, which they did not feel was the best way in which they learned and understood things. Staff said that the new manager had already met with them and discussed the new staff training plan for 2016, which they said included lots of refresher training and the opportunity to develop more skills in areas of their choice. We looked at the training matrix which confirmed this. Records showed that all nursing staff received ongoing training to fulfil their continuous personal development. This included training in catheterisation and regular updates provided by Macclesfield and East Cheshire NHS Trust.

The staff members that we spoke with advised that they had not had regular support and supervision. One staff member commented, "I think my last supervision was about 12 months ago. Before the new manager started, I had no-one to turn to for advice or guidance, but we can talk with [the new manager]. I know that I will get supervision with the new manager but they have not been here long". Other comments included "I have had supervision but not on a regular basis. The new manager has already spoken with us about this and we are all going to have supervision with her or with a senior" and "She [manager] seems to know what the problems are in here. She is very direct and tells us what is wrong and what needs doing. Supervision is one thing she has sorted. She seems fine, we trust her".

During our visit we saw that staff took time to ensure that they were fully engaged with each person and checked that they had understood before carrying out tasks with them. Each time we saw that staff explained what they needed or intended to do and asked if it was alright rather than assuming consent. They allowed people the time to respond and respected that it may take people longer to respond. We observed a number of different staff using hoists to re-position people at various points throughout our inspection. Each time, we saw that the staff members took their time, did not rush the person, reassured them throughout if they were becoming anxious and spoke to them throughout the entire time that they were using the hoist. This was carried out in a dignified and respectful way.

We asked relatives if they had been involved in formulating the care plan. One relative did not recall being asked or involved at all, where another commented, "We were initially involved and the staff do make us aware of any changes to my mother's care".

We found that in the eight care plans that we looked at, where required and appropriate, Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person dies in a dignified and peaceful manner. In the eight care records we looked at, where required and appropriate, DNACPR forms were in place, where either an advanced decision had been made by a person who lived at the home when they had capacity or by a relevant healthcare professional, if the person lacked capacity to make this decision. DNACPR forms contained information about the person's condition and reasons why CPR would not be attempted. These forms also contained dates the forms were completed and reviewed and had signatures of relevant professionals and relatives who had been involved in the decision, and were signed by the GPs.

Because the care files were disorganised it was not always easy to identify when and why visits from health care professionals had taken place, such as GPs, speech therapists and dieticians. We noted that the care plans had not in all cases been updated to reflect these visits. One relative we spoke with said, "The GP comes in once a week and in between if needed".

Requires improvement

Is the service effective?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

Three of the six staff members we spoke with had received training on DoLS and MCA and understood the nature of DoLS. A qualified nurse told us they were able to complete mental capacity assessments and would involve social workers and a visiting psychologist where necessary when a best interest's decision was needed. We noted that the new staff training plan held details of the DoLS and MCA training which would be undertaken by all staff in the near future.

The care plans that we looked at made reference to people having had a mental capacity assessment and being subject to DoLS, and whilst we could see evidence of the mental capacity assessment having being carried out, there was no paperwork to suggest that a best interests assessment or DoLS application had been submitted. On another plan, we saw that a person had restrictions placed upon their liberty and movement and there was no paperwork to support how the decision had been reached to restrict this person and whether this had been considered following the correct procedure. The manager told us she was aware of the lack of information in this area due to her being unable to access past records on the providers computer system and as a consequence she had made contact with the appropriate local authority staff to obtain all necessary information about DoLS applications and authorisation. On the second day of our visit we saw that some information had been received in respect of DoLS and details had been transferred to people's care records. We saw records that showed that the manager had made contact with the local authority to ensure appropriate DoLS applications had been made. We also saw a DoLS authorisation had been obtained which ensured that an Advocate from Age UK was legally entitled to meet with a person who lived in the home. We saw that one person who had recently been deprived of their liberty had been reviewed and as a consequence a new DoLs assessment had been requested. This showed that staff had understanding of the process involved with establishing and maintaining people's best interests.

We saw that the dining rooms had the menu displayed on the wall, which was in very small print and not easy to read. The menus included two choices for lunch and evening. When we spoke to staff members, they advised that the people who lived in the home could not often remember what they had chosen for their meals and therefore they would offer people one of the choices and if they did not like this, they would offer an alternative.

We observed the lunchtime in the downstairs unit on both days of the inspection and saw that people were being offered alternatives if they did not appear to be enjoying or eating very much of their meal. Staff were very pro-active in ensuring people were offered different options. The food looked tasty and appetising and the people who required a soft food diet had food that had been pureed individually in order to preserve the individual tastes of the food.

We noted that whilst the food was hot when it was brought down to the dining room, it was then placed on a trolley which was not heated. We observed that a number of meals were not served immediately as there were not enough staff to assist all the people that needed help to eat and therefore some of the meals were cold by the time that there was a staff member available to assist. We observed that due to staff numbers, they were unable to prompt and engage with all the people eating and these people ate very little. We saw the people who needed support were assisted by staff members in a patient and unhurried manner. The staff were encouraging people to eat and offering different options in order to ensure that people were happy with their meal. One person became upset whilst they were eating and the staff member reassured them and sat with them until they were ready to eat. The interaction was very warm and caring. One person who lived in the home said that mealtimes were a nightmare. They said a lot of people wandered around and the food was awful. However during our visits and observations we did not observe this.

We saw that staff used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. There was some evidence that they monitored people's weights, to identify whether people were losing or

Requires improvement

Is the service effective?

gaining weight inappropriately. However, in the care plans that we looked at, this was not being consistently recorded or reviewed and it was not clearly recorded what action had been taken where a significant change had occurred with someone's weight. This indicated that people's weights were not consistently monitored and managed.

This is a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff offered people drinks at different times during the day and they were aware of individual people's preferences and choices in this respect.

A tour of the premises was undertaken; this included all the communal areas including the lounges and dining areas along with bedrooms with people's consent. We saw pictures of former film stars displayed along the hallways and cricket and football collages. The home was well maintained and there was appropriate signage to the bathrooms and communal areas. We noted that most of the bedroom doors had names and photographs to help people identify their room.

Good

Is the service caring?

Our findings

We asked the people living in and visiting The Westbourne about the home and the staff members working there. Comments included, "I get along with them all" and "The chief carer is excellent, I can talk to them about anything". A visiting relative said, "He's well-looked after" and "Staff here are kind and lovely".

During our inspection we observed a number of relatives visiting and it was evident that family members were encouraged to spend as much time as they wished with their family member.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs although not always in a timely manner. All the staff members we spoke with acknowledged that the staffing numbers had been low and this had made it difficult to do their job properly, however they were all very positive about working in the home and we observed very positive relationships with the people living there. One staff member said "We were all looking for other jobs; we really care about the people here but felt under pressure all the time and therefore could not give them the time they deserve. However our new manager has made a great impact already. She really cares about the people who live here and the staff as well. We can feel the difference in the atmosphere already".

We saw that the relationships between the people living in the home and the staff supporting them were respectful, warm, dignified and with plenty of smiles and hugs where appropriate. Everyone in the service looked relaxed, happy and comfortable with the staff and vice versa. During the inspection we saw that staff were interacting well with people in order to ensure that they received the care and support they needed. We observed staff members use a dignified approach to people, for instance when someone was agitated in the lounge area they ensured that their clothing was appropriately positioned in order to preserve their dignity before assisting the person to get out of their chair and walk about. We saw another staff member communicating with a person who lived in the home who was confused about what was happening. The person appeared to have hearing difficulties. The staff member took out a pen and paper to write and explain to the person what was happening, which helped the person's understanding and made them more settled. The staff were patient with the people living in the service and took their time to understand what was bothering the person and ensure that they were settled and happy before leaving them to deal with another task. We saw that people were provided with personal care in their bedrooms. Doors were closed and we overheard conversations such as staff asking people what they wanted staff to do next and explaining what they were doing. We heard a staff member say "There is no hurry. You can slow down if you like, take your time".

We observed that the people living in the home looked clean and well cared for. For example, most of the female residents looked as if they had had their hair washed and styled and many had had their nails manicured.

The quality of the décor, fittings and furnishing provided people with a clean and comfortable environment to live in. The bedrooms seen during the visit were all personalised, comfortable, well-furnished and clean.

We noted on the ground floor that personal information about people was kept in an open office and not securely stored. As there were a number of people and visitors walking along this corridor, people could not be confident that information stored about them was kept confidentially. We discussed this with the manager who dealt with this issue with immediate effect.

Requires improvement

Is the service responsive?

Our findings

Comments from people who lived in the home included, "I am bored. The activities that go on here don't interest me, although there is a nice lady who comes to the home each week with a dog, that's nice. The staff try very hard to do activities but they are always very busy" and "Staff understand my needs and help me to get up and go to bed when I want. I don't like activities as I like TV and the staff know this". Comments from family members included, "The [regular] staff know my mum's tea preferences but the agency staff have no idea" and "They do take on board when you suggest things, for example we asked if instead of TV being on all day they could have music on sometimes and they have done that".

From our observations, we found that staff members knew the people they were supporting well. Although people were satisfied that the care and support they received generally met their needs, some were dissatisfied with the time it took for staff to respond to their requests for assistance. Others told us of minor examples of care and support not reflecting their preferences or needs at the time. One person said "Sometimes when I want to go to the toilet there are no staff around to help me" and another person said "Carers are wonderful but sometimes we have to wait our turn to be assisted". During our visits we noted that staff were able to generally respond to people's needs although sometimes not as quickly as they would have liked.

We looked at the pre-admission paperwork that had been completed for people currently living at the home and could see that assessments had been completed. We noted that they were not always dated.

We asked staff members about several people's choices, likes and dislikes and the staff we spoke to were very knowledgeable about the people that they were caring for and the care that they needed. The staff knowledge was not always reflected fully within the care plans. We saw that in some care files, some areas of the plans were personalised and reflected the needs of the individual including their wishes for end of life. However we found that the care plans were not very well organised and it was often difficult to find information. This would not enable any member of staff reading them to have a good idea of what help and assistance someone needed at a particular time.

One person had been admitted to the home in September but only had one care plan regarding maintaining a safe environment written a week after they came to the home. There were no other care plans in place for this person and a full assessment of all their needs had still to be completed.

The plans for other people that we looked at were not being reviewed consistently and were not being updated following a change or a visit from another professional. For example, it had been noted that there was a significant decrease in someone's weight and it was recommended that the person see the GP. There was no record on file of a GP visit and the care plan had not been updated since the weight had been taken. Another care plan highlighted the person needed regular blood pressure checks, but these had not been completed for some weeks. When we spoke with staff, they advised that this had only been in place for a short period and was no longer needed; however the care plan had not been updated to reflect this change. This meant that actions stated as being required in people's care plans were not always being carried out in practice.

This was a breach of regulation 9 and a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some of the eight care plans we looked at contained relevant information regarding background history to ensure that the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, their previous occupation, people who mattered to them and their preferred social activities.

We spoke with staff and the manager in relation to the information contained in the care plans. The members of staff that we spoke with also struggled to find the relevant information and acknowledged that in some of the files certain information was not there. They advised that the service had been without adequate management and staff for some months which had meant that it was difficult to find the time to update the care plans. The manager and staff acknowledged that they had identified that these needed to improve. The manager was completing detailed audits of all the care plans and was putting in place a standardised format for staff to follow in order that all the files were in the same order, making it easier to find information and follow. A deputy manager had recently been appointed and he was beginning to implement and review all the care files in order to make these

Requires improvement

Is the service responsive?

improvements. The manager advised that now they had more staff, they were implementing a key worker system which meant that there would be much greater attention and responsibility on different members of staff to ensure that records were kept up to date.

The home had recently employed an activities co-ordinator and they had started in post a few days prior to our inspection. Their job was to help plan and organise social and other events for people. Since there had not been an activities co-ordinator in post, the programme of events that we saw displayed in the home was out of date. One relative commented that there were no activities to stimulate people living on the ground floor.

The activities co-ordinator had plans to introduce activities into the home and was developing a plan alongside the manager. On the second day of our visit, we observed the activities co-ordinator speaking with people about the choice of music being played in the ground floor lounge and also sitting with someone and giving her a manicure. On the second day of our visit we spoke with the activities co-ordinator about their activity programme. They told us that current planned events were around the Christmas theme making decorations, planning for parties and games. We were told that future activities would include memory boxes, reminiscence and gentle exercise. On the second day of our visit we saw that an activities programme was in place for the rest of November. Although plans were being put in place to develop the range of activities on offer we will review again how people's social care needs are being met at our next inspection. The arrangements until now have not met individual needs and have demonstrated a **further breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw that records were kept which showed how people responded to treatment for pressure ulcers and other wounds. We noted that food and fluid charts were also in place however staff told us that they were completed after everyone had eaten their meals and not contemporaneously. We discussed this with staff and highlighted the fact that there must be some doubt as to how accurate these notes were as it relied upon the staff' s memory of who had what and when. Staff told us that they were aware of good practice in this area but because of staff shortages they had completed the charts after the event.

The home had a complaints policy. We saw this displayed in the reception area of the home. We asked people whether or not they had ever made a complaint and if so how this was acted upon. One relative stated they had raised a concern and said, "I was happy with the way it was dealt with as I was able to tell the manager what I felt". We asked relatives what they would do if they felt that they did want to make a complaint. They all stated that they had raised concerns in the past and felt that these had not been acted upon, however they all consistently said that since the new manager had been in post, they had been able to speak about concerns openly and everyone was confident that their complaint would now be dealt with appropriately.

Requires improvement

Is the service well-led?

Our findings

There was a manager in place who had recently started at the home. At the time of our inspection, they were in the process of making an application to CQC to become the registered manager of this service.

Prior to our inspection we had received concerns from various sources about the staff and services provided by the home.

We spoke with the recently appointed home manager who advised that she had been in post for five weeks and had identified a number of issues which she had started to address. She told us that whilst some issues had also been picked up by the provider's quality assurance processes not all had fully been identified. She said that there had been a number of changes of management in the past year which could explain the shortfall. Whilst we noted that some improvements had recently been made to the home we would need to see evidence that the improvements the new manager had made were effective and sustainable.

All the staff and relatives that we spoke to regarding the current manager were positive and optimistic about the changes that the manager was implementing in the home. Comments regarding the current manager included; "I feel listened to. She has said all the right things in terms of getting the right number of staff in and she is easy to talk to", "I feel that I can approach this manager if I have any worries", "I feel confident now we have a new manager that things will get done", "The first thing the new manager did was make sure she was visible in her office and she is open and honest", "It's changed around since the new manager has been in post", "The manager has taken notice and now we have four staff it's a lot better, it makes such a difference".

Staff and people living in the home told us that residents' and relatives' meetings were held by the manager. The new manager had yet to hold one with the relatives but we saw signs clearly displayed showing when the next one was to be held. We also saw the minutes from the last two relatives' meetings displayed on a notice board in the reception area. A relative of a person who lived in the home told us that the last residents' meetings was very volatile with people speaking their mind about staffing issues and lack of leadership. They said that they were impressed with the new manager who appears to be 'getting things done'.

Visiting professionals told us that they had noticed great improvements to the service since the new manager had been in place. Comments included "Honest, transparent, knows what she is doing, cares about the services provided and the people who use them, has identified the problems and will deal with them quickly and effectively".

In order to gather feedback about the service being provided, we saw a suggestion box in the reception area for people to post their comments.

The manager was in the process of sending out a survey to visiting professionals to gain their views of the home. This is completed once a year and is then returned to the provider's quality assurance manager. The provider also commissions Ipsos Mori to complete a resident survey. This was completed prior to the manager starting at the home. We saw a copy of the last two surveys and noted that 16 surveys were completed for year 2014 and eight for 2015. Most of the comments were positive. The provider also had an online staff survey that was completed in October. Because of access to IT difficulties we were unable to look at the outcome of this survey.

The Westbourne adhered to the provider's own internal quality assurance system. This included audits on areas such as accidents and incidents, safeguarding and infection control. The manager was also required to report each month to the quality assurance manager employed by the provider. They met monthly and went through previous action plans, current issues and areas to be addressed in the future. We were able to speak with the Quality Assurance Manager and look through samples of the monthly meeting notes. We could see that the manager was carrying out regular audits and we saw that the manager was working through the issues that they had identified needed improvements. For instance, they had identified that the care plans were not being reviewed and did not always capture the correct information. Staff were working through the issues that had been identified on the care plans. The manager felt that the quality assurance systems were very thorough and advised that the managers were encouraged to comment on any policies and procedures that were being updated or introduced.

In addition to the above there were also a number of maintenance checks being carried out weekly and

Requires improvement

Is the service well-led?

monthly. These included checks on call bells, room temperatures, window restrictors, hoists and slings, fire alarms and medical equipment. We saw fire action information clearly displayed in the reception area.

Staff members we spoke with had a good understanding of their roles and responsibilities and were very positive about how the home was now being managed. They were confident that significant changes had taken place since the new manager had been in post in a short space of time which meant that they were confident and positive about the quality of care being provided now. Throughout the inspection we observed them interacting with one another in a professional manner. We asked members of staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns they had. They all said they could raise any issues and discuss them openly now with the team and the manager. Comments from staff we spoke to included, “The manager is responsive, everything we raise they are taking action on” and “We can approach management now”.

The staff members told us that they had had two staff meetings since the new manager had been in post and these enabled staff and managers to share concerns. Staff commented on how the manager had been open and honest at this meeting about the challenges they faced and how they needed to work together to address these. Staff appreciated this approach. We looked at the minutes and saw that the meetings were well structured and very well attended. Agenda items included care issues such as new updated training plan, raising awareness and understanding of dementia, mental capacity, health and safety, policy awareness, staffing issues, brand values and quality.

During our inspection, we repeatedly requested folders and documentation for examination. They were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively. The exception to this were the care files, however the manager had a programme in place and had identified prior to our visit that this was an area for improvement.

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
	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care plans were not reviewed to reflect the monitoring and reviewing of care. Activities were not arranged to reflect people's hobbies and interests.

Regulated activity	Regulation
	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Actions stated as being required in people's care plans were not always being carried out in practice. People's weights were not consistently monitored and managed. Medicines records were not always consistent with the amount of medicines given.

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were insufficient numbers of staff to provide safe care to the people living in the home.