

# New Century Care (Borough Green) Limited

# Westbank Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

About the service:

Westbank Care Home provides accommodation along with nursing and personal care for up to 40 older people, some of whom were living with dementia. Accommodation is provided over one floor in a large purpose-built building located in a residential area. At the time of the inspection there were 34 people living at the home. People had access to a large communal lounge, dining room and beautiful gardens to enjoy.

People's experience of using this service:

Whilst the registered manager had created an open and positive culture and knew people well, further work is required to improve person-centred care to ensure people's history, likes and dislikes are recorded. Activities needed to be further embedded to ensure that they were available to everyone living at the home and that people who chose to spend time alone were not at risk of social isolation. Further work was needed to improve the environment for people living with dementia, to enable them to live as independently as possible and ensure staff had access to the right training in dementia to support people.

A relative told us, "I think this is a happy place to be and I am very content with the way mum is treated and looked after. We are happy with the building and environment. The gardens are beautiful. It's like walking into a hotel and it ticks all the boxes."

People told us they felt safe and knew who to contact if they had any concerns. Systems supported people to stay safe and reduced the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There was enough staff to support people safely and the registered manager had safe recruitment procedures and processes in place.

Staff were trained in administering medicines. People knew what their medication was for and told us they felt reassured by the support with their medicines. People were protected by the prevention and control of infection. Staff wore gloves and aprons when supporting people.

People were supported to maintain their health and had support to access health care services when they needed to. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received kind and compassionate care. People and relatives told us staff treated them with kindness and we observed friendly interactions throughout the inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published on 3 July 2017).

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always Well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

# Westbank Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This comprehensive inspection was carried out over one day by two inspectors.

#### Service and service type:

Westbank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was unannounced.

#### What we did before inspection:

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection:

We spoke with ten people who use the service, four relatives and nine members of staff, including the registered manager, nurses, senior care workers, care workers and the maintenance person.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from local authority social workers about their experiences of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection we made a recommendation to ensure systems were in place to check the operation and settings for pressure relieving air mattresses. At this inspection we found that improvements had been made to check pressure mattresses on a daily basis and increase staff understanding in this area to keep people safe.

- Risk assessments gave guidance to staff on how to support the person to manage and reduce any risks. For example, we found clear guidance on how to support people with their mobility and particular conditions, such as Parkinson's and pressure sores.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Scheduled checks of the premises were carried out to ensure that ongoing maintenance issues were identified and resolved. This included, electrical wiring, appliances and fire safety, and staff knew what action to take in the event of a fire.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and systems were in place to ensure staff had the right guidance to keep people safe from harm. One person told us, "I feel safe the staff are very good here."
- Staff received safeguarding training, they knew how to recognise potential signs of abuse and how to raise concerns to the local authority in line with the provider's policies and procedures. One member of staff told us, "We have safeguarding training and we are here to protect people."

### Staffing and recruitment

- The registered manager reviewed and assessed staffing levels using a dependency tool based on the needs of people. We observed sufficient numbers of staff to keep people safe and staffing rotas confirmed this. One relative told us, "Always seem to be plenty of staff, you are greeted when you arrive and if you ask for someone to help sit mum up or if she needs anything, staff respond straight away and are really caring towards her."
- The home used agency staff to cover staff shortages such as annual leave and sickness.
- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols. Staff recruitment folders included employment history checks, suitable references and appropriate checks, such as Disclosure and Barring Service (DBS), to ensure potential staff were safe to work within the health and social care sector.

### Using medicines safely

- Staff followed policies and procedures to support the safe storage, administration and disposal of

medicines. There was guidance for administering 'as and when required' PRN medicines. A relative told us, "They are really good with PRN meds. The nurses take the time to observe mum to look for nonverbal signs if she is in pain as she can't communicate to staff that well. They make sure she's comfortable and that's so reassuring."

- Staff received regular training and competency assessments were carried out to ensure their practice remained safe.
- We observed a member of staff administering medication safely.

#### Preventing and controlling infection

- People were protected from the risk of infection. People told us staff always used personal protective equipment (PPE) such as gloves and aprons and we observed this in practice. One person told us, "The home is very clean, they are always neurotic about cleaning."
- Staff had training in infection prevention and control and information was readily available in relation to cleaning products and processes.
- Staff confirmed that they had infection control and food hygiene training.

#### Learning lessons when things go wrong

- Systems were in place to record and identify lessons learned and improvements were made when things went wrong.
- The registered manager analysed accidents and incidents, including near misses, on a monthly basis to identify any emerging patterns, trends and learning. For example, falls and errors with medication.
- Relatives told us they are always kept up to date if something has gone wrong.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out a pre-assessment before people moved into the home and care was delivered in line with best practice guidance. The assessment process helped to form the person's care plan and to understand their care and support needs. Care plans were further developed as staff got to know people better.
- Care plans confirmed that people, their relatives and professionals (where possible) were involved in this process and that people consented to care and treatment. One relative told us, "When Mum moved in we sat with them and went through all her needs. After a month they went through it with us again to fully develop the care plan and we've just recently sat with a nurse to read through bits. We are involved throughout, from start to finish and so is Mum."
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. Staff had a good understanding of equality and diversity. This was reinforced through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience

- Staff received training in a range of areas including face to face and on-line. Training records were kept up to date and staff told us, they thought there was enough training available. Nursing staff kept up to date with changes in clinical practice and undertook relevant training to maintain their registration with the nursing and midwifery council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK.
- Staff completed an induction when they started working at the home. The registered manager told us, "New staff complete a 12-week induction programme on-line, with a few face to face sessions. In addition to the training the home has a competency booklet which new staff go through with a senior member of staff, this is then signed off by a registered nurse. This is comprehensive covering all aspects of care including the softer skills needed to support people."
- Staff received regular supervision and appraisals and staff told us they felt supported by the registered manager and their colleagues. Staff told us there was an open-door policy to discuss concerns with the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a healthy balanced diet to meet their individual needs and preferences. People's weight was monitored on a regular basis and where appropriate, people were referred to dieticians for advice and guidance.
- People were given a choice of food at mealtimes and alternatives were available. In the main people told us they enjoyed the food. One person told us, "My tummy loves everything." The chef and staff understood

people's dietary requirements and preferences and were aware of special diets such as those in need of a diabetic diet, soft foods, gluten free and those who were vegetarian.

- We observed the lunchtime experience and found it to be very sociable. The food was presented nicely and smelt lovely. Staff were trained in food hygiene and safety and the home had received a 5-star rating from the Food Hygiene Standards Agency, which is the highest rating.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other agencies to provide people with timely care. On the day of inspection, a local optician was visiting the home to check people's eyesight.

- People's everyday health needs were overseen by staff who accessed support from a range of health and social care professionals such as GPs, social workers, dieticians and a chiropodist. People's needs were continuously reviewed, and the GP was contacted if there were concerns about people's health such as a chest infection. One person said, "I've been out to the doctors today in a car."

- People's oral health care needs were assessed, and staff supported people with their oral care.

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

- The environment continued to meet people's needs. The home had wide corridors which meant there was sufficient room for people to move around safely with their mobility aids.

- The home had a nice, welcoming atmosphere with a garden for people to enjoy. People had spaces to spend time together, be with family and friends or enjoy time alone.

- People's bedrooms were personalised to people's individual taste with their own possessions.

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

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 receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.

- People's care records documented whether they had capacity to consent to specific aspects of their care. When best interest decisions had been made, the decision-making process had been recorded to ensure people rights were upheld.

- Staff received MCA training and understood the relevant consent and decision-making requirements of this legislation. We observed staff giving people choice and giving people time to respond.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and were positive about the caring attitude of staff. A relative said, "Staff are kind and caring and some have been here for a long time. Staff know mum well and make sure she has a little tippie in her room."
- Staff had developed positive relationships with people and we observed friendly and warm interactions between the staff and people. Staff spoke affectionately about the people they supported and knew people well, which supported them to meet their needs. One person told us, "Staff walk past and always pop in to check. I like it that they pop in If I need anything I just shout, and they come."
- Staff had an understanding of equality, diversity and human rights and people's differences were respected. People were supported to observe their faith and attend church services." One member of staff told us, "Every individual is different and has their own beliefs and preferences. For example, some people may prefer a female care to a male carer. Need to respect their needs and wishes."

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

- People were able to express their views and were actively involved in making decisions about their care, support and treatment, through reviews and daily interactions.
- Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff has a good understanding of promoting people's dignity. A relative told us, "Mum has a few shawls and staff make sure she is colour coordinated and rotate the shawls with her nightie, so she looks nice. The hairdresser is amazing, mum used to work in the fashion industry and having her hair looking nice has always been important to her, the hairdresser does her hair and it really boosted her spirits."
- We observed staff knocking on people's doors and being respectful. One member of staff told us, "I always ensure the door and curtains are closed and make sure they are covered up. I encourage people to do as much as possible for themselves such as washing their face."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Outstanding. At this inspection this key question has been rated as Good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the previous inspection the service was rated as Outstanding due to the homes creative approach to engagement with the local community and involving local primary and secondary schools. The home had developed a strategy for dementia in line with the 'Dementia Care and Support Compact' which included the development of dementia champions and making improvements to the environment. They had also developed a 'step down' unit to rehabilitate people from short-term illness/injury to transition back home. This project has now discontinued since the last inspection. At this inspection we found activities and work around dementia identified in the previous inspection had not been sustained to meet the Outstanding rating at this time.

- People were supported to maintain relationships with those important to them and relatives told us they were made to feel welcome at home. The service had Wi-Fi and people had access to mobile phones and a telephone to keep in contact with friends and family.
- Activities for people were offered seven days a week and people had opportunities to join in with music sessions, arts and craft and enjoyed outside entertainers visiting such as pet therapy and musicians. On the day of inspection, we observed people having their hair done by the hairdresser, a visit from Murphy the dog and making Christmas cards in the afternoon.
- People told us they generally had enough to do in the day. One person said, "I enjoy the quizzes and films shows." The activities coordinator told us, "We celebrate birthdays and special events for example, we had a themed Wimbledon week, with Pimm's and strawberries and played balloon tennis." The home continued to engage with local schools and nurseries. Children visited regularly, and young people from secondary school undertook work experience at the home.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and were able to deliver personalised care that was responsive to their needs. People's care plans included information about people's physical, mental and emotional needs to support staff in knowing the person.
- People their relatives and professionals, where appropriate, were involved in developing and reviewing care plans.
- Changes in people's health or care needs were quickly communicated and updated in their care plans and through daily handovers with staff. One relative told us, "Staff pick up on little changes and report it to the nurse, they do what they need to do."

## Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans if appropriate.
- People had access to mobile phones or tablet devices to maintain relationships with people that were important to them, aid communication and maintain their independence. The registered manager gave an example where one person had a hearing impairment and uses their mobile phone to communicate.

## Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy in place. People and relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary. The complaints procedure was displayed in the home.
- We reviewed the complaints received in the year to date. The registered manager had been proactive in responding and resolving issues in a timely manner. People and relatives told us they felt listened to. The registered manager gave an example, where a relative complained about the temperature and pressure of water in their loved one's room. The provider took action to change to mains water which has stabilised the temperature and water pressures."

## End of life care and support

- At the time of inspection no one who was at the end of their life.
- The registered manager told us that if a person's situation changed, conversations with people and relatives (where appropriate) would take place to understand their wishes for end of life care, including their preferences and funeral arrangements.
- People were able to die with dignity. This is known as a 'DNACPR' which stands for Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Whilst the registered manager had created an open and positive culture and staff knew people well. The registered manager had identified through their quality assurance process that people's care plans, were not always person-centred. We found that information was not always recorded in areas such as, people's history, likes and dislikes, end of life wishes and how to support people when they became distressed. To ensure staff had the right information and guidance.
- Whilst people enjoyed the activities available in the home, it was not clear how the provider had ensured activities were tailored to people's likes and recorded in their care plan. Activities were not always available to everyone in the home particularly those who chose to stay in their room. Whilst some one to one activities were provided, further consideration needs to be given to ensure people are not at risk of boredom or isolation when spending long periods of time alone.
- Further work was required to ensure the home met the needs of people living with dementia to increase their orientation and independence around the home. We recommend the provider seeks guidance to further improve the environment and ensure staff have the right training to support people with dementia fully. Whilst the impact to people was low, improvements were needed in the above areas.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities and spoke highly of working for the service. Staff told us, "We feel supported it's a nice place to work."
- We saw evidence of staff competency checks being carried out and regular audits to help the provider and registered manager identify areas for improvement and any patterns or trends.
- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if

there were any incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were engaged and given opportunities to be involved in the service, through daily feedback with staff, care reviews and meetings.
- People, their relatives and staff took part in yearly surveys. People told us they felt supported and listened to by the provider. Feedback from the surveys was very complimentary about the home. One relative told us, "I complete yearly questionnaires, I am invited to relatives' meetings. I feel listened to and can raise anything."
- Handover between shifts were thorough and staff had time to discuss matters relating to the previous shift and share any concerns. Staff told us, we get thanked and feel valued.

Continuous learning and improving care

- The registered manager understood the importance of continuous learning to improve the care people received. They kept themselves up to date with changes in legislation and attended meetings between other homes within the company, to learn from others and share good practice.
- Systems were in place to continuously learn, improve, innovate and ensure sustainability. There was a strong emphasis on team work and communication.
- The registered manager carried out quality assurance audits to ensure good quality care was maintained. For example, people's care plans were audited monthly to ensure they reflected people's current needs and any changes in their care. We saw evidence of competency checks being carried out and audits being used to help the registered manager identify areas for improvement and any patterns or trends forming.

Working in partnership with others

- The registered manager and staff proactively worked in partnership with healthcare professionals to promote positive outcomes for people. Professionals we spoke to were complimentary about working with the home and told us the registered manager was helpful and proactive.
- One member of staff gave an example where a person had a grade 4 pressure sore and as a team they worked with the Tissue Viability Nurse, to improve healing.
- The registered manager kept abreast of local and national changes in health and social care, the Care Quality Commission (CQC) and government initiatives.