

Westbury Care Limited

Westbury Nursing Home And Westbury Garden Suite

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service well-led?	Good	

Summary of findings

Overall summary

Westbury Nursing Home and Westbury Garden Suite provides personal and nursing care for up to 114 people. At the time of the inspection, 90 people were living at the home.

People's experience of using this service and what we found

People told us staff were caring and they felt safe. We observed staff deliver care and support in a kind and compassionate manner. Risk assessments were clear and readily identified how to mitigate them. There were enough staff on duty and staff were recruited safely. People were protected from abuse by staff who understood how to identify and report any concerns. Incident monitoring records were appropriately used to understand themes and reasons for the events. Medicine management was effective. Staff adhered to COVID regulations and procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. Quality monitoring systems were in place, and the provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences.

The registered manager encouraged feedback from people, staff and professionals involved in people's care. Staff worked closely with health professionals and external agencies to promote good outcomes for people.

Rating at last inspection

The last rating for this service was Good (published 21 October 2017). At this inspection the rating had remained Good.

Why we inspected

This inspection was carried out as the service had not been inspected since the 12 and 13 September 2017. We undertook this focused inspection to check the service was safe and well-led.

This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the home has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Westbury Nursing Home and Westbury Garden Suite on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Westbury Nursing Home And Westbury Garden Suite

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two Inspector's and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered manager

The home 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

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). 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.

During the inspection

We spoke with the registered manager, deputy, clinical lead, 10 staff and 15 people who lived at the home and three relatives. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home. This included training records, people's care records, meeting minutes and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff received safeguarding training and told us what actions they would take if they suspected someone was at risk of harm or abuse. One staff member told us, "If I was concerned, I would speak to the manager. I know they would take my concerns seriously."
- People appeared comfortable around staff. People confirmed they felt safe. One person told us, "Yes, I do feel safe. I worry about falling but the staff are here to assist me."
- The management team investigated safeguarding concerns and ensured risk assessments and management plans were in place to keep people safe. Safeguarding alerts were raised externally when required to the local authority and the CQC.

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

- We found the home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. A clear process in place to manage the different stages of people's applications.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed well for people's safety. For example, risks to people who needed support to maintain skin integrity were well managed and monitored.
- People required support to manage other risks such as mobility, continence and nutrition. For example, many people had risks associated with their mobility and needed support to move around. There was detailed guidance for staff in how to support people in the way they preferred and to keep them safe.
- Checks of fire equipment such as alarms, fire doors, lighting and fire extinguishers were completed regularly. Environmental risk assessments, general audit checks and health and safety audits were completed. Action had been taken where needed, to help ensure the safety of the environment.

Staffing and recruitment

- There were sufficient staff on duty to provide the care and support people needed. The registered manager told us that staffing levels were determined in accordance with people's support needs. At the time of the inspection the home had some vacant beds.
- We received good feedback from people about staffing levels. Comments included, "They seem to have enough staff here. They use a lot of agency, but the manager has explained to us they are recruiting staff of their own."
- Staff confirmed there were sufficient numbers of staff to support people. Their comments included, "I think we do have enough staff using existing staff alongside agency. We do not often go short as the staff all help to cover shifts."
- Recruitment procedures were safe. For example, pre-employment references were obtained and Disclosure and Barring Service (DBS) checks undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered, stored and disposed of safely. Daily temperatures of the room and fridge were taken and recorded to ensure both the room and fridge remained at a safe temperature.
- The staff who administered medicines were trained and had their competency assessed.
- Medicine administration records (MARs) were accurate and detailed when people's medicines were administered or refused.
- The medicines system and records were regularly audited by the clinical lead. This was to ensure the medicines system was safe and that people received their medicines as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider encouraged visitors to the home which reflected the latest government guidance. Visits took place in people's rooms and were no longer pre booked.

Learning lessons when things go wrong

- The home learned from lessons when things went wrong and applied what had been learnt to prevent reoccurrence. Staff knew when and how to report accidents or incidents, which resulted in appropriate action being taken.
- Audits of incidents and accidents were analysed, where safety measures had been put in place, such as, the use of bedrails, these had been introduced for some people who were at risk of falling from bed.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had been in post since May 2022. They worked alongside the previous registered manager to receive an induction and handover. The registered manager was supported by the provider's group manager. They were based at the home and had good oversight.
- It was clear from speaking with the staff that they were positive about the leadership of the home. Staff comments included, "We are really lucky the manager is just as nice as the previous one. I like the fact he cares for not just the people that live here but also the staff". Another staff member told us, "He is a great manager. He is incredibly knowledgeable and passionate in providing good care".
- The registered manager monitored the quality of care delivered within the home on a regular basis. They had developed a rolling schedule of internal audits, which helped them to monitor the home.

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

- The registered manager and clinical lead demonstrated effective leadership skills within their roles. Their knowledge, enthusiasm and commitment to the home, the people in their care and all staff members was without doubt of a high standard. They led by example and the staff embraced their visions and values.
- Systems in place contributed to the smooth, effective operation of the home whilst still retaining its personalisation. Westbury was a large home with an equally large workforce. It was evident that the achievements were not down to one individual but had been achieved collectively with the involvement of the whole team.
- The provider, management team and staff were committed to supporting a person-centred approach for people living in the home. The registered manager promoted an ethos of openness and transparency, which had been adopted by staff. It was clear from speaking with the staff that they shared the registered manager's vision.
- We heard many examples during the inspection about the person-centred culture of the home. For example, the home cared for some married couples. The staff supported them to spend time together.

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

- Effective systems were in place to ensure staff were kept up to date with key messages and updates. Handover meetings took place every shift and provided an opportunity to communicate important

information about people's wellbeing. The registered manager told us it also gave the staff the opportunity to share ideas and to say how they were feeling.

● Regular staff meetings continued to take place along with separate heads of department meetings. We were told these were useful to attend and kept the staff up to date with key changes at the home.

● Continuous feedback from people and their families was sought. Relative's meetings were held. The meetings were an opportunity to discuss any forth coming changes planned at the home and feedback about the care.

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. Continuous learning and improving care. Working in partnership with others

● The registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the home.

● The home worked well and effectively with health and social care professionals to ensure people received good care. This included for example, GP's, tissue viability nurses, occupational therapist, physiotherapist, commissioners and the dementia wellbeing team.

● The registered manager was committed to driving improvements to ensure positive outcomes for people. They were keen to support the staff and to share their knowledge and experience of best practice.

● Staff told us they had opportunity to learn and develop and felt supported to do so. One staff member told us, "The manager reminds us to never walk past the people living here without acknowledging them and saying hello. Even when walking past his office he like us to wave out and say hello or good morning or afternoon. I can see a positive impact by doing this."

● The registered manager was keen to develop person centred care within the home. They were passionate at looking at people's individual needs and enhancing people's daily lives. They spent a lot of time observing staff practices with a hands-on approach. They were keen to develop the staff skills even further with a vision to undertake accredited dementia care matters training.