

Nursing Homes Services Limited

# Westacre Nursing Home

## Inspection report

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Date of inspection visit:  
29 May 2018

Date of publication:  
14 June 2018

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

We carried out an urgent unannounced inspection of this home on 13, 14 February and 6 March 2018. At that inspection we found serious concerns about the safety and welfare of people. The registered provider had failed to; identify the risks associated with people's care needs, ensure people were safeguarded from harm by sufficient staff who understood how to meet their needs; ensure people consented to their care and were not unlawfully deprived of their liberty; provide person centred care in line with people's needs and preferences; ensure people were treated with dignity and respect at all times; respond to complaints in a timely and effective manner; provide effective leadership and overall management of the home. The overall rating for this service was 'Inadequate' and the service was therefore placed into 'special measures'.

At this inspection we found the registered provider had made substantial improvements in the standard of care provided at the home. They were compliant with the fundamental standards set out by law although further actions were required to embed good working practices in the home. The home has now been removed from 'special measures'.

The home provides accommodation and personal care for up to 55 older people, some of whom live with mental health problems or dementia. Accommodation is arranged over two floors with stair and lift access to all areas. At the time of our inspection 33 people lived at the home.

Whilst a registered manager was in post they were planning to deregister and return to their previous role of finance manager for the home. The general manager had made an application to CQC to take on the role of registered manager for the home. A registered manager is a person who has registered with the Care Quality Commission 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.

The management team in the home promoted an open and transparent culture. This meant people, their relatives and staff felt supported and had a good understanding of the concerns which had been raised about the home and how these were being addressed.

Staff had a good understanding of their roles and responsibilities in maintaining the safety and welfare of people who lived in the home.

There were sufficient staff deployed in the home to meet the needs of people. Immediate staff training needs had been met to ensure people received safe care and a further training programme had been identified to ensure staff had all the required skills to meet people's needs.

Risk assessments had been completed to support staff in mitigating the risks associated with people's care. Care records held information on people's needs and preferences although further work was required to ensure these were fully person centred. This work was in progress and included seeking the involvement of

people and their relatives.

Systems were in place to support staff in recognising and reporting signs of abuse and these had been used effectively by staff.

People were valued and respected as individuals. Staff knew people well and could demonstrate how to meet people's individualised needs. Most care staff cared for people in a kind and empathetic way, and staff were prepared to challenge other staff if they observed poor care.

The level of activities available had improved however we have made a recommendation about the introduction of more dementia friendly activities in the home.

Where people could not consent to their care, staff had sought appropriate guidance and followed legislation designed to protect people's rights and freedom.

There was a robust system of audit in the home to monitor and review the quality and effectiveness of the service provided at the home.

## 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 although further work was required to embed working practices in the home.

There were sufficient staff with appropriate skills and knowledge deployed to meet people's needs and ensure their safety and welfare. Staff recruited to the home had been assessed as to their suitability to work with people.

Risks associated with people's care had been identified and assessments made to reduce most of these risks for people.

Systems which were in place to recognise and report allegations of abuse and these were used effectively to ensure the safety and welfare of people.

People's medicines were managed well.

The home was clean and maintenance was completed in a timely way.

**Requires Improvement** ●

### Is the service effective?

The service was mostly effective.

Where people could not consent to their care, staff had sought appropriate guidance and followed legislation designed to protect people's rights and freedom.

A programme of training was in place to ensure care staff received up to date training and supervision to be able to deliver care in line with people's needs. This was on-going at the time of our inspection. Steps were being taken to ensure good working practices were followed and embedded in the home

Staff knew people well and could demonstrate how to meet their individual needs.

People enjoyed food and drink in line with their preferences and needs.

**Requires Improvement** ●

### Is the service caring?

**Requires Improvement** ●

The service was mostly caring.

People said staff were caring and supportive of their needs.

Staff knew people well. Whilst some care staff cared for people in a kind and empathetic way, further work was required to embed this in the home.

People and their relatives had been invited to be involved in their care planning.

### **Is the service responsive?**

The service was mostly responsive.

People received care which was person centred and individual to their specific needs although further work was required to ensure care records reflected this.

There was a programme of activities in the home to reduce the risk of social isolation for people although this needed further review.

Whilst no formal complaints had been made in the home a policy and procedure was in place to manage these.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well led.

There was a strong management team in place to support people and staff as they embedded good working practices in the home.

Staff had a good understanding of their roles and responsibilities.

Care records had improved although further work was required to make these fully person centred.

There were systems in place to monitor and review the quality and effectiveness of the service provided at the home.

**Requires Improvement** ●

# Westacre Nursing 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 had made the required improvements and was 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.

On 29 May 2018 three inspectors and an expert by experience completed this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and three separate whistleblowing concerns and two complaints which had been sent to CQC since our last inspection of the home. These matters had all been investigated by the local authority. We reviewed notifications of incidents and events which had occurred in the home since our last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with six people and two relatives to gain their views of the home. Many people who lived at the home were not able to talk with us about the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to understand the experience of people who could not talk with us. We observed care and support being delivered by staff and their interactions with people in communal areas of the home.

We spoke with the registered manager, the general manager, the clinical lead nurse, two registered nurses and two members of care staff. We also spoke with the activities coordinator, the cook, an external training consultant and a member of the maintenance staff.

We looked at the care plans and associated records for seven people and the medicine administration records for 25 people. We looked at a range of records relating to the management of the service including records of; accidents and incidents, quality assurance documents, five staff recruitment files, complaints, policies and procedures.

Following our inspection we liaised with the local authority and local commissioning groups to provide feedback on our findings and gain their views on the service.

# Is the service safe?

## Our findings

People and their relatives told us they felt the home was a safe place. One person told us, "It's home and it's safe here." Staff told us they felt people were safe in the home. One member of staff told us, "Things have really improved here since you last visited, people are safe."

At our inspection in February 2018 we found there were insufficient numbers of suitably skilled and experienced staff deployed at all times to ensure the safety and welfare of people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation although further work was required to embed new ways of working in the home and maintain good staffing levels in the future.

Rotas showed there were consistent numbers of staff deployed in the home to meet the needs of people. Whilst the registered manager acknowledged there was a high use of agency care staff and registered nurses in the home they recognised the needs for consistency in staff across the home and ensured agency staff were booked well in advance to support this. The registered provider was supporting a recruitment programme in the home following our last inspection and some new staff had started working at the home with others planned to be interviewed or starting in the near future. The registered manager and general manager acknowledged recruitment and continuity in staff was their biggest on-going challenge in the home and this was being addressed. The registered manager told us, "They have to be the right staff to work here, we are not just recruiting for the sake of it."

Daily staffing allocation showed one member of staff on each floor was designated as a 'shift lead' to ensure a smooth running of the floor on each shift and a registered nurse or senior carer managed each floor providing medicines and clinical support for all staff. When a senior carer managed one area of the home there was always a registered nurse to oversee this care. The registered provider had a dependency tool in place. This is a tool which is used to identify the needs of people and give guidance on the number of staff required to do this. This tool was updated by the general manager weekly or whenever changes in people's needs were identified. For example, if one person should display behaviours which were challenging and required more support from staff then this tool would be amended accordingly to ensure this need was identified and supported with additional staff.

Staff moved around the home calmly and were available to support people in communal areas of the home at most times throughout the day and at mealtimes. Staff told us they felt there were sufficient staff available to meet people's needs. One member of staff said, "It's much more organised now than when I started. It's busy but things are getting done now." The home had been closed to new admissions since our inspection in February 2018 and one member of staff told us, "There are definitely a good number of staff now to help people, but I am worried this will change when we open up [to new admissions] again." The registered manager and general manager acknowledged these concerns and assured us staffing levels would be assessed and monitored when the home opened to new admissions.



At our inspection in February 2018 we found the risks associated with people's care had not always been identified and actions taken to mitigate these. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation.

Risks associated with people's nursing and care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, nutrition, choking and mobility. Care records contained information concerning the risks associated with people's independent movement, including the use of bed rails and falls mats when people received their care in bed or were at risk of falls. Falls prevention strategies were in place such as the use of pressure mats to alert staff to the movement of people who were at high risk of falls. We saw staff responded promptly to these risks and understood how to manage these whilst ensuring as much independence as possible for people. For example, for one person who was at very high risk of falls a sensor mat was placed on their chair to alert staff when they stood from the chair. This enabled staff to respond quickly, reducing the risk that the person might fall. We saw staff responded very promptly to the alarm from this sensor and when they attended the person they supported them to remain independent with mobility and ensure their safety.

Incidents and accidents were reported promptly by staff including witnessed and unwitnessed falls, unexplained bruising and any breakdown in people's skin integrity through pressure wounds or skin tears. The general manager told us they were working with staff to ensure incident and accident forms held clear, concise and accurate information. They had a system in place to review all incidents and accidents as soon as possible to ensure appropriate actions had been taken to ensure the safety and welfare of people. Trends and patterns were monitored and reviewed to ensure learning from the incident or accident. For example, for one person who had displayed behaviours which were challenging towards others, incident reports had been collated and reviewed to understand patterns in these behaviours. This had been used to inform further care planning for this person. Further work was required to embed this reporting system and ensure all learning from incidents and accidents was clearly documented.

At our last inspection we were concerned about some of the unsafe moving and handling practices we witnessed in the home. Since our last inspection, all staff had received training in the safe moving and handling of people. Throughout our inspection we observed staff assisting people to move using a variety of hoists, stand aids and walking aids. Staff used clear verbal prompts to support people to mobilise safely and as independently as possible. We also noted that those whose mobility was restricted, or were bedbound, had access to their call bells. This meant people could seek assistance when they required it to maintain their safety.

The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans were in place and readily available in the event of an evacuation of the home. A robust business continuity plan and emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

At our inspection in February 2018 we found the registered provider and registered manager had failed to ensure systems and processes were operated effectively in the home to prevent the abuse of people and robustly investigate concerns immediately. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation.

The registered manager and general manager had worked closely with the local authority to review and ensure learning from safeguarding matters which had been raised during our last inspection. They had been

open and transparent in sharing any concerns raised in the home with the local authority and CQC.

Since our last inspection, staff showed an improved awareness of the actions they should take if they believed people were at risk of abuse by reporting any concerns they had to the general manager promptly. Staff were able to identify types of abuse and they understood the correct safeguarding procedures should they suspect abuse. Staff told us they felt confident any matter they raised with the registered manager or general manager would be dealt with. One staff member said, "They just get on and deal with it if there is a concern, people need to be safe, and they are." Another member of staff said, "I already have [reported safeguarding concern] and it was dealt with immediately [by general manager]".

People received their medicines in a safe and effective way from registered nurses or staff who had been received appropriate training and competency checks. We looked at the medicines administration records (MARs) for 25 people. There were no gaps in these records. All MARs contained a front sheet with a recent photograph for identification purposes, along with relevant information, such as any allergies, the person might suffer with and the way in which they preferred to take their medicines.

We looked at how medicines given on an 'as needed' basis (PRN) were managed. Protocols were in place for all medicines taken this way and they outlined how, when and why these medicines should be taken. Pain management tools were being used to assess the pain levels experienced by people who could not express this verbally. Staff were knowledgeable about how pain manifested itself in these individuals.

There was clear guidance in place for staff concerning the management of people taking other types of medicines such as those which thin the blood and reduce the risk of clots, or medicines for diabetes. This included how to monitor for the effectiveness of these medicines, when the medicines should be taken and the signs and symptoms of potential side effects.

No-one living at the home managed their medicines independently and three people received their medicines covertly. Covert medicines are those given in a disguised form, for example in food or drink, where a person is refusing treatment due to their mental health condition. The home had ensured relatives and health care professionals had been fully involved in a best interests' decision-making process about the administration of these medicines. This was in line with the Mental Capacity Act 2005 to ensure the safety and welfare of the person.

The home was clean and well maintained. Electrical, gas, and water checks were completed routinely in the home to ensure this equipment was safe to use. There were effective systems in place to identify maintenance issues in the home and how or when these were addressed. Equipment such as hoists and wheelchairs were well maintained and clinical equipment such as a suction machine and a syringe driver, which had not been maintained at our last inspection, were now well maintained and always ready for use.

There were safe and efficient methods of recruitment in place. Recruitment records included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed. Following our inspection the general manager advised us of some recruitment practices which had not been completed correctly since our inspection and they told us actions had been taken to prevent a recurrence of this issue. Recruitment checks and information was available for all agency staff who worked in the home.

## Is the service effective?

### Our findings

At our inspection in February 2018 we found staff did not have a good understanding of the Mental Capacity Act 2005 and the implications this had for the people they cared for. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation. However, further work was required to ensure staff understood, and records clearly reflected, information about people who had the legal authority to make decisions for others about their care and welfare.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people had the mental capacity to make decisions about their care we saw staff respected their wishes and supported them to remain independent. For example, one person chose not to have their hair done on the day of our inspection, whilst another chose to sit in a quieter communal area for the day. Staff respected these decisions and encouraged people to make choices throughout the day.

Appropriate mental capacity assessments were documented and best interests' consultations had taken place with relevant family members, professionals and legal representatives. However, some clarity was needed in care records to ensure staff had a good guidance on the legal authority some people had to make decisions for others.

For example, one person had appointed a family member as their Lasting Power of Attorney (LPA) for Property and Financial Affairs. The family member had signed the care plan consent form, which they were not authorised to do without Lasting Power of Attorney for Health and Welfare. For a second person who had an LPA for Health and Welfare their care records did not reflect this.

At our inspection in February 2018 we found people were unlawfully deprived of their liberty. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. Relevant applications for a DoLS had now either been approved or were awaiting authorisation by the local authority. Staff had a good understanding of these safeguards and their use. For example, one person required the use of a lap belt to ensure their safety and welfare whilst sitting in an upright chair. This person lacked capacity to understand the impact removing this belt might have on their safety and regularly tried to remove the belt placing themselves at risk of falls.

Staff had organised a consultation which had agreed that it was in the person's best interests to recline the chair, preventing the person from trying to stand, preventing the risk of further falls. Staff had also appropriately requested a DoLS authorisation.

At our inspection in February 2018 we found people had not received care from staff who had the right skills and competencies to meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation although further work was required to embed new ways of working and monitor and maintain good working practices in the home.

Immediately following our inspection in February and March 2018 the registered provider had implemented a programme of training to address some of the serious issues we had identified. All staff had completed up to date moving and handling training and their on-going competency was being regularly reviewed and assessed by senior staff.

Training records showed the registered manager and general manager had prioritised training in mandatory subjects such as moving and handling, safeguarding people from harm, wound and skin care, hydration and priorities of care and communication. An extensive programme of electronic learning and face to face training in areas such as moving and handling, care planning and risk assessments, end of life care and communication had been implemented and was on-going at the time of our inspection. An external training consultant visited the home on the day of our inspection and told us staff were very responsive to the training provided and it had helped them to clearly identify areas of their care delivery which had needed improvement. One member of staff told us how recent training had helped improve their understanding of the expectations of their role. They said, "I have completed care plan training today. It's about making sure we don't fit people into a box- it's about their needs."

A programme of induction was in place and all new staff completed this before working alone. One member of staff told us, "I'm not new to caring but the induction was good". The registered manager and general manager told us of their commitment to ensure all staff employed at Westacre Nursing Home had the appropriate training and support to meet people's needs, especially as they needed to recruit significant numbers of staff.

The general manager had initiated a nationally accredited training programme on dementia care in the home. Ten members of staff had commenced this training which would provide staff with enhanced skills and knowledge to meet the needs of people with dementia. The general manager told us, "This will eventually be rolled out to everyone, but we have to start somewhere."

Senior staff and the general manager provided one to one supervision for all staff and also completed observations each day of the care and support staff provided for people. This meant the registered and general manager felt confident working practices in the home such as moving and handling, management of wounds and incident reporting had improved. They recognised it would take time to embed these good working practices in the home but were confident these were being promoted through staff training and monitoring.

At our inspection in February 2018 staff had not always sought and followed guidance from a wide range of health and social care professionals to assist them in assessing people's needs and ensuring they received appropriate care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation.

Since our last inspection the registered manager and general manager had sought and followed guidance from a wide range of health and social care professionals to assist them in assessing people's needs and ensuring they received appropriate care. This included; GP's, community mental health staff, speech and language therapists, social care professionals and specialist nursing teams. This was evident in the work the general manager had completed to ensure people whose needs could not be met at Westacre Nursing Home were assessed and more suitable accommodation sought for them where their needs could be met.

Staff were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. For people who required additional nutritional supplements, thickened fluids or who were at risk of choking and needed adapted diets, care records reflected these needs and staff had a good understanding of these. Meals were appetising and people told us they enjoyed the food provided. We observed staff offer people choice in their meals from clearly displayed menus.

The general manager had implemented a hydration assessment tool to ensure staff had a good awareness of the need to ensure people took sufficient fluids to maintain their good health. We saw some daily care records were not always completed with food and fluid intake. The general manager told us the recording of food and fluid intake was not consistently good and they recognised this as an area for improvement.

Mealtimes were calm and well organised. There were sufficient staff to meet people's needs and staff were unhurried and interacted well with most people. People who were at risk of choking were monitored discretely to encourage their independence but also ensure their safety and welfare. Napkins were used in place of clothes protectors and staff took time to support people individually with their meals.

The kitchen was clean and well managed and the home had received a five-star rating by the Food Standards Agency in September 2017. A catering audit had been completed in April 2018 and any areas requiring attention, such as those related to food hygiene, were addressed quickly and effectively.

## Is the service caring?

### Our findings

People and their relatives said staff were very caring. One person said, "We get looked after very well. The staff are very kind, you get some who are extra kind, but they are all kind." Another person told us, "All the staff are good." A relative told us, "Some of the staff are really lovely and kind and joke with [relative]." Another relative said, "In general I think the care is pretty good here." Health and social care professionals told us staff were caring and knew people in the home well. Staff told us people received good care. One staff member said, "Staff are very caring. The home has a homely feel." Another staff member said, "We are all here for one reason, to provide the best care for people. We need to keep at it and things will settle [since last inspection report]."

At our inspection in February 2018 we found the lack of dignity and respect afforded to people by some staff was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation although further work was required to embed new ways of working in the home.

Staff interactions and support to people to maintain their independence and promote their dignity was much improved since our last inspection. Staff interacted with people and consistently took care to ask permission before intervening or assisting them. At our last inspection we observed staff working in a task orientated way which was not person centred and did not meet the needs or preferences of people. At this inspection we saw staff worked calmly and efficiently to provide people's care as it was needed. Whilst call bells rang frequently, staff remained calm and unhurried in their approach to people. For example, one person was feeling unwell and staff took time to stop and talk to them in a communal area frequently to reassure them and offer support. Another person became agitated and stood on a chair in an unsafe way. Staff attended to them immediately and kindly spoke to them offering support and guidance until they were safely seated again.

Some members of staff used terms of endearment which are not always dignified and respectful of people. For example, staff called people, "Lovey", "Petal" and "Sweetheart" and at a mealtime three people sat in a more isolated way without as much social interaction as others. We spoke with the general manager about this and they acknowledged there was still some work to do on the way staff addressed people and their interactions with people who lived with dementia.

Most staff were respectful of people's dignity when providing personal care, ensuring doors were closed and curtains pulled. Staff were also prepared to challenge other staff if they did not feel they had been respectful. For example, we observed one staff member place a meal in front of a person who said, "I don't like it," and push the plate away. The member of staff ignored this but was challenged by a second member of staff who said, "Do you want to ask [person] if they would like something else?" This meant the person received some food of their choice. Staff had recognised behaviours which were not respectful and challenged these.

Care records showed that people or their representatives had been, or were being asked to have, regular and formal involvement in on-going care planning and risk assessment. This was a work in progress as staff

ensured care records were fully informed by people and their relatives. The registered provider had held meetings with people and their relatives to explain the outcome of our last inspection and invite people and their relatives to be involved in the planning of their care and changes which were needed in the home. The registered provider and registered manager told us they had received exceptional support and encouragement from people and their relatives following our last inspection. This was confirmed by the local authority who had also received very positive feedback about the care people received at the home.



## Is the service responsive?

### Our findings

At our inspection in February 2018 we found people did not always receive personalised care which was responsive to their needs and prevented social isolation. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation although further work was required to embed these working practices in the home.

Staff knew people well and had a good understanding of their preferences and wishes. For example, staff told us one person liked to rise early and join others in the communal areas for the day. Their care records reflected this and we saw staff supported this person with this choice. Most care records held information on people's personal and social histories and people's preferences and wishes were incorporated into their plans of care.

We spoke with the clinical lead nurse who told us care plans had been reviewed and updated to reflect the risks associated with people's care and now needed further work to reflect people's individual needs and preferences and that this was a work in progress at the time of our inspection. They told us extensive work had been completed to support staff in delivering person centred care, including involving families in identifying people's preferences and embracing these in care plans.

We saw some examples of care plans which required further work to ensure they were person centred. For example, at our last inspection staff identified one person who needed staff support to provide a structured and meaningful day as they lived with dementia. This had not previously been in place and the person wandered the home with little staff support. During this inspection, we noted the person was doing much the same although staff did interact with them more frequently through the day. Their care plan contained a behavioural support plan which identified the risks associated with this person's care needs and outlining how staff should respond should challenging behaviours occur. However, their communication, social interaction and emotional wellbeing care plan gave no guidance regarding programmes of activity or social stimulation. The plan explained that staff should talk clearly to the person and observe their body language; staff should also, "make sure that [person] is in the lounge during the day". The social isolation risk assessment stated that social interactions should be promoted but did not suggest how.

We spoke with a member of staff about the activities this person could be involved in. They explained that additional resources were being considered to support this person with more meaningful activities and care records would be updated to reflect this.

For a second person their care plan identified they suffered with anxiety. There was no mental health or anxiety management plan in place for the person, no formal assessments and no plan of action. The only reference to supporting the person's mental wellbeing was in the person's communication, social interaction and emotional wellbeing care plan, which stated that talking, helped the person to reduce anxiety. Whilst staff understood how to support this person, further information was needed to ensure this person's care planning was person centred.



The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered provider displayed some information about the home, how to make complaints and other documents such as menus in the home in a way which was easily accessible for people. Further work on information presentation for people who lived with dementia would be covered in the training staff planned for staff.

At our last inspection there was a lack of activities and meaningful interactions in the home to reduce the risk of social isolation for people. At this inspection we found the availability of activities had improved although further work was required to ensure more activities were suitable for people who lived with dementia. This was a work in progress at the time of our inspection.

A programme of activities including arts and crafts, meet and greet sessions, games, exercise, reminiscing and music was clearly displayed in the home and in some people's rooms. Some people had the opportunity to go on trips to local attractions including the local garden centre, the river and seaside. Staff told us how one person had been supported to go shopping and another to do some shopping on the internet.

An activity coordinator provided three planned activities a day in the home and in addition to this external entertainers visited the home for sing-alongs and music entertainment. Social events such as a summer fayre and a charity cupcake event were planned and people told us how they had enjoyed watching the recent royal wedding together and having a street party.

A relative told us, "I would like to see more stimulation not just singers and more encouragement to do things." People who were in a communal area engaged with the activity coordinator in reminiscing and a game, however others who spent most of the day in their rooms relied on radio or television for activity. Whilst there were activities available for people we recommend the registered provider seek further guidance on how to provide a more meaningful and varied programme of activities and interactions for people who live with dementia.

At our inspection in February 2018 we found the registered provider did not always respond to concerns and complaints in line with their policies and procedures. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation.

The complaints policy was displayed in the entrance to the home. It contained information about how and to whom people and representatives should make a formal complaint. There were also contact details for external agencies. No formal complaints had been made to the registered provider since our last inspection; however several had been made to us or the local authority which the registered manager and general manager dealt with promptly and in line with the policies and procedures in place. Relatives told us they were aware of how to complain and had believed any matters they raised would be addressed promptly.

Whilst there were no people at Westacre Nursing Home receiving end of life care at the time of our inspection, the home had received feedback from families of people who had died in the home. The feedback indicated that staff were kind, compassionate and supportive throughout this difficult time for people and their families. Some care records held information on people's end of life wishes.

## Is the service well-led?

### Our findings

At our inspection in February 2018 we found the registered provider had not notified us of any serious incidents or allegations of abuse which occur in the home. This was a breach of Regulation 18 of the Care Quality Commission Regulations 2009. At this inspection the registered provider had forwarded all necessary information to the Commission and was now compliant with this Regulation.

At our inspection in February 2018 we found there was a lack of consistent and effective leadership, poor record keeping and poor governance in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the registered provider had taken extensive actions to address this matter and be compliant with this Regulation although further work was required to embed these working practices in the home to demonstrate that the improvements can be sustained.

At the time of our inspection the general manager had made an application to us to become the registered manager for the home. The current registered manager planned to take up the role of business manager when this was completed. The general manager and registered manager worked very effectively together to manage the home. They had taken charge of all the actions required following our last inspection to ensure the home attained compliance with all the required Regulations. They recognised that previous compliance in the home had been good and poor management strategies had led to a serious decline in the level of care provided in the home.

Staff had clear guidance and support to understand and recognise their responsibilities in the home; a structure in place ensured staff were supported through supervision, training, mentoring and observation to understand their roles and responsibilities. The general manager recognised this was a work in progress as staff adapted to new responsibilities and understandings of their role but that they were confident staff would continue to embrace the changes in the working practices and culture in the home which had been required. The registered provider had employed external consultants to support the management team in the home. Together they were working to address changes needed in staff culture in the home and embed the registered provider's values and ethos soundly in the home.

Staff told us they home was a good place to work and that the management team were very supportive. One said, "When I first started here it was chaos. I didn't know what I was letting myself in for. It's better now. The manager is always around and I can speak with them. It's better organised and I feel more secure working here." Another told us, [general manager] is brilliant. She is really driving change and working with staff to improve people's care. We are all here for one reason to provide the best care for people- we need to keep at it and things will settle." A third member of staff told us, "We are getting there. I was ashamed when I read the last report to see I was part of that- things are so much better now." A fourth member of staff said "[general manager] knows her stuff. She is really taking things forward."

The management team worked closely with commissioners, the local authority and other health and social care professionals to get advice on best practices and work to implement these in the home. For example,

falls huddles, hydration programmes, reviews of mental capacity assessments and general reviews of people's care records had been completed. Regular visits from social care workers and commissioners was welcomed and embraced by the management team. Health and social care professionals who visited the home spoke highly of the interaction of the management team in addressing any concerns which may be identified.

At our last inspection care records were not always available, accurate, consistent, up to date or stored securely. At this inspection we saw records were stored securely and were mostly accurate and up to date although some records needed further information to ensure they were person centred. The general manager and clinical lead nurse told us there was further work needed to develop the care records but that this was regularly reviewed by an external auditor who provided robust feedback on their audits.

We observed a care records audit completed in April 2018 and noted staff had completed the required actions and were working to further improve records.

There was a robust system of audits in place to ensure the registered provider could monitor and review the quality and provision of care in the home. These included audits on infection control health and safety, training, care records and people's views. A home action plan was in place to monitor and review the actions the management team continued to take to ensure people received safe and effective care. Staff continued to work closely with the local authority quality team.

The management team promoted an open and transparent culture in the home which clearly supported the implementation of the changes needed in the home since our last inspection. Meetings held with people, their relatives and all staff showed the registered provider and management team were open and transparent in their communications about the concerns we had raised in the home. Staff felt able to raise any concerns they had and were confident that these would be addressed promptly. The registered manager and general manager were very visible in the home and had worked hard with staff to address a culture which previously had led to poor communications and care in the home.

The registered manager and general manager recognised that changes had been needed in the home and they believed they had taken all the necessary actions in the three months since our last inspection to make changes in the home. The general manager told us, "We have got a way to go but we are on top of it now and we will get there."

The management team had created a strong basis of compliance with the Regulations on which they needed to build to further improve the care people received at the home.