Alliance Care (Dales Homes) Limited

Westbury Court

Inspection report

Station Road
Westbury
Wiltshire
BA13 3JD

Tel: 01373825002

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Westbury Court is registered to provide accommodation which includes nursing and personal care for up to 60 older people, some of who are living with dementia. At the time of our visit 44 people were using the service. The bedrooms were situated over three floors. There were communal lounges and dining areas with satellite kitchens on each floor with a central kitchen and laundry. People also had access to a communal garden on the ground floor.

We undertook a full comprehensive inspection on the 4 and 5 July 2017. The first day of the inspection was unannounced. Since our last inspection in July 2016 Westbury Court has re-registered and therefore under the new registration does not have a rating. However, during our inspection under the previous registration we found the provider did not meet some of the legal requirements in the areas we looked at. After the previous inspection the provider wrote to us with an action plan of improvements that would be made in order to meet the legal requirements in relation to the law. We found on this inspection the provider had taken steps to make all the necessary improvements.

A registered manager was employed by the service and up until recently had been managing the service with the support of another regional support manager. Both these managers were present throughout our inspection. The service had recently appointed a new home manager who will be applying to become the registered manager. They will also be taking over the day to day management of 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.

People's medicines were not always managed safely. Processes for the crushing of medicines had not been followed. Some administration records of medicines were not completed. There were arrangements in place for the safe storage of medicines.

Whilst the provider had systems in place to monitor the quality of service to ensure improvements were identified these had not picked up the areas of improvement we had noted. Staff and people's views on the service provided were sought and where necessary acted upon. Complaints were appropriately investigated and actions were taken to resolve the situation.

People told us they felt safe living in Westbury Court. Risks to people's personal safety had been assessed and support plans were in place to minimise these risks. Staff had the knowledge and confidence to identify safeguarding concerns and were aware of the actions they should take if they felt people were at risk of receiving unsafe care.

The staff employed at Westbury Court were kind and caring in their approach towards the people they were providing care and support for. Interactions with people were friendly and supportive. People and their

relatives spoke positively about the care and support people received. People's dignity was maintained and their privacy respected. People were able to participate in a range of activities.

Care and support plans were personalised and detailed daily routines specific to each person. People's needs were reviewed regularly. Handover between staff at the start of each shift ensured that important information was shared.

People were encouraged to make their own choices and remain as independent as possible. Staff sought permission before they provided care and support. Where people lacked capacity to make certain decisions, best interest decisions were made involving relevant others. Deprivation of Liberty Safeguards had been appropriately applied for.

There were robust recruitment practices in place that protected people from being cared for by unsuitable staff. Sufficient numbers of trained and experienced staff were deployed to ensure people's needs were met.

All staff had a programme of core training and refresher training they were required to complete. New staff completed an induction training programme. Staff spoke positively about training and development opportunities. Staff told us they received sufficient support to enable them to do their jobs correctly.

People were supported to eat and drink sufficient amounts. Where concerns around the quality of food and choices had been identified an action plan was in place to address them. People had access to a range of health care professionals to maintain people's health and wellbeing.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

This service was not always safe.

People's medicines were not always managed safely.

People told us they felt safe living at Westbury Court. They were protected from the risk of potential harm or abuse by staff who had received training in the safeguarding of vulnerable adults.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual care and support needs. However, there were times during our inspection were people were left unattended and staff were not easily accessible.

Is the service effective?

Good

This service was effective.

Where people lacked the mental capacity to make certain decisions about their support needs the service acted in line with current legislation and guidance. We observed people being supported to make day to day choices about their daily living.

People were cared for by staff that had received training to ensure they had the skills needed to meet people's needs and who were appropriately supported and supervised.

People were supported to eat and drink sufficient amounts. Records relating to people food and fluid intake were up to date and contained evidence of action taken where there were concerns raised.

Is the service caring?

Good

This service was caring.

People and their relatives spoke positively about staff and the care and support they provided.

People looked relaxed and comfortable in the presence of staff and did not hesitate to ask for assistance when required.

People's privacy and dignity was maintained. Bedroom and bathroom doors were closed when people were receiving care. □

Is the service responsive?

Good

This service was responsive.

Care plans contained person centred guidance for staff on how people wished to receive their care and support. Care plans were reviewed and updated where needed on a monthly basis.

People had a range of activities they could take part in.

The provider had a complaints policy and procedure in place. Where complaints had been received these had been responded to and appropriate actions taken to resolve the situation. □

Is the service well-led?

Requires Improvement

This service was not always well-led.

A registered manager was in place that understood their responsibilities. Staff, people using the service and relatives spoke positively about the overall management of the service.

Whilst the provider had systems in place to monitor the quality of service to ensure improvements were identified, these had not picked up the areas of improvement we had noted.

Staff received managerial support as required and understood what was expected of them in their job role. People, relatives and staff spoke positively about the management of the service and the information they received.

Westbury Court

Detailed findings

Background to this inspection

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

This was a comprehensive inspection and took place on 4 and 5 July 2017. The first day of the inspection was unannounced. One inspector, a specialist nurse advisor and an expert by experience carried out this inspection. Experts by experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with 12 people using the service and seven visiting relatives about their views on the quality of the care and support being provided. During the two days of our inspection we observed the interactions between people using the service and staff. We used the Short Observational Framework for Inspection (SOFI). We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether people had positive experiences.

We looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included 10 care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

During the visit we met people who use the service and their relatives. We spoke with the management team which included the regional manager, the registered manager, a regional support manager and the newly

appointed home manager. We also spoke with two registered nurses, the dementia lead and residential lead, eight care staff, two activity co-ordinators and staff from the catering, maintenance and housekeeping departments.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. We found there were gaps in medicine administration records (MARs) where staff had not signed to indicate they had administered medicines as prescribed. We saw two missing signatures for two separate doses of medicine for someone with Parkinson's disease. When we asked staff to confirm if the dose had been administered a stock check of the remaining tablets was carried out; however, there was an extra tablet, which indicated that on one occasion the person may not have received their medicines as prescribed.

Some medicines had been transcribed (handwritten) onto the administration charts. However, not all of these had been countersigned to indicate they had been checked for accuracy. In addition, one of the transcribed entries did not provide enough detail for staff on how the medicine should be administered. The documented entry was for ear drops and the instructions had been handwritten by a nurse as "Add a few drops to the affected ear twice daily for several days". This did not provide enough information to the staff member administering the ear drops as it did not specify how many drops constituted "a few", did not specify which ear was affected and did not specify how long "several days" was.

During our inspection we found that nursing staff were crushing medicines for two people using the service without having assurance that this was safe practice and that the medicine would be effective. Crushing medicines may alter their effectiveness, and means they are being administered "off licence". Because of this, pharmacist input should be sought to ensure the medicines are safe to be given in this way. The documented medicine preferences for one person were "Safer to crush and mix with a spoonful of thickened fluid" and in the care plan it had been documented "In her best interest's medication is crushed". In the other person's care plan staff had documented "Tablets are to be crushed and put in her liquid Paracetamol". Although best interest decisions had been documented in relation to medicines administration, there was no evidence of pharmacist advice being sought in either case.

There was a "10 point MAR checklist" in place which staff completed at the end of each medicine round. This form was in place on all three floors. Although generally, the form had been ticked and signed by staff after each medicine round, none of the issues that we noted above in relation to missing signatures had been identified. This meant the checking process that was in place was not robust enough to ensure that people always received their medicines as prescribed.

We also saw a "MAR sheet action plan" dated June 2017 which included the issue of missing signatures as a required action as well as discrepancies with medication totals and missing signatures for handwritten entries.

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

Medicines were stored and disposed of safely. Although one medicine trolley had a broken lock, the trolley was stored in a locked clinical room and staff said they did not take the trolley out onto the floor with them.

We were told that this issue had been reported to the pharmacy. Items that required refrigeration were stored in medicine fridges. The temperature of these was monitored daily. Medicines that were no longer required were disposed of safely and in line with the provider's medication policy.

MAR charts had up to date photographs of people using the service to assist staff who were unfamiliar with people's appearance. The charts also contained person centred information of people's preferences when taking their medicines. For example, "Place tablets on a spoon, place in mouth. Takes more than two tablets at a time". Protocols for medicines that had been prescribed on an "as required" basis, were detailed and explained when and why people might require additional medicine such as pain relief and whether they were able to verbally ask for it or not.

During our last inspection on 26 July 2016 we found that people using the service were not always supported by sufficient staff. This was a breach of Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken all the actions required to make the necessary improvements.

The service used a dependency tool to ensure appropriate staff were deployed at all times. We saw staffing rotas reflected the staffing levels identified by the dependency tool. Since our last inspection the service had successfully employed more staff and had reduced the number of agency staff used to cover vacant posts. This meant people were receiving care from consistent members of staff who knew them well. Staff told us they felt the staffing had improved since our last inspection. Their comments included "Staffing has definitely improved. You get more time to spend with people and chat. There is less agency so staff can really build relationships with people", "Overall staffing has improved. We can give care to people when needed. They look to cover shifts" and "The staffing has improved since your last inspection. People do not have to wait for care".

Whilst staff felt levels had improved some staff felt that the allocation of staff was not shared fairly between the three floors. One staff member told us they felt that those people who were independent received a higher staffing ratio than those people who were more dependent on staff to meet their care needs. We observed on both days of our inspection that on the first and second floors predominately, there were times that staff were not always visible and people were left unattended for periods of time with no staff interaction. Although the staff said there was enough staff on duty to meet people's care needs, they did add that another member of staff on duty would have a positive impact. Comments included "Socially, I sometimes feel we let people down. We just don't have the time to sit and have a proper chat with people" and "This is a high dependency floor, all of the residents need two staff to support them, so it would be good to have another member of staff to help".

We have spoken with the registered manager and newly appointed home manager who said they hold regular meetings with staff to discuss staffing levels. They said they would speak again with staff about how they felt staff were being allocated.

During our last inspection on 26 July 2016 we found that risk assessments associated with people's safety had not always been reviewed and updated. This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be

made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken all the actions required to make the necessary improvements.

Risks to people's safety had been assessed and plans put in place to minimise these risks. All of the care plans we looked at contained risk assessments for areas such as moving and handling, falls, skin integrity and nutrition. Where risks had been identified, the care plans were detailed and provided clear guidance for staff on how to reduce the risk. For example, moving and handling plans detailed equipment that was required, such as hoists and slings. Risk assessments for the use of bed rails had been completed and when assessed as not suitable, we saw that other least restrictive options were utilised to keep people safe. Examples included the use of hi-lo beds, crash mats and sensor mats.

When people had been assessed as being at risk of pressure sores, the plans informed staff of the actions they should take to prevent this. The plans included frequency of position changes, and any pressure relieving aids such as air mattresses. The required setting for air mattresses was recorded on position change charts and all of the mattresses we looked at were set correctly. Position change charts had also been completed in full and showed that people had their position changed in accordance with their care plan.

People and their relatives had confidence in the service provided and felt staff did all they could to keep them or their relative safe. Their comments included "I feel safe. I have no worries, lovely people to look out for us", "I feel safe, and staff get me things. They are good carers, never had any worries", "I feel nice and safe. Only need to wave at the girls and boys and they come to you and get anything you want", "I am quite happy that she is safe. Care seems good. They let us know if anything happens" and "Not many problems, better than it was before. More staff around now".

People were kept safe by staff that recognised the signs of potential abuse and knew what to do when safeguarding concerns were raised. Staff told us they had received training in safeguarding and all demonstrated that they knew how to report any concerns. Comments from staff included "Everything we do is about the residents and keeping them safe. Whistleblowing is promoted here and I would feel confident raising any concerns and know that action would be taken", "I feel supported by management to raise any concerns I have about people's care. If I saw poor practice I would address it myself and then report it to management" and "I would report anything I felt was unsafe. We have an on-call system we can also seek advice from if the manager is not here and we are unsure about something. Whilst I have no concerns about people's care if I did I would feel able to report them".

Safe recruitment and selection processes were in place. We looked at the files for five of the staff employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had been obtained. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. New staff were subject to a formal interview prior to being employed by the service. The service had recently involved people and their relatives in the recruitment of the new chef. People and relatives had been involved in food taster sessions prepared by the prospective candidates and had then feedback their views to the registered manager to support in the appointment of the appropriate person.

The premises were well maintained and safe. We found that all areas of the home were clean and free from any odours. Staff had access to personal protective equipment such as gloves and aprons. They used separate, colour coded equipment to minimise the risk of infection and cross contamination. We observed

that staff washed their hands before serving food and drinks and providing any care and support. Each floor was allocated a minimum of one housekeeping staff each day. Cleaning responsibilities were identified in cleaning schedules which housekeeping staff signed to say when tasks had been completed. People spoke positively about the cleanliness of the home. They said they enjoyed speaking with the domestic staff. Their comments included "The cleaners are very nice. They always talk to me. It's lovely and clean", I have a lovely room which is kept clean. It's like a hotel" and "It's so very clean everywhere".

Good

Is the service effective?

Our findings

During our last inspection on 26 July 2016 we found that people using the service were not always supported to eat and drink sufficient amounts. Records monitoring food and fluid intake were not consistently recorded. This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken all the actions required to make the necessary improvements.

People were supported to have enough to eat and drink. Nutritional assessments had been completed and were regularly reviewed and people's weights were monitored. When specialist support or advice was needed, this was sought. For example, records showed when the GP had been informed about weight loss and when supplements had been prescribed. When there were concerns about people's ability to swallow, speech and language therapist advice was sought. Guidance on supporting people with their nutritional needs was detailed in people's care plans and we saw that staff followed the guidance. Some people were having their food or fluid intake monitored. All of the charts we looked at had been completed in full, including when people had been offered a drink or food, but declined. Daily targets for people were visible and daily records showed that staff documented when they had concerns that people had not met their daily target.

Nutrition care plans detailed people's preferences and choices in relation to food and drink. For example, in one person's plan it had been documented "Likes finger foods and eating at a slow pace". When we checked, the person had a plate of finger foods beside them.

We observed the lunchtime meal during both days of our inspection. People were offered a choice of main meal. Where people had asked for something different, this was arranged. However, we observed that those people who required a soft or pureed diet were not offered a choice of meal. We asked staff about this and were informed that there was no choice available for people on these diets. We also spoke with the chef who confirmed that only one option was available. However, if people did not like this option then an alternative would be sought.

People who required assistance were supported in a dignified way by staff at a pace appropriate to them and were not rushed. There were sufficient staff to serve and support people who needed assistance. People had access to specialist diets when required for example pureed or fortified food. We spoke with the catering staff; they had information of all people's dietary requirements and allergies. This also included people's likes and dislikes. They told us if people did not like what was on the menu or had changed their mind about their choices then they were able to request alternatives.

Whilst some people spoke positively about the food choices and said that they enjoyed their meals others were not so complimentary. Their comments included "I enjoy the food and the choice there is", "The food is

alright. They come in and ask you what you want. If you don't like what's on offer they will do you something else", The fish is nice today but that's an exception rather than a rule", "there is certainly room for improvement with the food" and "The food is dreadful. It's been going on for two years". One relative told us "I have eaten here and the food is not good at the moment".

We spoke with the registered manager and they showed us where concerns around the quality of food and choices had been identified an action plan was in place to address them. A new head chef had recently been recruited who would be responsible for addressing the concerns raised.

People had access to on-going health care. Records showed that people were reviewed regularly by the GP, the district nurse, the tissue viability nurse and the social worker for example. The GP visited the service each week and reviewed those people who had been identified by nursing staff. Nursing staff would also contact the GP in between these visits if someone required medical assistance.

People told us they had access to appropriate health professionals. Their comments included "I see the district nurse twice a week", "If I am not feeling well they will get the GP to come in" and "I've needed to see the doctor two or three times recently. They are very good and will always ask him to come out".

The CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications had been submitted by the provider. These applications were reviewed each year and the necessary reapplications submitted.

Consent to care and treatment was sought in line with legislation and guidance. We found in care plans that necessary records of assessments of capacity and best interest decisions were in place for people who lacked capacity to decide on the care or treatment provided to them. For example, We saw that in one person's care plan there was a capacity assessment to determine if they were able to make the decision to reside at Westbury Court. The records evidence that this person did have the capacity to make this decision and they had been involved in doing so.

Some people had bed rails in place to prevent them falling out of bed and some people had sensor mats in place to alert staff when they stood up, again to reduce the risk of them falling. As both of these are considered a form of restraint, consent needs to be sought for their use. Care plans showed that where people lacked capacity to consent, that best interest decisions had taken place. These had been clearly documented and showed how the decisions had been reached.

Staff had an understanding of the Mental Capacity Act 2005. Training in this subject had been undertaken by staff. We observed that people were asked for their consent before staff provided support. Comments from staff included "People have choices about what they do each day. People are always asked their choices and if necessary I would show them things or pictures to help them choose" and "People have a choice and don't have to do anything they don't want to. I will always ask people's permission before I do anything. If people are unable to tell us then their preferences should be written in their care plan. Sometimes families will let us know this information and be involved with decisions".

People were supported by staff that had the knowledge and skills to undertake their roles. Nurses said they had attended all mandatory training and that they had opportunities to attend specialist training relevant to their role. Their comments included "I'm doing my advanced medication training next week and I've just completed my verification of death training" and "I'm going to be doing male catheterisation training soon".

Staff we spoke with said they felt they had received sufficient training to provide people with effective care. They said they were able to access training that supported them with their personal development and was additional to the core training required of their role. Their comments included "I have really enjoyed the training I have done. There is a lot of different training which makes it interesting" and "The training is vastly improved. There is something on every Wednesday which helps keep you up to date". One staff member told us they had been given the opportunity to train as a trainer to support their personal development and to help deliver the in-house training. They told us "Training has really improved. I am now supporting people with their training which I am really enjoying doing".

Training records showed staff received a wide range of training and qualifications on core topics required by the provider, and also topics relevant to the needs of the people using the service. For example staff had received training on topics such as dementia awareness, equality and diversity, safeguarding of vulnerable adults, safe moving and handling and nutrition. A training matrix was in place to monitor the training each staff member had received and when it was due to be refreshed. Training was provided using a mixture of in-house trainers and external training providers.

New staff completed a thorough induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. They completed an induction booklet based on the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. The induction period also included staff shadowing experienced staff members.

Staff received regular supervisions (one to one meetings) with their line manager. These meetings enabled them to discuss progress in their work; their training needs and development opportunities. During these meetings there were opportunities to discuss any difficulties or concerns staff had and any other matters relating to the provision of care. Staff said they received regular supervision sessions and annual appraisals. All of the staff we spoke with said they felt well supported in their role. Comments included "I can always approach management. The new manager is very nice and approachable" and "I feel comfortable to approaching management and raising my concerns. I feel that I get a lot of support". In addition, nursing staff said they had regular supervisions or 1:1's with the Clinical Lead to discuss their nursing practices.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about staff and the care and support they received. Staff were described as kind, considerate, caring and approachable. People told us they liked the staff and felt they worked hard to provide a good standard of care. Their comments included "Staff are all kind to you, no nastiness", "Last year I broke my arm. They looked after me very well", "Carers are considerate and thoughtful. I don't ask for much but what I do I get" and "The staff are all quite pleasant, kind and helpful".

Relatives told us they were generally pleased with the care their family member received. Their comments included "Can't fault them. Staff know X well and she gets the right care", "X was very ill when she came in, not expected to make it. She made a good recovery. The carers are lovely, firm when necessary. She would respond negatively if she wasn't treated fairly. Her mental health is so much better now", "Staff know her really well and are able to respond to her changing moods" and "The care she has is done really well. Not sure that she would still be with us if she hadn't been here".

During our visit we saw many acts of kindness from staff. For example, One person who was in their room was calling out and was quite distressed. The person was on a lo-bed so the staff member got down to their level to offer some reassurance. We overheard another staff member say "Good morning. I heard you wanted your breakfast in bed so I've got it here for you. Have you got everything you need, is there anything else I can get for you?" When another member of staff saw that someone had spilt their tea, they reassured them and said "Don't worry, I can get you another one, it's no trouble".

Staff were respectful of people's diverse social, cultural and spiritual needs. Staff told us it was important to treat people as individuals. One staff member explained how they has supported one person whose first language was not English. They had been supported by the family to learn key words to help the person understand the care they were about to provide. Staff had at times also used pictures to assist with their communication with this person. Comments from staff included "The home promotes individuality and we must support people to still access things that are important to them. For instance, their chosen religion", "The population is diverse. You must respect people's life choices and not judge them. The ethos of the home is to support people's choices" and "I'd like to think as a team it is not an issue to support people from diverse backgrounds and their preferences will be respected. We are open to supporting diversity. This is discussed as part of the training. They are people first".

People's privacy and dignity was maintained. Staff knocked on doors prior to entering people's bedrooms. When people received personal care staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. "One member of staff told us "People are able to choose if they want a male or a female carer to provide their personal care. I always make sure that people are covered and that I say what is happening" and "I always tell people what I am doing and make sure they are covered and comfortable. If someone doesn't want their personal care straight away I will always explain what I need to do and then leave them to have a think about it. For one man in particular this works really well and then he will accept the care when I go back. Comments from people using the service and relatives included "Staff turn up and knock on the door. I will then leave and they close the door behind me to ensure privacy whilst

they are providing care", "They always knock on my door before coming in" and "When they are helping me shower they are always respectful".

We observed people were comfortable in the presence of staff. We saw that when people were approached by staff they responded to them with smiles or by touching them which showed people were comfortable and relaxed with staff. Staff took their time with people and did not rush or hurry them. For example, a staff member supported one person who had spilt their drink, to change their top. They reassured the person whilst supporting them to return to their room. On returning to the lounge area they spoke positively with the person about how pretty their change of top was and how it matched their scarf to which the person smiled and agreed.

Staff treated people with kindness and respect and we observed many positive interactions between them and people using the service. For example, we saw one member of staff dancing in front of some people, making them laugh. On another occasion we observed one member of staff supporting a person to drink their cup of tea. When they had finished their drink the staff member asked if they were still thirsty and did they want to have another drink. The person responded that they did so the staff member explained that they needed to take the cup so they could make a fresh cup of tea. The person, despite the staff member explaining, was reluctant to let go of the cup. The staff member then explained to the person that when they were ready they could put the empty cup on the table next to them and in the meantime they would go and find another cup and make them a fresh cup of tea. The staff member then came back with the fresh drink and negotiated "Swapping" the cups which the person did.

Staff spoke positively about the care that was provided. Comments included "The staff here really do care. I trust them all", "The staff go above and beyond, they think outside of the box. One of them (care staff) brings in tempting food and drinks for people" and "The staff genuinely care. There is a feeling of warmth here".

People were supported to maintain relationships with their family and friends. Relatives we spoke with said could visit Westbury Court anytime they wished. People's bedrooms were personalised. People were surrounded by items within their rooms that were important and meaningful to them. This included such items as furniture, ornaments and photographs.

Good

Is the service responsive?

Our findings

During our last inspection on 26 July 2016 we found the registered person had not designed care plans to include people's preferences and accurate information to ensure their needs were met. This was a breach of Regulation 9, Person centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken all the actions required to make the necessary improvements.

People received care and support that was responsive to their needs. Care plans were mostly detailed and person centred, containing people's choices and preferences on how they would like to receive their care. We saw some good examples that demonstrated that staff had learnt about people prior to writing the care plans. For example, in one person's sleep plan it had been documented "Likes fleecy blanket pulled up over her head and likes a night light left on".

Care plans for people who sometimes experienced anxiety or distress were detailed and guided staff on how to support them during these times. For example, in one plan it had been documented "responds well to reassurance, enjoys singing, has lots of CD's in bedroom" and in another person's plan it stated "doesn't tolerate a lot of noise, but singing can have a calming effect when distressed". Care plans for people with dementia referred to "Brighter days" and "Low days" and described how people's needs might be different depending on their mood.

Care plans for the management of wounds were detailed and contained guidance for staff to follow. They contained photographs and dimensions of wounds had been documented which meant that staff could easily assess for signs of improvement or deterioration. Records showed that tissue viability nurse advice had been sought when required and that their guidance had been followed.

Not all of the plans had as much detail as others though. For example, in one person's continence care plan it had been documented "(person's name) has a catheter" but no other detail was written in relation to how staff should care for the catheter in order to avoid infection or blockage. And in another person's social interaction plan it had been documented that the assessed need was "likes to chat and socialise" and "chair bound", but no actual plan of care had been written.

Care plans had been regularly reviewed and had been updated when people's needs changed. However, none of the plans we looked at contained any evidence that people or their advocates had been actively involved in writing the care plans or in the reviews.

People had a range of activities they could choose to be involved in. Three activity coordinators planned and delivered a weekly programme of events, supported by outside entertainers. Activities included exercises, arts and crafts, gardening, cookery, reminiscence and music.

People's wishes were reflected in the 'Wishing Well' programme. The programme aims to enrich people's lives by supporting them to either try something new or relive something they have experienced in the past. It is hoped that people will feel valued and special during this experience.

During our inspection we observed the day started with the coordinators visiting people in their rooms or lounge area, chatting and asking them if they would like to join in with any of the activities planned for that day.

Record showed individuals' participation levels in activities, helping the coordinators to identify people who may need more support to encourage them to join in or note people who would prefer not to take part.

During both days of inspection we saw a number of activities taking place which included an exercise session and a communion service taken by a retired vicar from the local church. On the first day of inspection we saw an ice-cream making session, followed the next day by people tasting it together with Pavlova, people had made. A themed passport session based around creating a passport to go to New Zealand also took place.

Comments from people and their relatives included "Not enough activities", "The activity people do a great job", Plenty of things to do like knitting and quizzes" and "I would like to go out and play skittles and more opportunity to bake".

Staff's comments included "Activities have vastly improved. We now have the wishing well. Residents are asked what they want to do and we try and make it happen. One person wanted to see a certain conductor so we got them a CD of them", "There is not enough activities on each floor. They all tend to be on the bottom floor. Whilst people can go down to the activities they do not always want to or are not always able to. It would be nice if there were regular activities held on each floor" and "We try and do activities when we can but it would be nice if activities were on this floor each day". We spoke with the regional manager who told us they were reviewing the allocation of activities provided on each floor.

There was a procedure in place, which outlined how the provider would respond to complaints. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider's procedure. The registered manager ensured that all complaints had been investigated and resolved to people's satisfaction in a timely manner.

People and their relatives told us that they felt able to raise any concerns or issues. They told us they felt confident they would be listened to and actions would be taken as appropriate to resolve any concerns they may have.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection on 26 July 2016 we found auditing systems in place were not always effective with identifying gaps in monitoring. This was a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the previous inspection the provider wrote to us with an action plan of improvements that would be made to meet the legal requirements in relation to the law. We found on this inspection the provider had taken most of the actions required to make the necessary improvements.

Audits of the service were carried out periodically throughout the year by the registered manager and senior management team. The audits included the review of safe medicines administration, staffing levels, health and safety, nutrition and accidents and incidents. Whenever necessary, action plans were put in place to address the improvements identified which had been signed off when actions were completed. Whilst regular audits and checks had been carried out these had not been effective in identifying the shortfalls we highlighted during our inspection. For example, the safe management of medicines audit had not identified the areas noted in this inspection.

Accidents and incidents were reported, investigated and analysed. We saw the system the provider used for monitoring and reviewing incidents and looked at some of the recently reported incidents.

The registered manager undertook 'Spot checks' where they periodically visited the service unannounced during the evening, night time and weekends to monitor the quality of care being provided.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. Servicing of equipment was carried out to ensure it remained fit for purpose.

There was good management and leadership at the service. There was a clear organisational structure where all staff knew their roles and responsibilities. The service had a registered manager in place who demonstrated an understanding of their role and responsibility to provide quality care and support to people. The service had recently recruited a new home manager who would be applying to become the registered manager and take over the responsibility of the day to day management of the home.

Since our last inspection the service had reviewed their management structure and introduced roles for staff to take the lead in. This included a clinical (nursing) lead, residential lead and dementia lead whose responsibility it was to develop the service in these areas to ensure people's needs were being met. We talked with the newly appointed dementia lead who shared with us their vision to ensure the first floor environment met the needs of the people living with dementia to promote their independence. This included painting the corridors different colours to help people orientate themselves.

Staff spoke highly of the management support which included the registered manager and the newly appointed home manager. Their comments included "New manager is nice and approachable. (Regional

support manager) has been wonderful with her support", "(New manager) is lovely. She deals with everything and is very proactive. She is doing her best to improve things" and "Things are getting better with the new manager. Things are improving already".

Staff said they felt well supported. One said "We have regular staff meetings and if we can't make it, the minutes are available to read" and "All of the staff support each other, they try to look after each other". Another said "I enjoy coming to work here. The supportive element runs top down; there's no them and us here" and "Team work is really good and staff are working together much more. You can always seek support".

Staff said they were aware of the improvement plans since our previous inspection. All staff said positive changes had taken place since the previous inspection. Comments included "I've seen how much effort, time and hard work has been put in. There is lots of commitment from the management team here", "Overall things have improved. Staffing is so much better" and "Paperwork has definitely improved".

Staff were aware of the organisations visions and values which they told us included the organisations philosophy of 'Love everyday'. The principles of care behind this included 'Keep it simple', 'Do it from the heart', 'Make every moment matter', 'Choose to be happy' and 'Sort it'. Each day staff chose which area to focus on. For example, when things required some action the staff chose to 'Sort it' to ensure things got done.

People and their relatives were encouraged to give their views about the service they received. Resident and relative meetings took place periodically throughout the year. Where concerns had been raised during feedback we saw these were taken seriously and acted upon. The service had responded when concerns had been raised about the quality of food. Relatives and people had been invited to assist in the recruitment of a new head chef and an action plan to address their concerns had been implemented. People had also identified that they would like a 'Shop trolley' which would hold items they wished to purchase. This had supported people to be independent where they could. People were able to buy small gifts for visiting relatives as well as personal items such as toiletries.

The service continued to have appropriate arrangements in place for managing emergencies which included fire procedures. There was a contingency plan which contained information about what staff should do if an unexpected event occurred, such as loss of utilities or fire. The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. We found there were gaps in medicine administration records (MARs) where staff had not signed to indicate they had administered medicines as prescribed. Some medicines had been transcribed (handwritten) onto the administration charts. However, not all of these had been countersigned to indicate they had been checked for accuracy. Nursing staff were crushing medicines for two people using the service without having assurance that this was safe practice and that the medicine would be effective.