

Bainscare Limited

Westbourne Care Home

Inspection report

Westbourne
9 Bedford Road
Hitchin
Hertfordshire
SG5 2TP

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Tel: 01462459954

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 4 July 2017 and was unannounced. At their last inspection on 3 November 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to comply with regulations however there were some areas that required improvement.

Westbourne Care Home provides accommodation for up to 27 older people, including people living with dementia. The home is not registered to provide nursing care. At the time of the inspection there were 25 people living there.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe and staff knew how to report any concerns. People's individual risks were assessed. However, unexplained injuries required consistent monitoring. People's medicines were managed safely.

People were supported by sufficient staff. However, recruitment processes needed further development to ensure they were robust. We found that staff felt trained and supported.

People's ability to make decisions was assessed and the principles of the Mental Capacity Act 2005 were adhered to. Their consent was sought before care was given and they were treated with dignity and respect. People were supported to eat and drink sufficient amounts and there was appropriate access to health and social care professionals.

People or their relatives were involved in their care planning and their confidentiality was promoted. People's care needs were met and their care plans were clear and up to date. People enjoyed the activities available and were able to enjoy going out into the community.

People and staff were positive about the management of the home. There were quality assurance systems in place. We found that complaints were responded to and feedback was sought.

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 ●

The service was not consistently safe.

People felt safe and staff knew how to report any concerns.

People's individual risks were assessed. However, unexplained injuries required consistent monitoring.

People were supported by sufficient staff.

Recruitment processes needed further development to ensure they were robust.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and felt supported.

People's ability to make decisions was assessed and the principles of the Mental Capacity Act 2005 were adhered to.

People were supported to eat and drink sufficient amounts.

There was appropriate access to health and social care professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People or their relatives were involved in their care planning.

Confidentiality was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were met.

Care plans were clear and up to date.

Complaints were responded to and feedback was sought.

People enjoyed the activities available.

Is the service well-led?

Good ●

The service was well led.

People and staff were positive about the management of the home.

There were quality assurance systems in place.

People had regular access to the community.

Westbourne Care Home

Detailed findings

Background to this inspection

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

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

The inspection was unannounced and carried out by one inspector and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with nine people who used the service, two relatives, five staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to three people's care and support. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Oh yes, I feel safe." Staff were aware of how to identify and report abuse. One staff member told us, "I'd report it to my manager or to the safeguarding team, the number is on the poster." There was information displayed around the home reminding people, visitors and staff how to report concerns. We found that where the registered manager had any concerns they reported these to the appropriate people, for example, the local authority or CQC. However, we also found that at times, unexplained bruises or skin tears were not clearly documented as being investigated by the management team and therefore were not always reported where an explanation could not be reached. The registered manager told us they reviewed these and came to a conclusion about how they occurred, for example when a person had been restless and knocked themselves, but they did not always document their investigation. We discussed the need to record all of these actions to ensure that they do not need to be reported as a safeguarding concern. This was an area that required improvement.

The recruitment process included checking for criminal records, proof of identity and written references. However we noted that references were at times taken from a friend or the last employer who was not a care provider even though the perspective employee had prior to that worked in a care setting. In addition application forms did not always include full employment history and this was not explored at interview. We discussed the need for these robust checks with the registered manager who told us that they would ensure this was to be carried out for all future employees.

There were regular safety checks on the environment and equipment. This included fire equipment, hoisting slings and water temperature checks. We saw that there were fire drills also completed. However, we noted that the past two recorded since September 2016 were done in the afternoon. We discussed the need to have a record of which staff attended and to ensure that drills cover all times of the day, and in particular nights when staff work in reduced numbers, to help ensure that drills were effective and all staff had attended one.

People had their individual risks assessed and staff worked in accordance with these assessments. For example, when supporting people to mobilise or when helping reduce the risk of a fall by checking footwear was on properly. The assessments were complimented with care plans which also detailed control measures. For example, for a person at risk of slipping off a shower chair must have a cushion placed on the floor for in the event it occurs to reduce the risk of injury. This showed that staff were thinking about how to enable people to carry out these activities of daily living while trying to help keep them safe. The registered manager had raised awareness about safety with people and provided a booklet about how people can help keep themselves safe. This included drinking enough, letting someone know if they were going out and safe ways to mobilise.

Accidents and incidents were monitored to help identify themes and trends. The registered manager also checked to ensure all remedial actions had been taken.

People were supported by sufficient numbers of staff. However people gave mixed views about this. One

person said, "They are under staffed; always working at a stretch." Another person told us, "Staff are very nice. They come quickly if I need them." However, we noted that the person's call bell was out of their reach. A third person said, "There's enough staff, I get what I need." A relative also told us, "There's always someone there, I haven't noticed any problems." We noted that during the inspection people's needs were met in a timely manner. Staff told us that they felt there were enough staff. One staff member told us, "Sometimes it can be busy on the rare occasion someone goes sick and it can't be covered, but when we're all here we are fine." There were only part time hours that needed to be recruited for and the service rarely depended on agency staff. Staff told us that they were a good team and tried to cover the shifts themselves. We reviewed the call bell log and saw that these were answered promptly.

People's medicines were managed safely and people told us that they received their medicines as needed. One person said the medicine administration was, "Very good. Always available and on time." We observed staff work safely when administering medicines. We reviewed records and saw these were completed consistently and boxed medicines we counted contained the expected number. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Is the service effective?

Our findings

People were supported by staff who were trained and felt supported. One staff member told us, "I feel really supported and I have plenty of training." Another staff member told us, "I get regular training, every week." The registered manager and deputy manager told us that they give staff random questioning at handovers, regular manager walk rounds and meetings to raise awareness of key areas. We saw that staff training was up to date in most cases and there were opportunities for further development. This included safeguarding people from abuse, fire safety, Dementia care, medicines and moving and handling. New staff worked through the care certificate induction and staff who had previously completed this had their competency assessed. Staff supervisions were not up to date but the management team were visible and staff told us they could go to them with any issues.

People were supported to eat and drink sufficient amounts. One person told us, "The food is good; cooking is very good. I tell them it's nice." Another person told us, "I'm fussy about food and things on my plate. I can have something different if needed." We saw that people were offered choices of food for breakfast, lunch and supper and reminded that drink and snacks were available in between. We saw that tables were set nicely and food was presented well. People had their weight and nutritional risk monitored, some received fortified foods to increase calorific intake. Those who were found to be at risk were referred to health professionals. Where people needed assistance to eat, this was done in a calm and friendly way.

People's ability to make decisions was assessed and the principles of the Mental Capacity Act 2005 were adhered to. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were. The appropriate DoLS applications had been made and staff had a good understanding of their roles in relation to people's capacity and promoting their rights. We noted that people were asked before staff supported them and were offered choices about how they spent their day, what to wear and what they liked to eat or drink. One person told us, "Yes, they tell me what they are doing."

There was appropriate access to health and social care professionals. One person said, "I had a [health condition; staff got the doctor in. It seems better now." Another person said, "Staff arrange the doctor if I want." We saw people had regular visits from GPs, district nurses, dieticians and physiotherapists. There was also a visiting chiropodist and hairdresser.

Is the service caring?

Our findings

People were treated with dignity and respect. One person told us, "I regard them (two specific staff) as friends." Another person said, "The staff are almost all very kind." They raised concerns about one staff member who they said was less friendly. We heard them telling a staff member about this and we discussed it with the registered manager who told us they would work with the person and the staff member to identify the person who they found less positive. A third person told us, "The staff are lovely, we chat, I get on so well with them." They went on to say that staff always asked them about their family which they appreciated.

We saw that staff were kind and friendly when supporting people. One person said, "Lots of the girls are very nice. I couldn't manage without them." They were chatting and people were joking with staff. Staff asked people before supporting them and spoke patiently. We noted that people and staff had positive relationships. For example, we heard a person telling a staff member all about their conversation with an inspector, including any little issues they raised. The staff member responded appropriately telling them that the aim of an inspection was to make sure people were safe and happy so it was good that they shared that information. This demonstrated that people were comfortable with staff and staff had a positive attitude to people's views, even when they may include less positive feedback.

We found that staff displayed good communication skills. This included the way they positioned their body, adapting the tone and volume of their voice, gentle touches where needed and even the style in which they spoke with people. For example, some people needed a softer approach, others needed clear direction or enjoyed teasing staff which was reciprocated. One person joked that they had told inspectors that staff were all 'no good', the staff member and person laughed about this and it showed that people knew staff well and vice versa.

People or their relatives were involved in their care planning. We saw that people's views and preferences were reflected in plans and people told us that they were asked what support they needed. Where possible, people had signed their plans and in other instances relatives had signed them. Relatives told us that staff knew people very well. One relative said, "The knowledge they have about each person is great, the care is so individualised." There was also a record of regular contact between staff and relatives. Staff told us that they enjoyed spending time with people, chatting, getting to know them. They also told us that many relatives liked to be involved with people's care and communication was good. One staff member said, "I love it here. I learn from the residents; things about the war that I never knew." We also saw that where a person had recently turned 100 years old, the registered manager had completed what events had happened in the world during their 100 years. There was also a memory board displayed about the person's life. This showed that people were supported by staff who respected them and valued people's life experiences.

Confidentiality was promoted. We saw that care records were stored securely and staff spoke discreetly about people. People's privacy was promoted. We were told that staff closed doors as needed and knocked before entering rooms.

People living at the service did not currently use an advocate. However we discussed with the registered manager the benefits of using an advocate in some circumstances to support them in ensuring people received everything they needed.

People told us that their friends and family could visit freely. We noted that there was a regular flow of visitors in the signing in book. On the day of inspection we saw that relatives were in and out of the home at different times. The registered manager told us that visitors were able to stay for a meal and some often did. One relative told us, "I always feel very welcome."

Is the service responsive?

Our findings

People received care that met their needs. One person said, "We have lived busy lives. It's nice to let someone else do it all now." Another person told us, "Pretty good actually. You can always find fault in people but no complaints." Relatives also felt that people's needs were met. One relative said, "Their one to one care is excellent, they've turned my [person's] life around." They went on to tell us that they had experience of their relative using other services. We saw that people looked well cared for, dressed appropriately and comfortable. When we arrived in the morning there was a good mix of people who were up and others who were in bed. We heard staff talking about a person who today had just woken up and wanted a cup of tea before care was provided. Staff respected this and ensured this happened. We spoke with staff about pressure care management and they told us that no one currently required regular repositioning. However, they told us that one person had been spending the day in bed so that they would regularly go in and encourage them to reposition. We found that this was working due to staff being allocated roles for each day but if people regularly spent extended periods of time in bed, a formal system for ensuring people received regular repositioning would be needed to help prevent them from developing a pressure ulcer.

People's care plans were clear and detailed. They gave staff instruction on how people liked and needed to be supported. For example, how to support a person to make part of their bed to help promote their independence. There was detail about how many pillows people liked, male or female care staff and what techniques were to be used to assist someone to mobilise. We saw that these were reviewed regularly and were person centred. Choices and preferences were reflected. These covered communication, social needs, personal care and other health related plans.

People told us that they enjoyed the activities on offer at the service but some chose to do their own thing. One person said, "I'm not interested. I go for a walk every day, they (staff) just ask me to let them know, and where I'm going." Another person told us, "Yes I like to join in." On the day of inspection people enjoyed a work game as a group, others were watching TV and some were reading the newspaper. As the day went on, people sat in the garden doing crafts and some went for walks. A relative told us that they had visiting pet therapy dogs which people enjoyed and we also saw they had also had a visiting small animal group where people met and held all types of different animals. People told us they had enjoyed this.

There were events in the home, upcoming was a summer BBQ with a raffle and recently there had been a strawberry cream tea which people told us they enjoyed. One person told us that the party had been enjoyable, they said, "All the bunting was out." One person told us they had their own routine of getting their paper in the morning, popping to the shops and then joining in with some activities later in the day. Regarding links to the community, the Activities Organiser said that 4 residents had been supported to attend nearby Christchurch for a coffee morning and there were plans to go again. She was also working on making connections with more local activities and entertainment. Regarding links to the community, the Activities Organiser said that four people had been supported to attend nearby Christchurch for a coffee morning and there were plans to go again. They were also working on making connections with more local activities and entertainment. We were also told that 30 schoolchildren had visited over two days last week to

sing for people, do some flower arranging and also to show their laptops to people.

People and their relatives knew how to make a complaint should they need to. One person said, if I asked for something reasonable I think it would be alright." Another person told us that if they needed to make a complaint that the registered manager would, "Try their best I suppose (to resolve the issue)." A relative told us, "They always encourage us to say if there is a concern, I wouldn't feel intimidated going to them, they never put up any barriers." There had been no recent formal complaints but those that had been received previously had been responded to appropriately. The registered manager told us that smaller issues were dealt with on a day to day basis as people popped in to see them. However, we discussed the benefits of recording these little issues to help identify any themes or trends that needed to be addressed.

People, their relatives, staff and professionals were asked for their feedback through a survey. There had been a recent external survey completed. While the responses were mostly positive, the registered manager had found some areas that needed to be developed. This was in relation to staff feeling supported and some meals provided. In response to this they had carried out their own food survey and were planning on sending out a staff survey to ascertain what areas they needed to improve on. The results of the food survey were mostly positive and suggestions were being added to the menu.

There was also a suggestion box in the communal area so people could provide feedback freely. There were regular resident and relative meetings to seek views and share information. People felt that they were listened to.

Is the service well-led?

Our findings

Most people, mainly those living downstairs or spending time in communal areas, told us they knew the registered manager and would go to them if they had a concern. One person said, "I would speak to her if there were problems. She would either change it or explain to me why it's better not to change it." However, some people, mainly those who stayed in their upstairs rooms, could not remember who the registered manager was.

People told us that they felt the home was well run. One person said, "Yes, it's very smooth, relaxed." Another person we spoke with discussed that the registered manager had arrived to the home when they were meant to be on holiday. They told us, "That's because [they] have a real sense of duty, I like that, it's very good, they're all like that, a real sense of duty, it's a positive thing." They went on to say, "I love it here, [registered manager] is very good." Relatives also felt the home was well run.

There were quality assurance systems in place. These checks included audits which monitored the environment, safety and medicines. There were also random walk rounds where the registered manager took staff around with them asking them to review rooms and how well cared for people looked, asking for their views. They told us that they used this to provide positive feedback but also raise awareness of the smaller details, such as tidiness of rooms and if people looked like they were engaged. As a result of these checks and audits, action plans were developed and signed off when tasks were completed.

There was clear leadership in the home. Staff told us that the registered manager was often around offering guidance or instruction. One staff member said, "[Registered manager] is always around checking things." Staff told us that issues, events or anything else they needed to know was shared with them through handover, meetings or memos. They felt they were kept well informed.

The ethos of the service was to make it feel like it was people's homes and this was felt by people. One person said, "It's a very homely home, relaxed." There was a calm, informal atmosphere and staff shared the views of the registered manager that it was people's home. The registered manager and their team were enthusiastic about putting people first and being advocates to ensure they received everything they liked and needed. This included having difficult conversations with others if they were putting people first. One relative told us, "We were hugely relieved when we found Westbourne." They went on to say, "They are very communicative and proactive, if there's a problem or [person] is worried about something, the [registered] manager calls me." They told us, "It's like a proper home, not a care home but a homely home."

The registered manager was enthusiastic about continuous improvement. They worked to develop their staff team and with local commissioners to provide a good service. This included raised 'Sepsis' awareness amongst the whole team, as the older people are in a high risk group and they worked through 'The Resource Pack for Care Homes' issued by the Clinical Commissioning Group earlier this year, and made appropriate changes to their practices even though they were only recommendations. They also introduced 'Easy Access Policies' which were specific to their home, but also clear and easy to use. This helped staff at every level to understand what their expectations were, along with meeting legal requirements

Staff enjoyed working at the service. They told us that the level of support at atmosphere in the home was very different to other places they had worked and this was due to the management of the home.

People had regular access with the community. People told us they went to the local shops, church and restaurants. We also saw that the local schools visited and they used students in the home to support people with some care or social activities.