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Westbury House Nursing Home

Inspection report

West Meon
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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

Overall summary

We carried out an unannounced inspection of this home on 1 and 2 June 2015. Westbury House Nursing Home provides accommodation and nursing care for up to 60 people over the age of 18 who have physical disabilities and neurological related diseases and disorders such as Huntington's Disease and acquired brain injuries. The home provides accommodation over four floors with passenger lifts to all floors and external wheelchair access to the grounds. There is a unit called the Cedar Wing in which staff support people with additional care and support needs. At the time of our inspection 31 people lived at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At our last inspection in February 2015, the service was not meeting the minimum standards with regard to safe administration of medicines. We asked the provider to take action to make improvements. They submitted an action plan telling us they would be compliant by May 2015, and at this inspection we found this action had been completed.

People felt safe at the home. Staff knew them well and people felt confident any concerns they raised with staff would be addressed. The registered provider and staff had a good awareness of how to safeguard people from abuse. Policies and procedures were in place to support staff in the management of safeguarding issues. Staff were confident to raise any issues with the management team and said these would be addressed promptly and efficiently. Safe recruitment practices in place meant staff were suitable to work with people in a care setting.

Risk assessments in place informed care plans and records, to ensure people received individualised, safe and specific care based on their needs. Incidents and accidents were recorded, monitored and reported in a way which ensured the safety and welfare of people. Medicines were stored securely and people received their medicines in a safe and effective way.

Main areas of the home were clean and fresh with good standards of hygiene maintained. Some areas of the home were in need of maintenance, cleaning and updating. The registered provider had a plan in place to address this.

Staff at the home were guided by the principles of the Mental Capacity Act 2005 (MCA) when working with people who lacked capacity to make decisions. The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The DoLS requires providers to submit applications to the local authority where people may need to be legally deprived of their liberty in some circumstances in order to receive safe care and treatment. These had been implemented appropriately to ensure the safety and welfare of people. Care records reflected the support people received in decision making and who should be involved with this.

Staff knew people very well and interacted with them in calm, encouraging and positive manner at all times. They ensured people were offered choice and demonstrated good communication skills. Staff received training to support them in their role and received supervision in line with the registered providers policy.

Nutritious and well-presented food was provided for people. Dietary requirements were recognised and recorded. People had access to external health and social care professionals for support and treatment as was required.

People felt valued, happy and content in their home. They enjoyed living at the home and found staff very caring and compassionate. Their privacy and dignity was respected at all times and they felt able to express their views and have them respected and acted upon.

Assessments of people's needs had been completed on admission to the home. Care plans were developed, reviewed and updated in accordance with people's needs.

Relatives and health and social care professionals found the management team to be responsive to and effective in meeting the needs of people.

An activities coordinator was available to support people with a wide range of activities which encouraged people's independence and reflected their choices.

People and their relatives spoke highly of the registered manager and their staff. They said the manager and senior staff were easy to talk to, open to suggestions for improvements or new ways of supporting people, and always responded to them positively and with encouragement.

The registered provider had an effective system of audit in place to ensure incidents and accidents were reported, recorded and followed up in a way which ensured the safety and welfare of people. Audits of health and safety, building maintenance and infection control had identified areas for improvement in the home and the registered provider was addressing these.

Summary of findings

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 always safe. Some areas of the home were in need of cleaning, refurbishment and maintenance.

Medicines were stored, recorded and administered safely. There were sufficient staff to meet the needs of people.

Risks for people had been assessed and people were supported by staff who had a good understanding of how to safeguard people from harm.

Is the service effective?

Good

The service was effective. People said staff knew them well. Staff had received training and support to ensure they could meet the needs of people.

People were supported to make decisions in line with the principles of the Mental Capacity Act (2005). They were supported by staff who had the necessary skills, training and support to meet their needs.

People enjoyed a wide variety of foods available including specific dietary needs.

Is the service caring?

Good

The service was caring.

People felt valued and respected as individuals. Staff knew people very well and were caring and supportive of their needs whilst respecting their privacy and dignity.

People were cared for in a kind and compassionate way, facilitated to express their views and actively be involved in their care planning.

Is the service responsive?

Good

The service was responsive. Care plans and risk assessments in place ensured people received personalised care which was responsive to their needs.

People were encouraged to remain as independent as possible and were offered choice and support as needed.

The home's complaints policy was visible for all to see and people felt sure any concerns they raised would be dealt with in a prompt and efficient way.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and people and their relatives were regularly asked their opinions of the service. Feedback was acted upon promptly and efficiently to improve the service.

Summary of findings

The registered provider had established a management team within the home to support the running of the service. This management team was clearly visible to all. Staff felt supported and had a good understanding of their roles and responsibilities within this structure.

Audits in place were efficient and highlighted areas which the registered provider was addressing with regards to the maintenance, health and safety and infection control practice in some areas of the home.

Westbury House 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 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.

The inspection took place on 1 and 2 June 2015. The inspection team consisted of two inspectors, an expert-by-experience in living with neurological conditions and a pharmacy inspector. 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. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with 10 people who lived at the home and four visiting relatives to gain their views of the home. We observed care and support being delivered by staff in communal areas of the home and in the Cedar Wing; this is a unit for people with additional care and support needs. We spoke with nine members of staff, including the head of care, the deputy manager, an administrator, registered nurses, care staff, kitchen staff and cleaning staff. We spoke with two external health and social care professionals who support people who live at the home.

We looked at the care plans and associated records for eight people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, three new staff recruitment files and policies and procedures.

Requires improvement

Is the service safe?

Our findings

People felt safe at the home. They told us there were enough staff to meet their needs and they were encouraged to discuss with staff any concerns they may have. One person told us, "If I am worried about anything I can talk to the staff, they will help me." People felt the environment was safe and medicines were given promptly and safely.

At our inspection in February 2015 we found the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as medicines were not always administered and recorded effectively. At this inspection we found the provider had taken steps to address this concern. Medicines were stored safely and within their recommended temperature ranges. The administration of medicines were appropriately recorded on a medicine administration record (MAR) and all charts were clearly legible and complete. Information was available to support the safe administration of medicines such as people's allergies, any variable dosage and as required medicines needs. For one person, who had been prescribed a medicine which required regular monitoring of their blood clotting, we saw records and care plans in place to ensure these were carried out in a timely way and the effects of the medicine monitored. People who required specific medicines for a health condition such as epilepsy or diabetes had care plans which identified how the condition was supported with the use of medicines. Two people were on a varying dose of insulin according to their diabetic needs at each meal time. We saw appropriate measures were in place to ensure staff recorded their blood sugar readings and administered insulin in line with their needs. Care plans for medicines reflected these needs.

A member of care staff described how they were required to apply creams for people as part of their personal care and as prescribed on their MAR. The MAR and care plans in place for people reflected these actions.

Staff were aware of the need for maintaining good standards of hygiene and arrangements were in place to keep the home environment clean and protect people from acquired infections. Personal protective equipment was available and readily used by staff; however some pieces of equipment staff used to support people's mobility were not clean. Most areas which were used regularly such as people's rooms and the dining and lounge areas were clean and fresh. However some areas required further attention to ensure people were safe from the risk of infection. For example, some toilet areas on the top floor of the home were in need of cleaning. Some rooms on this floor were being used for storage of furniture and nursing equipment such as catheter bags. These rooms were dusty and contained furniture which was not clean and stored haphazardly and were easily accessible to people. The second floor of the home had a bathroom which was not used, and was not clean; it contained a bath aid and a hoist which were not clean. On the Cedar Unit of the home on the ground floor we found carpet areas which were sticky, unclean and in need of replacement. Whilst the registered provider had taken steps to ensure good standards of hygiene were maintained, further work was required to keep people safe from the risk of infection. Infection control audits were completed for the areas of the home used by service users, however did not always identify other areas not in use for infection risk.

The risk associated with people's care needs had been assessed and informed plans of care to ensure the safety of people. For people who displayed behaviours that might present a risk to the person or others, the behaviours and triggers to these had been identified. Staff knew people very well and demonstrated a good understanding of their needs and how to support them. Care records reflected actions staff had taken to support people should they become distressed or agitated and care plans had been updated when required to reflect changes in people's needs. For people who were at risk of falls, risk assessments had been completed and informed care plans on their mobility and risks of falling around the home. For people who had moved in recently, care records showed initial risk assessments were reviewed weekly and were being used to inform plans of care for people as they settled into the service.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. Staff had received training on safeguarding and had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. Staff were aware of the registered provider's whistleblowing policy and how they could also report any concerns they may have to their immediate line manager or other manager in the service.

Requires improvement

Is the service safe?

Personal evacuation plans were up to date and kept in an area close to the entrance of the service for staff to access in the event of an emergency. For two people these were also displayed on the wall of their room as they would require maximum support from staff in the event of an evacuation from the home. The clinical lead told us they planned for these to go on each person's wall to allow ease of access for all staff in the event of an emergency.

The registered provider used a nationally recognised dependency tool to measure the needs of people and ensure adequate numbers of staffing were available to meet these. We saw this had been used to identify the staffing needs following changes to the dependency of people at the service. The clinical lead told us this would be further embedded in the service when the number of people who lived at the home increased in the near future.

There was sufficient staff available to keep people safe and meet their needs. The home had an on-going recruitment drive to ensure sufficient staff were available at all times to meet the needs of people. At the time of our inspection three new staff were due to start within the next two weeks. Some staff lived on site to support any urgent staffing needs or staff absence.

The registered provider had safe and efficient methods of recruiting staff. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and 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. The registered provider had established a management structure for staff in the home. This ensured a senior member of staff was always available to provide guidance and support for people, ensuring safer working practices to meet the needs of people.

Good

Is the service effective?

Our findings

People told us staff knew how to meet their needs. Staff knew people well and strived to create a homely atmosphere for people where they were encouraged to maintain their independence. Staff interacted with people in a calm, encouraging and positive manner. People moved around the home as they wished or were able, and staff supported people to move to areas of the home as they requested. Relatives spoke highly of the staff and the way in which they supported their loved ones. One said, "She can have anything she wants, just ask."

The registered provider had a management and staffing structure in place which provided clear roles and responsibilities for all staff. The clinical lead and other registered nurses provided a clinical leadership role each day, taking charge of each daily shift, providing support and guidance for all staff. Care staff were encouraged and supported through direction form nursing staff and training to take on enhanced skills such as medicines administration and supporting external health and social care professionals on their visits. Staff said they felt supported by their peers and senior staff.

A program of supervision sessions, induction, training, and meetings for staff ensured people received care and support from staff with the appropriate training and skills to meet their needs. Staff felt supported through these sessions to provide safe and effective care for people. All staff were encouraged to develop their skills through the use of external qualifications such as national vocational qualifications. These are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must proved that they have the ability to carry out their job to the required standard.

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. People were encouraged to take their time to make a decision and staff supported people patiently whilst they decided. For example, one person did not wish to attend an activities event which had been planned. Staff patiently discussed with them, what they would like to do and offered alternative activities. They left the person to decide and returned within 15 minutes when the person had decided to join in the planned activity. The person said, "Sometimes I just don't fancy it, but it's nice to have the choice."

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. Care records held clear information on the processes which had been followed to ensure the appropriate people were involved in making decisions about people's care and welfare. All staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) since 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority to protect the person from harm. Several people who lived at the home were subject to a DoLS; we found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People received a wide variety of homemade meals and fresh fruit and vegetables were available each day. The chef spoke with people about their preferences and asked for feedback from people when they met with them at a 'Resident's Meeting'. Care plans in place identified specific needs, likes and dislikes of people and the chef was aware of these. Whilst the dining area was quiet with minimal interaction between people and staff, people were assisted to manage their meals in a quiet, dignified and respectful way. However one visitor felt their relative did not always receive the intervention and support at ,mealtimes which they felt was necessary. Some people were supported to manage their meals in their own rooms. We observed staff sitting with people and offering them support as it was required whilst respecting people's wishes. For example, for one person who remained in bed for their meals staff were patient and calm as they supported them with their meal. The kitchen area was clean and well managed with foods and utensils stored appropriately.

Good

Is the service effective?

Areas of the home were in need of refurbishment and maintenance. Some areas of the home were used infrequently and as such were in the process of being upgraded. The registered provider had an on-going plan of maintenance to improve the décor and updating of the building. For example, a new wet room had been installed on the ground floor since our last inspection and further work to improve accessibility had been completed.

Records showed people had regular access to external health and social care professionals as they were required.

A GP visited on the day of our inspection to support people. The registered provider told us they regularly worked with community services staff to meet the needs of people. This included a chiropodist, pharmacist, community specialist nurses and therapists, speech and language therapists and community psychiatric nurses. Feedback we received from external health and social care providers was positive. They told us the clinical lead was very approachable, and staff at the home were responsive to suggestions, requesting support when this was required.

Good

Is the service caring?

Our findings

People were valued and respected as individuals and said they were happy and content in the home. Staff showed kindness and compassion whilst supporting people with their needs whilst respecting people's views. A relative said, "I think they [staff] are perfect." A visiting health care professional told us staff were always very caring and knew people well.

Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to recognise how people were feeling when they spoke with them. For example, two people became agitated with each other during an activity session. Staff spoke calmly and slowly with the people, encouraging them to express themselves and help them understand why they were unhappy. They encouraged them to participate in their preferred activity and converse with others. This helped both people to enjoy the session and remain calm.

At mealtimes, staff were seen to engage positively and cheerfully with people. They offered support with managing meals, cutting up food and offering drinks to people. Throughout the day staff spent time with people chatting and laughing whilst supporting people with their needs. Staff encouraged conversations and activities which they knew people enjoyed. For example, one person enjoyed reading books, whilst another person received their daily paper and spent time quietly reading. Staff actively encouraged people to remain independent and participate in activities of their choice. During our visit five people enjoyed a quiz one afternoon. The session was seen to be very sociable and people told us it had been fun. Other people were encouraged to do other activities in the same area whilst the quiz was going on including knitting and reading. Some people chose to do activities around the home; in their room, in the dining area, in the lounge area or outside.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. For example, staff ensured doors were closed when providing people with support with their personal care. For one person, who was being cared for in bed, staff had provided calming music for them to listen to whilst resting and sat with the person on several occasions to prevent them from feeling isolated.

Staff had worked with people and their representatives to ensure their care reflected their preferences, choices and needs. People had been involved in the planning of their care and monthly review of their care. People were able to express their views and be actively involved in making decisions about their care. They told us they could speak with the registered provider or senior staff every day and could voice any concerns they may have at a regular 'Resident's meeting'. Records of these were kept and actions from these meetings had been completed.

Good

Is the service responsive?

Our findings

People were able to express their views and be actively involved in making decisions about their care. Many of the people who lived at the home had been there for many years and enjoyed the home environment which they had established and knew well. People or their representatives where appropriate, had signed their care records to show they had discussed the planned care with staff and agreed to regular reviews of this. Health care professionals we spoke with told us staff responded to people's needs and requested support from them when this was required.

On admission to the home, each person had met with the registered manager to discuss their care needs, their preferences and their personal history. This allowed staff to understand their needs and how people wanted to be cared for. This information was available in each person's care records and identified specific likes and dislikes, hobbies, and their personal abilities to manage their own care. It also noted people who were important to them and who needed to be involved in their lives. From this information care plans were written with the person to identify their needs. For two people who had recently moved in, the clinical lead told us how they had worked with the people to gradually build their care plans to meet their recognised needs. For example, for one person who was immobile and required support to manage all their personal care needs, we saw care plans had been updated weekly to accommodate their changing needs as they had settled into the home. Care plans clearly identified how staff could support people.

Care records and plans were reviewed monthly by registered nurses and named key workers were in place to offer people the opportunity to develop supportive relationships with a particular member of staff who could provide individualised and consistent support in the management of their care. People said they were very happy to speak with staff if anything in their care needed to be changed. Four people said their keyworker was someone they could talk to if they needed anything, if they were worried about anything or if they wanted to do something different such as go out for a day. One person said, "[Key worker] is around a lot and will help me to get in touch with my family if I need anything. [They] know me really well." One relative said staff knew their loved one very well and, "Staff would notice an 'off day'- they are very good at that."

Relatives said they were involved in the review of any care needs their loved one may have and the home kept them actively informed of any changes in their care needs. They said they could visit at any time.

An activities coordinator spoke positively of their role providing for people's social needs. They said a wide variety of opportunities were available for people and it was their responsibility to ensure adequate stimulation and support was provided for people. Activities were varied and reflected people's requests and preferences. They included board games, reminiscing, crafts, quizzes, puzzles and physical exercise. There were opportunities for people to use the service's own transport for trips to external activities. One person said, "We had a quiz today and I really enjoyed it, we all had fun." Another person said, "I can take it or leave it, I am allowed to do as I choose."

The complaints policy was displayed where people could see it. The home had received no complaints since our last inspection. The registered provider worked closely with people to enable concerns to be addressed promptly and effectively. The registered provider had effective systems in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. They encouraged staff to have a proactive approach to dealing with concerns before they became complaints. For example, staff were encouraged to interact with people and their relatives, whilst maintaining their privacy, to ensure their needs were being met. Staff met visitors in a warm and friendly way and encouraged them to express any views about the service their relatives received. People said they felt able to express their views or concerns and knew that these would be dealt with effectively.

The registered provider completed quarterly satisfaction questionnaires for people and their families and relatives. The information from these was collated and provided an agenda for a meeting in the month following the survey of people who lived at the home to explore any concerns and address any actions they raised. We saw actions from these meetings and questionnaires had been followed up; for example, one person had raised concerns about the response time to answering their call bell. We saw random

Good

Is the service responsive?

audits of the response times to call bells were completed by the registered provider to ensure people were responded to in a timely manner. For another relative who expressed concern about the position their relative was placed in their room, this was addressed immediately to ensure the person was supported in a more suitable way to meet their needs.

People told us the staff responded to any concern they may have in a prompt and effective manner. Relatives and health and social care professionals said staff were responsive to people's needs.

Good

Is the service well-led?

Our findings

People said the management team at the home worked very well together following changes the registered provider had implemented. They knew who the management team at the home were and confirmed the home ran smoothly whether the registered manager was present or not. One person said, “They [the registered manager] have got a team of people who work hard and very well together. I like them a lot.” Another said, “Things are much quieter and more settled when they [registered provider] are not here and let the team get on with it.” A health care professional we spoke with said staff were settled and worked well together to support people’s needs, requesting support from external professionals when it was needed.

People, their relatives and staff were actively involved in the delivery of the service at the home. The registered provider completed three monthly quarterly satisfaction questionnaires for people and their families and relatives. We saw actions from these questionnaires had been followed up.

A management team consisting of the registered provider and manager, the clinical lead, deputy manager and heads of department in the home was established and met weekly or more frequently if this was required. They reviewed and addressed any issues of concern including incidents and accidents, complaints, review of care needs, planned audits or any other matter of concern. Actions from these meetings were noted and completed. The registered provider had established responsibilities for each member of the management team and worked with the team to ensure all areas of responsibility were supported.

Staff recognised the management team as a support network for them in addressing their own needs at work as well as in meeting the needs of people for whom they cared for. Supervision and appraisals were completed in line with the registered provider’s policy and staff said these sessions gave them the opportunity to discuss any concerns they may have and explore further training opportunities. They felt supported in their role at the service. Management responsibilities had been delegated across the staff group including the role of key worker for care staff and the supervision of more junior staff.

The registered provider had a system in place to monitor patterns or trends of incidents and accidents which were investigated and learning outcomes identified to prevent their recurrence. The clinical lead described several incidents which had occurred for one person which had resulted in them having to leave the home to be supported in a more suitable environment. They discussed how this had been addressed with the person and all supporting health care professionals to meet the needs of the person. For another person who had fallen several times, care plans reflected updated actions following the review of the incident and accident forms completed.

Audits to ensure the safety and welfare of people were completed by the management team and included health and safety, pressure mattress records and other health related equipment, fires safety and medicines. Audits in place for health and safety, infection control and building maintenance continued to identify area’s of work which required completion to ensure the safety of people in the building. This included; work to replace floor coverings, repairs required to bathrooms which were being adapted to become wet rooms, decoration of the building and clearance of rooms which were not currently in use. We recognised this work was on-going and was monitored regularly by the registered provider.