

New Century Care (Borough Green) Limited

Westbank Care Home

Inspection report

64 Sevenoaks Road
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Kent
TN15 8AP

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westbank Care Home is a care home providing accommodation with nursing and personal care for up to 40 people. Peoples' needs were varied and included people with nursing needs and people living with dementia. At the time of our inspection there were 37 people using the service. Accommodation is provided on one level with four different wings and communal areas, for example lounge and dining room.

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

People told us they felt safe and were happy living in Westbank Care Home. One person said, "Oh yes I feel safe, I like the windows open, but they only go so far, and I have my call bell." Another person said, "Oh yes I'm safe. I'm just comfortable. Everybody is very nice." Relatives agreed. One relative said, "My [relative] is safe living here and they have always been happy living here. I think that shows they feel safe."

Risks were managed and staff had enough information to keep people safe. People received safe care and support from staff who knew them well. Medicines and infection control were both managed safely, and lessons were learned when things went wrong. There were enough staff deployed to meet peoples' assessed needs.

People were involved in decisions about their care and they received care which promoted their dignity and encouraged independence. One relative said their relative was given as much independence as possible.

Effective quality assurance processes were in place to monitor the service and regular audits were undertaken. Staff had received appropriate training. A new manager had been appointed since our last inspection and staff told us they found them approachable and supportive with an open-door policy. Nurses told us they had good support from their clinical lead.

People using the service and relatives all spoke positively about Westbank Care Home and the staff. One relative said, "I would have no hesitation in recommending the excellent care offered at Westbank Care Home to anyone." People and relatives described staff as kind, understanding, caring and patient.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 14 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westbank Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Westbank Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

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

Service and service type

Westbank Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westbank Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post. The registered manager was not available on the day of our inspection, but another experienced manager had taken responsibility for leading the team.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of our monitoring activity that took place on 11 October 2022. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived in the service and 2 relatives about their experience of the care provided. We also received feedback from 6 relatives as part of our recent direct monitoring activity. We observed multiple interactions between people and staff throughout the day. We spoke with 8 members of staff including the manager, clinical lead, nurses, care staff and a range of support staff. We reviewed a range of records including 5 peoples' care records and multiple medication records. We looked at 3 staff recruitment files. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, training records and audits.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident that actions would be taken if they were to report something. Staff told us and records confirmed that safeguarding training was up to date.
- Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations. Lessons learned were shared.
- People and their relatives told us they felt safe living in Westbank Care Home. One person said, "I feel totally safe, the whole atmosphere here and the staff are good." Another person said, "It is very safe, you can't get out without a code. The staff are really good here, you can't fault them."

Assessing risk, safety monitoring and management

- The provider had recently introduced an electronic care planning system, and not all records had been transferred across. However, care plans and risk assessments were clear, comprehensive and up to date. They contained enough information for care staff to provide safe care and manage any risks, such as falls, skin damage or choking. The provider used recognised tools for assessing risks such as skin damage, nutrition and pain. Daily records of care and support provided were comprehensive and included references to activities and nutrition.
- Where people required monitoring such as weight loss, fluid intake or repositioning to prevent skin damage, records had been completed correctly. Where people required special pressure relieving mattresses, the required settings were documented and checked regularly. People received safe care and treatment mainly by staff who knew them very well. One person said, "The staff are very good indeed." Another person said, "When the staff help me they always explain what they are doing."
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Issues were recorded in the maintenance folder and signed off when they had been resolved. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded. Evacuation training had been completed, evaluated and lessons learned shared.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The manager had made DoLS applications.

Staffing and recruitment

- There were enough staff deployed to meet peoples' needs. People told us they thought there were enough staff, although some people were negative about agency staff. People told us call bells were answered quickly. One person told us, "They don't take long to come if I press it [call bell]." Staff told us they thought there were enough staff but were sometimes nervous working with agency staff. One staff member said, "It's hard because they don't always know the residents very well."
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their Personal Identification Number to confirm their registration status. Nurses were required to update their registration annually.

Using medicines safely

- Medicines were managed safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. People told us they got their medicines on time. One person told us, "The nurse brings my medicines in a pot and I take them." Another person said, "They bring my tablets when I need them and stand here until I've taken them."
- The service used electronic medicine administration records, and these had been completed accurately. Medicine errors were documented, investigated and lessons learned shared during clinical meetings. Staff wrote reflective accounts which were used as a learning tool after any medicine error.
- Medicines were audited regularly by the clinical lead. Medicines had been recently audited by the service's pharmacy partner and no concerns had been identified.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting to the service was unrestricted and people were welcomed to the service at any time. One visitor told us, "I visit each week and receive a warm welcome from everyone, they couldn't be more helpful."

Learning lessons when things go wrong

- There were systems in place for recording accident and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services.
- Accidents and incidents were investigated. Actions were taken to prevent recurrence, such as low-rise beds, crash mats and reassessments of risks. Incidents such as falls, were analysed to enable the service to put preventive measures in place.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The manager promoted a positive culture within the service and there was a commitment to continuous improvement. The manager had an open-door policy and encouraged staff, people and relatives to share their views.
- Staff told us there was good teamwork. People and their relatives agreed and said they trusted the staff and managers. One person told us, "The home is well organised. I can't think of one good thing; all things are good." A relative said, "When you enter Westbank Care Home you immediately get the impression of a well-run care home. All the staff from the manager down are very friendly and accessible." Relatives told us the activities programme provided stimulation and contributed to their relative's self-esteem and well-being.
- People mainly spoke very positively about the service. One person said, "The best thing is there is always someone here and my family don't need to worry about me." Another person said, "It's good that we have our own room with our own things around us. And the staff are all really nice."
- There were some negative comments about the food. One person said, "The one thing I would complain about is the food, they serve it by room number, and I am at the end so when I get it it's cold. I tell them and they always heat it up again, but it becomes a chore." We discussed this with the management team and they immediately put plans in place to resolve this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us, and records confirmed that staff were in regular contact with them. One relative said, "Recently, I was particularly grateful when [staff member] telephoned me when they were concerned about my relative's health. They made sure [relative] was OK." Another relative fed back to us, "During moments of 'crisis' (medical emergency) they have worked as a team, been decisive and given me increased confidence that this is the right place for [relative]."

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

- There was a clear management structure; nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us the management team were supportive and approachable and were confident in reporting any concerns. Staff told us Westbank Care Home was a good place to work.
- The manager met daily with heads of departments to ensure that key messages about people were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting.
- The provider had a robust quality monitoring process. Monthly audits were undertaken including, environment, health and safety, medicines, care plans and clinical indicators, for example pressure ulcers and falls. A daily walk about audit had recently been implemented.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The manager had correctly submitted notifications to CQC.

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

- Staff told us, and records confirmed they were invited to meetings and encouraged to contribute. A staff survey was due to be undertaken but results from the 2021 survey were positive. Staff told us they had regular supervisions with a senior member of staff or a nurse.
- The clinical lead held clinical review meetings weekly where issues such as new admissions, wounds, diabetes, weight loss, nutrition, hydration and infections were discussed. Actions were documented and reviewed again at the next meeting to ensure issues were being addressed in a timely manner.
- The last survey for people and their relatives was also in 2021 and another one was due to be undertaken. Feedback from the last survey was generally positive with communication being the main area for improvement. Most people told us they had not been asked to fill out a survey but would be happy to do so if asked. One person said, "I haven't been asked to fill out a survey, but I haven't had to raise any concerns." Another person said, "I haven't been asked for feedback, I'd happily give it if asked."
- The provider had arranged a residents and relatives meeting, which took place on the day of our inspection. The meeting was well attended by relatives and residents. During this meeting people and relatives were invited to share their views on a variety of topics, including food, activities, and the standard of care provided. The management and activities team discussed their proposals for regular newsletters and the development of an action plan following peoples' feedback.

Continuous learning and improving care; Working in partnership with others

- Nurses attended regular clinical meetings where key clinical issues were discussed, such as wound management, weight loss and falls prevention. Action plans were in place to ensure that issues were addressed and reviewed, for example, referrals to dieticians or specialist nurses.
- The service was committed to continuous improvement and lessons learned from incidents, accidents or complaints were shared with the team. Falls were analysed and referrals made to the falls team where necessary.
- The clinical lead and nurses worked closely with other professionals such as, GPs, dietitians and specialist nurses, for example, tissue viability or diabetes. There was a new pharmacist at the local surgery responsible for reviewing medicines and blood tests; the service was developing a very good working relationship with them.
- The management team worked closely with the local hospice, who also provided end of life training for staff. The service benefitted from regular visits from a podiatrist and reflexologist.