

West Bank Residential Home Limited

West Bank Residential Home

Inspection report

Walford Road
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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

West Bank Residential Home is a care home providing personal care for up to 42 people. The service provides support to older people, people living with dementia, people with physical disabilities and younger adults. At the time of our inspection there were 39 people using the service.

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

People, their relatives and staff gave positive feedback about the care provided. The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse. People received their medicines as prescribed. The premises were clean with no malodours. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible; the policies and systems in the service promoted this practice. Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance.

The provider had comprehensive quality assurance systems to monitor the quality of the service. People, relatives and staff were regularly asked for feedback. The culture of the home promoted positive outcomes for people. The registered manager understood their responsibilities under the duty of candour. Relatives were kept informed of any changes in people's needs or incidents that occurred. The registered manager and staff worked closely with local health and social care professionals to meet people's needs.

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 26 June 2019).

Why we inspected

We received concerns in relation to falls management, pressure care, communication with families and leadership of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for West

Bank Residential Home on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about submitting statutory notifications.

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.

West Bank Residential 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.

Inspection team

One inspector and an assistant inspector completed the inspection.

Service and service type

West Bank Residential 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. West Bank Residential Home is a care home without 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority and we reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with 3 people and 1 relative about the care provided. We spoke with 5 staff members, including the registered manager, senior staff and care staff. We also interviewed 1 healthcare professional and the chaplain who visited the service. We reviewed care plans for 4 people, 3 staff recruitment file, audits, policies, incidents reports, health and safety records, quality assurance records, medicines administration records and care records. Following our inspection we contacted 4 people's relatives and we asked further clarification from the provider.

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

- People told us they felt safe living at the service. People's relatives also stated that they the provider ensured people's safety. One person told us, "They are all very, very good." Another person's relative said, "He feels very safe and thinks the staff go the extra mile in keeping him safe and comfortable. He'd recommend them 100%."
- Staff told us they knew how to recognise that someone may be at risk of harm or abuse. They knew who to report their concerns to both inside the home and externally. A member of staff told us, "I would report my concerns to the manager."
- The provider had effective systems in place to protect people from abuse.

Assessing risk, safety monitoring and management

- Prior to our inspection we received concerns about falls management and pressure care. During this inspection we saw records confirming that people's mobility had been assessed and appropriate risk assessments were in place to mitigate any risks of falls. People were referred to healthcare professionals such as district nurses or the falls team. Staff raised their concerns with the management team where they suspected people might have urinary tract infection, which could affect people's mobility.
- We saw that people's skin integrity had been assessed and was regularly reviewed. People's weight was monitored, and we saw that pressure relief equipment had been set up to reflect people's recorded weight. A member of staff told us, "I check the pressure relief equipment during a walk round at the beginning of a shift. I take a mobile care planning device, I have their handover notes and I look at the bed and adjust it. If I make a change, I always record it and repeat during the handover." Another member of staff told us, "Things like blisters, bruises and pressure sores are being photographed and documented straight away." We saw records confirming that staff liaised with other healthcare professionals which resulted in positive outcomes for people.
- Risks related to people's anxiety and behaviour had been fully assessed and reduced. A healthcare professional visiting the service told us, "It is a good home, I think they care for their residents very well. Our team has done dementia training here. We are constantly updating them in new procedures, National Institute for Health and Care Excellence (NICE) guidelines and changes in healthcare industry. We are working with the service to train staff in behaviour expression of unmet needs (BEUN). In people living with dementia this is sometimes misplaced as aggression. That helps staff to identify what unmet needs might be."
- Individual and environmental risks had been identified and managed. Risk assessments were in place to support staff to help people to remain safe. One person's relative told us, "The team are aware of mum's need for assistance with walking, and staff members always make sure that any falls risks are minimised."
- Emergency plans were in place outlining the support people would need to evacuate the building in an

emergency. Fire safety procedures and appropriate checks and training for staff were in place.

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.

Staffing and recruitment

- The provider had a staff recruitment procedure which followed safe recruitment practices including checks on suitability to work with vulnerable people through the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People, their relatives and staff told us there were enough staff to meet people's needs. One person told us, "There seem to be plenty of staff, they are never short of them." A member of staff told us, "Generally staffing levels are good. We have a good mixture of strengths and weaknesses."
- We checked staff rotas and they showed there were appropriate numbers of staff on duty to meet people's needs.

Using medicines safely

- People told us they received support with their medicines. One person told us, "I have my medicines always on time."
- Medicines were administered safely by staff who had received training and had their competency assessed. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines. Regular audits were completed.
- Records showed that people received their medicines as prescribed. Staff demonstrated a good understanding of medicines and the individual needs of people.

Preventing and controlling infection

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

Visiting in care homes

- People were able to have visits from friends and family.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and reported. Where needed, actions were taken to prevent their recurrence. All incidents and accidents were reviewed on a monthly basis during clinical monitoring meetings.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Staff understood their responsibilities to raise concerns. They told us they were encouraged by the registered manager to raise any concerns they had if they felt people's safety was at risk. They told us the registered manager listened to any concerns raised and took relevant action to ensure they would be acted on and dealt with to reduce any re-occurrences.

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 good. The rating for this key question has remained 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

- There was a friendly, open, positive and supportive culture at the home. We observed that staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One relative said they couldn't wish for a better home. The relative told us, "It is amazing here. He was in a backpack of the lodge and now he is in the Ritz comparing to his previous placement. The people, the care, every touchpoint of this place is amazing."
- The registered manager and staff were motivated to provide the best possible person-centred care and support for people, and we saw people enjoying their day and being well supported.
- Staff were enthusiastic and knowledgeable about their roles. Staff worked well together and promoted an open culture.

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 registered manager understood the duty of candour and the need to be transparent when things went wrong. The registered manager notified relevant agencies and relatives when incidents or accidents had occurred.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- The provider completed audits to monitor the quality of care provided. These included audits of people's care plans, risk assessments, medicines, infection control, incidents, accidents, and health and safety. Where issues were identified, they were addressed with staff to help promote learning and improvement.
- We saw that the provider had submitted statutory notifications as required. A statutory notification is information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries. However, some notifications were submitted after a significant period of time.

We recommend the provider submits statutory notifications without delay.

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

characteristics

- People and relatives were encouraged to give feedback about the home. People's relatives praised communication between them and the registered manager. One person's relative told us, "Communication with the service is great. First of all there is [social website], [person's name] has got problem with [specific health condition] and they call with, before and after healthcare professional visit. The communication from day 1 was amazing."
- Staff and people told us the service was well managed and they felt valued. Staff told us the registered manager and provider were approachable and always available for advice and support.
- The registered manager said they had an 'open door' policy and said staff knew they would be available to listen to any concerns of staff and to provide solutions to address these.

Continuous learning and improving care; Working in partnership with others

- The provider worked with other health and social care professional to promote good outcomes for people. They liaised with community nurses, a GP, a falls clinic and a speech and language therapist.
- The provider made appropriate referrals to health and social care professionals when people's needs changed. This meant people had the right levels of support and professional input.
- We observed the provider worked in partnership with local community services and organisations to ensure appropriate support was co-ordinated for people. For example, the service had developed a relationship with the local church, school, nursery and local pottery studio. The local chaplain visiting the service told us, "The link with West Bank has been so strong, I think we built bridges. I got to know residents and support families 1 by 1."