

Barchester Healthcare Homes Limited

West Abbey

Inspection report

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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 Abbey is a nursing home providing personal and nursing care to up to 97 people. The service provides support to older people living with dementia and those with other nursing needs, such as acquired brain injuries. At the time of our inspection there were 74 people using the service.

The home is purpose built, set across two floors. There are three separate areas of the service. Each area has communal spaces such as lounges and dining rooms. There is level access to secure gardens.

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

People and relatives said they were happy with the home and the care and support provided. The home was friendly and welcoming.

Risks for people were identified and managed. Medicines were managed and administered safely. People's health needs were managed and advice sought when required.

The home was spacious, clean and tidy. People had access to safe outdoor space. Regular checks on the environment and fire safety were conducted.

Meetings took place to share information and gain feedback. Systems to communicate with staff and relevant others were in place.

The home was well-led and managed. We received positive feedback about the registered manager. Governance systems assessed and reviewed the quality of care. Actions were taken to develop and improve identified areas.

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 requires improvement (published 10 February 2022).

Why we inspected

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

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 changed from requires improvement to 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 West Abbey 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.

West Abbey

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 conducted by two inspectors 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

West Abbey 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 Abbey is a care home with nursing care. The Care Quality Commission (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 CQC 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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection

We spoke with 8 people living at the service and 11 relatives. We spoke with 12 staff members which included the registered manager. We reviewed 8 people's care records and 14 medicines records. We reviewed 3 staff recruitment records. We looked at a variety of records relating to the management of the service, including policies, procedures and audits. We gained feedback from 4 health and social care professionals.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed and administered safely. A person said, "I take medicines. Staff bring them on time to me." A relative said, "Yes medicines are provided by the nurse on the unit."
- Medicines were stored securely and temperatures of medicines storage areas were monitored. Medicines that required additional storage in line with legal requirements were stored appropriately and systems for stock checks were in place.
- Protocols were completed for 'as required' medicines which detailed how people would communicate this medicine may be required.

Staffing and recruitment

- Rota's demonstrated staffing was kept in line with the numbers deemed safe by the provider. The provider monitored staffing levels against people's required needs on a regular basis.
- The service was not using any agency staff. Staff knew people well and were observed being attentive to people's needs. A staff member said, "We have a full team." Another staff member said, "There is usually enough staff." A relative said, "Yes I do feel [Name of relative] is very safe on the dementia unit as there seems to be sufficient staff to support."
- The service followed safe recruitment processes. This included checks on identity, previous employment and 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 safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A relative said, "I'm happy with the service. [Name of person] is very safe here." People using the service were seen to be relaxed in the company of staff.
- Staff received safeguarding adults training, including during their induction period. Staff we spoke with were aware of what constituted potential abuse and were confident reported concerns would be taken seriously.
- Processes were in place to report potential safeguarding incidents to the local authority and CQC. Reporting documents were available and reviewed monthly and action taken if needed.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed. Where appropriate, people were involved in decisions about managing their individual risks. A person said, "I'm supported to be independent. I can get round in my wheelchair in the home."

- There was active engagement with other health professionals to ensure appropriate advice and support was provided to minimise risks. For example, where people were at risk from choking advice was sought about specific dietary needs which were then clearly recorded for staff to follow.
- The environment and equipment were regularly assessed and serviced. This included checking the safety of systems such as electricity, gas and water.
- Regular checks were conducted on fire safety equipment. Fire drills took place to ensure people could be evacuated safely. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required.

Ensuring consent to care and treatment in line with law and guidance

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. Any conditions related to DoLS authorisations were being met.
- Capacity assessments had been undertaken as required for specific areas of care and best interest decisions taken in line with people's known wishes and relevant family and professionals.
- Where covert medicines were administered appropriate processes had been followed and documented.

Preventing and controlling infection

- The home was clean, tidy and well maintained. A person said, "My room is nice. I'm on this floor." A relative said, "The home is always clean and well kept."
- 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

- The provider was facilitating visits from people's family and friends. A person said, "Friends and family can visit when they want."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. These were reviewed by the registered manager.

Information collated determined what further action was required to prevent a future reoccurrence.

- Daily meetings were held to review incidents and specific aspects of people's nursing care.

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

- People, relatives and health professionals told us the home was well-led and managed. A health and social care professional said, "The team at West abbey have always remained helpful and professional."
- We received positive feedback about the registered manager. A person said, "We see the [registered] manager around all the time." Another person said, "The [registered] manager is charming and very nice. Comes in most mealtimes and checks things." A relative said, "There is an open door policy." A staff member said, "The registered manager is fantastic and a real asset to Barchester." Another staff member said, "The registered manager engages with us and really listens."
- The home was friendly and welcoming, with a positive atmosphere. Throughout the inspection we observed staff engaging with people and different activities being provided. Two people said, "We are happy here. Staff are brilliant." A relative said, "There is a good atmosphere. The staff team are friendly and helpful."

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

- Systems were in place to monitor and assess the quality and safety of the service. This included internal audits by the registered manager, senior staff and provider level oversight. For example, in areas such as medicines, clinical care and infection control.
- Actions were taken from information identified to make improvements. People's feedback about their care was included in this.
- There was a defined staffing structure. Staff were clear of their job roles and the lines of communication and accountability.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC.
- The service had displayed their CQC assessment rating on their website and at the service as required.

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

- There were regular meetings for people, relatives and staff to give feedback and be involved with how the service operated. For example, this had led to changes in activities and food choices.
- A regular newsletter was circulated which detailed what was going on in the home. This included activities and events such sports, guest speakers and cultural celebrations.

- A 'resident of the day' scheme operated, where one person's care was reviewed in all areas. Such as their environment, dietary preferences and care and support.
- There were effective systems of communication for staff to share information and be up to date with people's needs. For example, verbal handovers and a written handover with essential information.
- The staff in all areas of the service were enthusiastic and passionate about their roles. A staff member said, "We are a good team which works well together."

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 responsibilities under the duty of candour legislation, to be open honest when things had gone wrong.

Continuous learning and improving care; Working in partnership with others

- The service worked well with other health and social care professionals to ensure positive care and support for people. A health and social care professional said, "The management and clinical staff are very conscientious and prompt with details."
- The service was part of the local community and had links with educational and religious organisations. For example, children from a local nursery had visited.
- The service worked with people families and friends.
- Staff received training and development to support people living with dementia. Staff told us about initiatives and projects to improve care experiences for people. For example, a lunch club had been set up for people that required additional support at meal times whilst enjoying the social element of dining with others.