Parkcare Homes (No.2) Limited

Westbury Lodge

Inspection report

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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

Westbury Lodge is a small care home providing accommodation which includes personal care for up to eight people. At the time of our visit, six people were using the service. The service supports people with a range of needs including learning disabilities, mental health, physical disabilities and sensory impairment. The provider Parkcare homes (No.2) Limited is part of the wider Priory group. The home is arranged over two floors and does not have a lift in place. For this reason the home does not accept any placements where the person has mobility difficulties above the ground floor.

At the last comprehensive inspection in November 2016, we identified the service was still not meeting four Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one further breach of the Regulations had been identified. We served a positive condition on the provider's registration in which the service had to submit monthly reports so we could be assured the concerns were being addressed and monitored. The service remained in special measures. Special measures provides a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made. The Local Authority placed an embargo on admissions to the home, whilst they made the required improvements and this remains in place.

A registered manager was in post at this service however at this inspection the registered manager was not present and was on a period of planned leave. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run. An acting manager had been recruited and was responsible for running the service during this time. The acting manager was available throughout this inspection.

At this inspection we found the service had made the necessary improvements to be meeting all of the previously identified breaches of Regulations. No further breaches were found at this inspection. The service is no longer in special measures but will continue to be monitored to ensure the improvements are sustained.

At this inspection we found that there were still some areas of improvement needed in the safe management of people's medicines. People who had been prescribed medicines to take 'As required' (PRN) did not always have a protocol in place. We saw that some PRN protocols had not been reviewed monthly as stated. During the time medicines were being administered, staff would interrupt the staff member administrating to ask unrelated questions, which had the potential for errors to be made.

Although the service had sufficient levels of staff in place there was still a high use of agency staff. During our inspection five staff were on duty. In the morning three members of staff were agency. This then dropped to two agency and three permanent staff in the afternoon. The management team had changed the rotas to

ensure consistency of permanent staff was maintained across the home including at weekends.

Staff told us they were confident in knowing how to respond if they saw an incident or heard an allegation of abuse and discussed how to identify if someone who could not speak was being abused. One member of staff said they would look for physical signs of abuse such as bruises. Another member of staff said "I know the people here so well, all their quirks and everything, I would notice any slight change in their behaviour and instantly know something was up."

Mealtimes were a dignified and pleasant experience for people. There was clear teamwork and coordination between the staff to ensure mealtimes ran smoothly and were enjoyable for people. A new way of working had been introduced in order to reduce the time people had to wait to be served and ensure those waiting had company. People were supported to have a meal of their choosing and a suitable alternative was provided if they did not like the choices on offer.

The home had a more relaxed and calm atmosphere during this inspection compared to previous visits. Staff showed concern for people's wellbeing in a caring and meaningful way, and were responsive to their needs. One person told us "The staff are friendly, they know me too well." One staff said "I love coming here; I have got to know people really well." The acting manager commented "The team that are here, are here for the right reasons. We have some passionate staff; they do what they do because they enjoy it."

Care, treatment and support plans were personalised and the examples seen reflected people's needs and choices. We saw that staff's recording in people's daily records had a more person centred approach. For people that had monitoring charts in place for things including food and fluid monitoring and regular weight checks, we saw a separate folder was in place to document these recordings. Improvements had been made to how people's food and fluid intake was monitored, however we saw there were two weeks where this had not been checked by senior management.

Senior management had spent time with the registered manager, acting manager and deputy manager to support the service and take steps to address the concerns. Staff spoke positively about the new acting manager saying they were approachable and responsive and felt they were being well supported.

People and their relatives were being encouraged to participate in the development of the service and had the opportunity to provide feedback and attend meetings. The service was now starting to look towards the future and building on the foundations that had been put in place.

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.

Medicine management had areas of improvement needed around protocols and the review of these. The administration process was often interrupted making it hard for the staff concerned to concentrate.

Although the service had sufficient levels of staff in place this was still being maintained by the use of agency staff.

Staff had received training on how to protect people from abuse and were knowledgeable in recognising signs of potential abuse.

Is the service effective?

Good

The service was effective.

The mealtime experience had improved and people were supported appropriately by staff to meet their specific dietary needs.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked with community nurses and GP's to ensure people's health needs were met.

Is the service caring?

Good

The service was caring.

People received support in a caring and sensitive manner. Positive interactions were observed between people and staff.

People were encouraged to remain independent and care was provided in an unrushed manner.

Staff took account of people's decisions and choices were promoted and upheld.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were personalised and reflected the care and support they needed.

People were encouraged to participate in activities that matched their interests.

People's concerns and complaints were encouraged, investigated and responded to in good time.

Is the service well-led?

Good

The service was well-led.

The service had, and was continuing to receive support from senior management to support the home to develop.

A management team was in place who was striving to achieve the best outcomes for people and create a positive and open culture.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Westbury Lodge

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.

This inspection took place on 16 and 17 August 2017 and was unannounced. The inspection team consisted of 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. The home was last inspected in 29 November 2016 and received an overall rating of Requires Improvement.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke and spent time with four people living at the home, six staff members, the improvement quality lead and acting manager. After our inspection we contacted and received feedback from three relatives and three health and social care professionals who visit the home on a regular basis.

We reviewed records relating to people's care and other records relating to the management of the home. These included the care records for four people, medicine administration records (MAR), three staff files, the provider's policies and a selection of the services other records relating to the management of the home. We observed care and support in the communal lounge and dining areas during the day and spoke with people around the home.

Requires Improvement

Is the service safe?

Our findings

At this inspection we found that there were still some areas of improvement needed in the safe management of people's medicines.

People who had been prescribed medicines to take 'As required' (PRN) did not always have a protocol in place for staff to be aware of how to support them in taking their PRN medicines. We saw three protocols for people's PRN medicines had not been put in place. Another person's PRN protocol did not contain clear details of signs, symptoms and areas to check, so staff could be observant and administer this person's medicine accordingly, or how the person would communicate if they may need their PRN medicine. We saw that some PRN protocols had been in place since November 2016 and stated they were to be reviewed monthly, to ensure they remained current, however this had not been done.

Other PRN protocols that we reviewed were clear and documented that staff were to try alternative and less restrictive methods to support people and give medicine as a last resort. We saw that one person had not needed their PRN medicine for anxious behaviours shown, following our last inspection because the current staff team were more responsive to this person's needs. Staff told us they completed incident reports after administering people's PRN medicine, if it was given in response to anxiety or certain behaviours being exhibited

One person had experienced periods of time without their pain relieving medicine, as this had not arrived in time for when the last cycle of medicine had been completed. We saw an entry in this person's care plan on 10 August that stated the medicine had not been sent by the pharmacy as 'it had read like a monthly order and none was in stock'. We saw this had been picked up when it had occurred in April 2017 by the provider's internal quality assurance team. There had been on-going issues with this person's medicine not always being available and staff were to ensure it was ordered in advance and contact the GP daily. The acting manager explained they had been waiting to find out if this person was having their medicine prescribed on a repeat basis and a phone call had been arranged for later that day with the GP to discuss this.

Although there were several people in the home that could not always communicate verbally, we saw pain assessments were not in place to support them in demonstrating to staff if they had pain and needed pain relieving medicine. Staff told us they looked for signs and one staff commented, "If people are in pain we administer, some people can ask us, but we give it if we notice pain. We don't always get a straight answer; we work off knowing our residents." We spoke with the acting manager about staff having these tools in place and were told pain scales had previously been used and this would be discussed and implemented with staff at the next team meeting.

We saw that there had been some medicine errors within the service including four occurring within one week, where one person had received the wrong medicine. The management team had taken action in response to these errors by completing an investigation, staff involved would refrain from administering until they had been observed and completed a competency test and further training was offered if necessary. We saw however that during a medicines administration round staff would interrupt the staff

member administrating to ask unrelated questions. This distracted the staff member and had the potential to lead to medicine errors if they were not allowed the time and space to focus on administering medicines. We fed back this concern to the management team to address.

We saw that all other areas of medicine management were conducted safely. Agency staff were not permitted to administer people's medicines. Each person had a medicine profile with their GP stating their ability to consent to staff administering their medicines. One person was receiving their medicine in a covert manner with agreement and authorisation from their GP in place (Covert administration is medicine given in a disguised form without a person's knowledge but in their best interests following appropriate procedures).

We observed one staff administering medicines, and saw they followed safe practice and took time to explain to people about their medicines and stayed with them until they had finished before returning to record this on the medicine administration record (MAR). All medicines had the opening date and date they must be discarded by recorded onto them. Staff told us if a person refused to take their medicine, they would try again with a different staff member using a different approach and after this time would document as a refusal and check with the GP if there would be any adverse effects from a person missing their medicine.

At our last inspection of Westbury Lodge in November 2016 we found that the service was in breach of Regulation 12 Safe care and treatment. This was because people were at risk of dehydration and poor nutritional intake and had not been supported appropriately with specific dietary requirements. We took enforcement action and imposed a positive condition on the providers registration in which they had to submit monthly reports to The Commission to ensure the service was operating as it should be. At this inspection we found the service had taken action and made the necessary improvements to no longer be in breach of this regulation.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. One person who was at risk of malnutrition and dehydration had not previously been appropriately supported. At this inspection we saw measures had been implemented to address these concerns. A protocol was in place which gave clear directions to staff on how to support this person at mealtimes which included the person's preferences of how they liked to be supported with their meal. The protocol recorded that this person had now received dietician input and was clear on the recommendations of the amount of food this person should be offered and the consistency of how their food should be prepared. All food intake was being monitored by staff and management, and any weight loss was to be reported to this person's GP as indicated in their support and risk management plan. A dietary plan had been implemented which stated this person should be offered a pudding after every meal as they enjoyed sweet things and we saw this happening during the inspection.

A further referral had been made for this person to see the Speech and language team (SaLT) and the service was awaiting for a date to be confirmed (SaLT provides treatment, support and care for people who have difficulties with communication, or with eating, drinking and swallowing). We saw that this person's care plan contained detailed recording of their food likes and dislikes and how they would indicate if they did or did not like the taste of something. The list was on-going so each time this person was offered a new flavour to try staff would record their reaction to it so they could continually add new flavours this person enjoyed and ensure they had a varied diet. The acting manager told us that "Staff understanding of [X]'s needs is a lot better now and so is the monitoring."

We saw that people had personal evacuation forms in place which detailed the level of support they would need to evacuate the building in an emergency. The on-call procedure to call for assistance and support was

clearly displayed for people and staff to be aware of. We saw that one person did not have a risk assessment in place for their decision to self-neglect and the potential of the person getting an infection because of this decision. We raised this with the acting manager who told us this would be addressed.

The service continued to support people who at times could display behaviour that was physically or mentally challenging. Staff told us they felt confident in meeting the needs of people during these times and that further training was currently being looked into. One staff told us that when they had to manage any episodes of challenging behaviour they tried to identify the causes of the behaviour and went through a mental checklist of potential reasons (hunger, thirst, needing to go to the toilet or pain). We witnessed one incident of a person showing signs of self-harming by attempting to hit their face. Staff told us they supported the person through the use of distraction techniques and had identified that this person self-harmed when they were not receiving any attention or interaction. Staff had found that by diverting their attention by for example, offering her a cup of tea, or putting on relaxing music, this would help control the behaviours.

Staff recorded any episodes of behaviour that challenged so triggers could help be identified and solutions to support the person could be considered. We saw that one person had a behavioural support nurse who would visit regularly. One health and care professional told us "I think they manage my client's needs very well as they can be challenging at times and they put in clear boundaries."

When people had accidents, incidents or near misses these were recorded and monitored for a period of time, in case further injuries presented at a later date. Staff documented any visible injuries onto a body map and recorded the progress of these to check they were healing. However we saw that staff often recorded several injuries from different times onto the same body map which made it hard to assess and follow the progress of each injury clearly. We raised this with the acting manager to address with staff.

Although the service had sufficient levels of staff in place this was still being maintained by the use of agency staff. During our inspection five staff were on duty. In the morning three of these staff were agency staff and this then dropped to two agency and three permanent staff in the afternoon. Only one agency staff told us they had not previously worked much at the service, but said their induction to the service had been good. The acting manager said the recruitment was on-going but, "Since June we have brought four staff in, two are from an agency we use, so they already know the service. One more is going through the recruitment process." The quality improvement lead told us "We have weekly calls with the acting manager, the operation director, human resources director and our business resource partner, it's a performance call to look at all staff trends, pay, sickness, what are the issues, what can we do to improve the service and attract staff. As a business we have recognised it's an issue and we are aware and working on it. We use approved agencies, and recognise long term agency use can affect the quality of care".

The management team had changed the rotas to ensure consistency of permanent staff was maintained across the home including at weekends. The deputy manager now worked every other weekend and a senior would be on the other weekend to ensure the shifts were managed. There was an on call system in place in case of concerns and the acting manager informed us their phone was also always on. Staff had previously been working for stretches of long hours in a row and this had now been addressed to ensure staff had sufficient time off in between long shifts.

One person we spoke to about staffing told us they thought there were enough staff and that they did not have to wait long if they needed something from staff. Relative's comments about staffing included "There is enough staff now, there were endless problems with staff previously, it's a remote place to reach", "My relative still has a problem with staff changing there, I know there are some permanent ones. I am happy

with staff as long as they all know how to manage my relative in the same way, we have had discussions about approaching [X's] behaviour in the same way" and "There has been a huge staff turn around, but I have not seen anything that would give me concern in the way that they talk to or treat people. The majority of the staff have been replaced, and new staff recruited. This appears to be nearly completed with the right calibre of people being employed."

Staff told us the staffing levels were improved and changes to staff had been the most significant improvement that had taken place. They said that having more permanent staff and regular agency staff had an impact on them feeling "safer and more reassured" coming into work and also on the people who benefitted from the delivery of more consistent care. One health and social care professional said "I know that there have been previous problems with staff turnover and I hope that they will continue to move forward and have a period of stability now."

The service followed safe recruitment practices. Staff files had been organised and included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Staff told us they were confident in knowing how to respond if they saw an incident or heard an allegation of abuse and discussed how to identify if someone who could not speak was being abused. One member of staff said they would look for physical signs of abuse such as bruises. Another member of staff said "I know the people here so well, all their quirks and everything, I would notice any slight change in their behaviour and instantly know something was up." We saw that information on safeguarding procedures was clearly displayed and available in a pictorial format also for people who may need information in this way. One staff told us they had felt comfortable enough to raise a concern previously and senior members of staff had encouraged this. The staff member commented, "I felt extremely supported throughout the process."

One person told us they felt safe living at the home, which the described as being "alright". This person further said they did not have any concerns and would be comfortable to tell someone if they experienced a problem. Relatives were satisfied that their relatives were safe commenting, "I have no concerns, one staff is very fond of [X] and looks after her, it's her home" and "There have been some instances in the past where this has been brought into question. However since the CQC report these concerns have been lessened."

We found the service to be very clean and homely. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that areas of the home were being cleaned. One relative told us "The place is always clean."

The home had previously struggled with an infection control risk concerning one person living in the home who chose to self-neglect their personal hygiene needs. We found at this inspection this situation was still on-going and the service was finding it hard to find ways of continuing to support this person whilst maintaining the control of infection risks to other people living in the home. This person had the capacity to understand the risks they were taking and many discussions had taken place between this person, management and external health and social care professionals. Staff continued to offer support and encourage this person but were regularly met with refusals which they documented.

A detailed care plan was in place highlighting previous agreements where this person had agreed to a minimum of one shower a week. We saw that whilst this had worked for a period of time, there were some weeks that this had also been refused and on one occasion 22 days had passed without any personal care being undertaken. We spoke with the manager and whilst this did not meet the threshold to be referred as a

safeguarding concern, we spoke with the safeguarding team after the inspection who advised they would ask that the care assessment review was brought forward. The quality improvement lead showed staff how to use the Mental Health tool appropriately and encouraged staff to complete this on a regular basis to evidence further in their referrals to the Mental Health team. The management team are going to consider holding a professional meeting with the person so they can further discuss the management of these concerns going forward.

Good

Is the service effective?

Our findings

At our last inspection of Westbury Lodge in November 2016 we found that the service had not made enough improvements around ensuring people were provided with choice and suitable menu options at mealtimes and had remained in breach of Regulation 9 Person centred care. We took enforcement action and imposed a positive condition on the providers registration in which they had to submit monthly reports to us to ensure the service was operating as it should be. At this inspection we found the service had taken action and made the necessary improvements to no longer be in breach of this regulation.

Mealtimes were a dignified and pleasant experience for people. There was clear teamwork and coordination between the staff to ensure meal times ran smoothly and were enjoyable for people. A new way of working had been organised in order to reduce the time people had to wait to be served and ensure those waiting had company. One member of staff was responsible for preparing the food in the kitchen, whilst another member of staff laid out the tables and brought in the food. A member of staff was also present with people whilst their food was being served. This meant people did not wait long to be served and people were served at the same time so they were able to enjoy their meal together. One person was very sleepy at lunchtime and staff respected this person's wishes and covered up their meal. This was then offered at a later time and when the person declined it, staff set about offering an alternative for this person.

People were given choice during mealtimes. We were told that one member of staff was designated with the role of creating the weekly menu by going around to each person with a pictorial menu and noting down their preferences, which were then incorporated into the weekly menu. The pictorial menu was very easy to understand and showed a wide variety of choices. People had two options for each meal and I observed a member of staff go around to each person before lunch and ask them which option they preferred. Staff told me that if people didn't like either of the options they were happy to prepare something else for the person. Jugs of drink choices were put out and a member of staff went around to each person and asked them which one they preferred, communicating clearly to each person what the options are and holding up the jugs in front of the person to allow them to point at the one they wanted. One person was undecided and the member of staff poured out both flavour of drinks for them to choose. People were also asked if they wanted a drink during their meal and afterwards.

Staff were attentive to people's needs and checked people were satisfied with their meal. Staff ensured that people could reach their food and drink and supported one person to cut up their food and ensured another person had suitable cutlery in place. The food looked appetizing and the people appeared to enjoy their meal leaving empty plates. Staff commented that they thought the menu was more appetising and a lot healthier than it used to be because it included "More vegetables." Another member of staff emphasised the improvement that had been made to the menu commenting "There has been a massive change with the food and it's a lot healthier now." One person I spoke to expressed satisfaction with the food saying "There's a lot of choices and they ask what you want and you always get pudding, I like to call them sweets."

Good practices of hygiene were conducted when handling food. Staff washed their hands before preparing food and wore aprons and gloves. Food safety temperature checks and kitchen cleaning was being

completed regularly. Staff were observed offering people drinks throughout the day, however snacks were not offered or left available for people to help themselves. When asked if people had snacks throughout the day, one staff member responded "Yes, people can just go to the kitchen whenever they want and help themselves." However not everyone living in the home would have been able to do this. We raised this with the acting manager in our feedback to address.

At our last inspection of Westbury Lodge in November 2016 we found that the service had not made enough improvements around ensuring Mental Capacity assessments and best interest's decisions were undertaken appropriately and that consent had been sought from the appropriate person. The service had remained in breach of Regulation 11 Need for consent and we took enforcement action to impose a positive condition on the providers registration in which they had to submit monthly reports to The Commission. At this inspection we found the service had taken action and made enough improvements to no longer be in breach of this regulation.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We saw that for people who lacked capacity some assessments had been completed which were decision specific and discussed how the information had been presented to the individual to support them to try and understand the decision that needed to be made. Decisions that had been made after a capacity assessment included consent to constant supervision and support, taking medicines and being weighed on a regular basis. We saw that the home had arranged best interest meetings to discuss decisions with external professionals, the person and relatives so input into the decision making process could be made with as many people who knew the person as possible.

One person was receiving their medicines in a covert manner (disguised format without person's knowledge) and a capacity assessment was in place around their preferred method of taking medicines but it did not state this was administered in a covert method. This was also not stated on the person's risk assessment. We raised this with the acting manager to address. We saw that there was no capacity assessment in place for one person who had chosen to self-neglect. There was a detailed care plan around this but a capacity assessment had not been completed to show this was the person's choice and the risks had been explained. The acting manager was proactive in implementing this and after the inspection sent us this document for review. We saw that one person's family member had previously consented for a person to receive an injection to protect them against the flu virus; however the family member did not have the appropriate legal powers to make this decision on behalf of the person. The acting manager was aware that decisions of this nature should have gone through a best interest decision making process, and we saw that other similar events had been discussed and processed appropriately.

We saw the service was using capacity assessments to demonstrate when a person also understood about the choices available to them and had agreed the arrangements put in place. For example one person had fluctuating capacity and had agreed for staff to look after their cigarettes and keep them safe. We spoke with the management team about the need to evidence that this decision continued to be reviewed and that the person remained happy with this agreement. There was a person centred approach to encouraging people's choices and one care plan stated for staff to 'Respect [X]'s privacy and choice, deemed to have capacity in all areas that have been assessed, remember it's ok for [X] to make unwise decisions that staff may disagree with.' Where people were unable to sign their consent to their care plan it was written that it had been put together in consultation with the staff team and agreed by the person or their representative and stated people's families were also contacted for feedback.

For people that were being restricted in some way in order to keep them safe, the management team had applied for a Deprivation of Liberty Safeguards (DoLS) to be put in place. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. The acting manager had a DoLS tracker in place to monitor any outstanding applications that were waiting authorisation. One relative told us "I am aware of the DoLS assessment, and understand the need to have one in place."

New staff were supported to complete an induction programme before working on their own. One staff told us "I had a good introduction here; I was well supported and very impressed." Another staff member spoke positively about their shadowing experience and felt this had helped ease them into the job commenting, "They didn't chuck me into the deep end. I felt one hundred percent comfortable asking for help and I have probably asked for help about fifteen thousand times about how to do something and I have been supported every time."

People were supported by staff who had received training to develop the skills and knowledge they needed to meet people's needs. Staff spoke positively about the training they had received. One member of staff described the training as "Brilliant" and said they found the online material particularly useful commenting "If you forget something you can go back into it by just logging online and accessing the information you need." This staff member felt the assessments were a great way of reinforcing what they had learned because it "Forces you to repeat it if you don't get above a certain mark so you have to go back and check your knowledge." Another staff had completed The Care Certificate modules which had equipped them with all the required knowledge and felt competent to do the job as a result commenting, "I absolutely love the training, I wish I could do more" (The Care Certificate is a nationally recognised qualification taken from the Care Act 2014 and is based upon 15 standards which health and social care workers needed to demonstrate competency in).

We saw that the management team was actively sourcing and booking further training for staff which included moving and handling and basic life support. Outside of mandatory training the acting manager was hoping to get staff booked onto a positive behaviour management course which they said would support a positive culture within the service. The acting manager had also put themselves forward to complete designated Safeguarding Officer and Health and Safety training so they could deliver this internally. The quality improvement lead had recently arranged some Cancer Awareness training for the senior management team within the home so they could support people to understand the importance of regular checks. One health and social care professional told us "Staff training records viewed during my visit identified that all staff training for staff working in the service at the time was up-to-date. This seemed to be managed well by the service manager. In addition, staff were receiving regular supervisions to identify any staff training gaps."

We saw that the service had taken action to ensure that staff were now receiving regular supervisions. A supervision record was in place and recorded dates when each staff was due supervision. Staff spoke positively about the monthly supervision meetings they had. One member of staff said they had personally requested a supervision meeting and found it "very productive". This staff member also said they had been asked how they were doing outside of work and whether they needed support around any unrelated work issues.

The quality improvement lead spoke about implementing observed supervisions for staff which the acting manager will begin to conduct and showed us the record this will be documented on. The record looked at

key areas of communication, completing documentation, following people's support plans and staff knowledge. The acting manager would then spend time giving feedback to staff of the performance observed. The quality improvement lead commented "The company perspective is that we need to get better at challenging each other in positive ways."

People were supported to access health services when needed, for example their GP and community nurses and health action plans were in place which described the support each person needed to maintain their health. We saw where external professionals had been involved their recommendations were clearly recorded and implemented into the person's care plan. One health and social care professional told us "I only have involvement with one resident but I have no doubt that the team have this person's best interests at heart and we are working together to ensure that her health needs are met. I have asked the management team to contact the person's GP and ask for specific tasks to be completed and this has always been done." During our inspection we saw staff attending to one person who said their mouth was sore. Staff were responsive to this person checking their mouth, offering pain relief and contacting the person's GP to arrange an appointment.

Since the refurbishment of the home, the focus had now moved to making the environment more personalised for the people living at Westbury Lodge. We saw that staff were in the process of helping people create name plaques for their bedroom doors which included any pictures of their individual interests. For example one person really enjoyed their music and we saw this had been incorporated into their name plaque. The service had taken on board what was discussed at the last inspection and put further signs up around the home indicating where there was a communal bathroom and the manager's office to support people's orientation around the home. One person enjoyed creating artwork and staff had helped display it in their bedroom for them. Staff told us they regularly changed this around as the person created new pieces and previous artwork was then stored for the person to look back on when they chose. This person also loved jewellery and staff had helped her purchase a jewellery box and decorate it so she could keep her jewellery safe.

The service was now focusing on the garden and was in the process of preparing for a garden party in which people's relatives had been invited. One staff said "Some people help with a bit of weeding in the garden; we want to make it a nice space for people as they love being out there." We saw people were able to access the garden areas freely and one person was seen enjoying a cup of tea on the decking and having a conversation with a staff member. We observed that there was little in the way of games, books or items of interest for people to interact with in the communal areas of the home. We raised this with the acting manager who whilst needs to be mindful of what can be left out due to the nature of some people, is going to look at what they can do to further support people's engagement.

Relatives praised the changes in the service commenting "The recent uplift has made several improvements to the layout and condition of the home. The garden appears to be suitable with a seated area that we have used when visiting", "The place has been brought up to scratch, it looks bright and cheerful, lots of refurbishment, it makes a difference" and "The home decoration and furniture is improved, it does look nice." One health and social care professional told us "The home is now more welcoming, it's been re-decorated and pictures put up of the residents." Another health and social care professional said "I think that the refurbishment of the property has lifted everyone's spirits."

Good

Is the service caring?

Our findings

The home had a more relaxed and calm atmosphere during this inspection compared to previous visits. Staff showed concern for people's wellbeing in a caring and meaningful way, and were responsive to their needs. One person told us "The staff are friendly, they know me too well." One staff said "I love coming here; I have got to know people really well." The acting manager commented "The team that are here, are here for the right reasons. We have some passionate staff; they do what they do because they enjoy it." Relative's told us "The staff try very hard, I don't think it's just put on for us" and "My relative is settled there, even when we had concerns he still wanted to go home (Westbury Lodge) after taking him out for the afternoon."

We observed caring interactions from staff which people responded to well and they appeared comfortable in the presence of staff. We observed one staff ask a person if they were enjoying their drink, and another staff said "Can I help pop your shoes on for you?" One member of staff went over to a person and said "Hello [X] I saw you sat there, so here is a nice cup of coffee for you." Staff were seen to pay attention to the little things in order to make people more comfortable. For example, one member of staff was carefully helping a person to sit down and they asked the person if they wanted a cushion placed behind them and made sure they were fully comfortable. The member of staff also placed the person's walking aid in close reach and lowered their table to a suitable height so they could reach their activity of knitting which they enjoyed.

The service had taken steps to personalise the home for people and we saw framed photos of people were displayed in the lounge. One person who benefitted from sensory stimulation had received support to personalise their room with sensory stimuli including a water bubble light. This person had treasured letters from a family member which staff would read to them and told us [X] loved to spend time listening to these. One health and social care professional told us "With [X] they seem to be listening and trying their best to meet their needs by providing meaningful activity and personal space." Another person was supported to go and visit their family member's graves on a regular basis and we saw this was recorded in the daily records. This person also had a mini 'Memory Garden' dedicated to their family members and was supported by staff to take care of it.

Staff were patient and sensitive when caring for people. People were not rushed by staff. For example, one member of staff was taking a cup of tea upstairs to the person's room and asked the person to lead the way, knowing this person walked very slowly and they did not hurry the person along. Staff also took time to properly understand people by coming down to their level and trying to figure out what they were communicating to them and waited patiently for their response. One health and social care professional said "The staff I have met have shown an interest and worked in a caring manner."

We saw that care plans now reflected how staff could support people in making choices. For example one person's care plan stated they were unable to choose what they wanted to wear each day, but that staff were to talk through what they had picked out and describe it in conversation to involve this person throughout the process. Care plans for one person documented statements such as '[X] chose' demonstrating a more person centred approach to providing care. Another person had been very involved in writing their care plan and had signed their agreement throughout after discussions with staff. One

member of staff spoke about supporting a person to make choices when they went out shopping. The staff gave an example of when they had shopped for a new bag and had got this person to point at the handbags and purses she liked. The staff had then lined all their choices up to allow her to choose which one she wanted to buy. The staff member told us "[X] was so grateful and came home showing off her new handbag and purse to the others with a beaming smile." One relative said "I do notice things, to my knowledge they are doing their best, they are very good at letting me know things. I think they are hardworking, they have good hearts and are doing their best."

We saw one example of a person's privacy which had not been respected when a staff member entered a person's bedroom with the person inside without first knocking or seeking permission to enter. All other observations we saw demonstrated that people's privacy was respected. For example we saw one staff check with a person first to gain permission to return an item to their bedroom without the person being present. One staff member told us "I always knock on the door even if I know they're not in there." Another staff member was observed helping a person who had a visual impairment to stand and guided them slowly, whilst making sure the person's clothes were arranged in a dignified way. A health and social care professional told us "The staff interaction observed during my visit seemed appropriate and the person seemed relaxed in their presence. The terminology used within documentation viewed, referred to people in a respectful manner."

Staff encouraged people to be independent. For example, staff supported some people to make their own drinks. A drinks machine had been purchased for one person who was capable of making their own hot drink but struggled to hold the kettle. One staff told us "It's great, all he has to do is press a button and the hot water comes out." This meant the service had worked with this person to find another method by which they could retain their independence and make their own drinks whilst remaining safe. We saw that staff did not make assumptions about what people wanted and always asked instead. For example, after helping one person make their own drink, staff asked this person where they wanted to have their drink and took it there for them rather than assuming they wanted to return to the living room.

The service had a document in place to record any wishes or preferences people might have for the time when they approach end of life care. The acting manager told us that they were in the process of adding further details to these plans. One relative commented "They have asked about funeral plans, so they are tackling that."

Good

Is the service responsive?

Our findings

At our last inspection of Westbury Lodge in November 2016 we found that the service had not made enough improvements around the recording of information in care plans and monitoring charts to support people's care and had remained in breach of Regulation 17 Good governance. We took enforcement action and imposed a positive condition on the providers registration in which they had to submit monthly reports to us to ensure the service was operating as it should be. At this inspection we found the service had taken action and worked hard to make the necessary improvements and were no longer in breach of this regulation.

Care, treatment and support plans were personalised and the examples seen reflected people's needs and choices. For example one person's care plan recorded that during personal care the person had 'Many scented soaps and gels they enjoy being pampered with in the morning'. Night time care plans documented people's preferred routines including the time they like to go to bed, if they like a drink or snack and if they wanted the room dark or with a light left on. One plan recorded the amount of pillows a person preferred and how they were to be arranged. We saw that staff's recording in people's daily records had a more person centred approach with one entry stating '[X] went swimming and was happy, laughing and smiling', it then further went on to describe what parts of getting dressed the person had been able to complete independently.

For people that had monitoring charts in place for things including food and fluid monitoring and regular weight checks, we saw a separate folder was in place to document these recordings. Improvements had been made to how people's food and fluid intake was monitored and each day the total intake was added up and checked against the person's recommended target to ensure they were consuming enough. This was further checked over a weekly period also and would be signed off by a senior member of staff. We saw however there were two weeks where this had not been done and we raised this with the acting manager to address. Where a person's fluid intake had been low we saw that action had been taken which included a discussion and referral to the GP. The quality improvement lead told us "A lot of investment has gone into the support plans."

One member of staff spoke about their key worker role and the one-to-one monthly meetings with people in which they discussed what was going well and any issues the person may be experiencing. It also provided an opportunity for keyworkers to update their care plans and for people to have their voice be heard (A key worker is a named member of staff that was responsible for ensuring people's care needs were met). A health and social care professional commented "All documentation viewed was of a good standard and information within it was person-centred and up-to-date." The quality improvement lead spoke about the next steps which involved "Starting to chat with people about their goal planning, short term and long term and their family can hopefully input into this as well."

The service continued to support people with varying types of communication needs and we saw a lot more information was now available in a pictorial format for people including the menu board. Communication care plans were clear for staff to follow and be effective in supporting people in their preferred method of

communication. One staff said they had attended a course on Makaton training but some people in the home did not follow Makaton wholly and had their individual style of Makaton. Staff had therefore adapted their style of communication to suit the individual's needs commenting "We've all had to learn their individual Makaton." (Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking). One person had been supported to identify the use of objects in their bedroom by the staff putting signs on some of the items saying what it was.

At this inspection we saw improvements had been made around the direction staff received when working on shift. The acting manager and deputy manager were seen checking that the shift was running smoothly and ensuring people were being supported appropriately. Staff communicated to each other about what they were doing and what needed to be done. We reviewed the hand over sheet staff used to record details of the shift which clearly stated who the manager on duty was, which staff were on shift and any appointments or activities people would be attending. Staff shared out roles of administering medicines, cooking and cleaning and this was also recorded on the handover sheet.

We saw that people were now being supported to participate in activities that were more meaningful and individual to their preferences and interests. Staff explained that people had a choice of activities every day and they were able to go out nearly every day depending on staff availability. People would attend external trips including local farms where they could groom horses and see the animals and a garden centre was another place people enjoyed going and having tea and cake. One staff member highlighted the importance of people going out and the positive impact this had on them commenting, "Being out in the community really helps to improve their self-esteem, its lovely seeing the difference it makes to people."

One person we spoke with said they enjoyed playing the guitar and singing. Staff told us they sometimes performed for other people in the home, which they actively encouraged commenting, "I get [X] to sing and play, they are very good." This person told us they felt there were always "plenty of activities" and they especially enjoyed the BBQs they had in the garden, commenting "I'm in charge of the BBQ; it's a lot fun because everyone joins in." We observed a staff member offer one person a hand massage saying to the person "Would you like a hand massage, I have some cream that smells like peaches, see what you think." We saw the staff engage this person throughout the massage talking and complimenting her whilst the person relaxed.

We reviewed people's individual activity planners which included a range of events such as daily activities of support with laundry, speaking to family, personal shopping and interests such as a local walk, swimming and baking. One person's plan stated staff were to sit and go through the activities planned with the person, so they could decide if there was anything they did not want to be involved in. We saw staff communicated with one another throughout the shift to ensure that people had been supported to attend activities of their choosing and people were encouraged to go out to the local town for a drink and walk. The management spoke about the holidays people had been supported to go on this year and the places they had chosen such as Minehead and Weymouth. Relatives told us "They are very much encouraged to go out to cafés and shops. They have said [X] doesn't want to do as much now, but they still encourage her" and "[X] went on holiday and had a lovely time."

People's relatives told us the service had taken steps to improve the communication and involvement between relatives and the home commenting, "They keep me up to date if anything little happens, they do call me and are very good about checking with me. I feel in touch even being a long way away", "Staff communicate to me about [X], they will ring me and I try to work with them" and "Communication has improved tremendously since the CQC report. A fortnightly phone call or email would be nice, but I appreciate the last months have been an upheaval. I now have more contact from the home regarding

everyday matters and was informed immediately when a safeguarding issue was raised." Staff told us how one person was recently supported to visit their family by train and this had gone really well and they were looking to do this again in the future.

People's concerns and complaints continued to be encouraged, investigated and responded to in good time. Where people living in the home had made complaints to management these had been dealt with by the formal process and the person received a letter of response and details of actions that had been taken. Relatives commented "If there are any concerns I can voice them then and there and I feel comfortable to do this and we have a chat about it" and "I have no recent concerns, things have improved in the home and they contact me on any slight or potential issue."

Good

Is the service well-led?

Our findings

A registered manager was in post at this service however at this inspection the registered manager was not present and was on a period of planned leave. An acting manager had been recruited and was responsible for running the service during this time. The acting manager and quality improvement lead were both present throughout to support our inspection.

The service, had experienced a lot of change in management prior to the registered manager coming in, but staff spoke positively about the new acting manager saying they were approachable and responsive. One member of staff described the acting manager as "Confident and efficient" and said, "I have no hesitation whatsoever to tell him if I have a problem." Another member of staff said they thought the manager was "Friendly and always around." Other comments included "The manager is brilliant, he just deals with things there and then" and "If you ever need him he always picks up straight away and if not he gets back to you."

Not all of the relatives we spoke with had met the new acting manager, but a garden party had been arranged at the service where they would have this opportunity. Comments from relatives included "The home has had to go through a tremendous amount of change with the manager and deputy manager changing", "They have had senior management in, the registered manager, I have met her, she seems like she is doing her best" and "I have met the registered manager, she is very approachable and pleasant, upbeat and dedicated. I have met the acting manager as well, he seemed pleasant." One health and social care professional told us "I believe that the service manager appeared to be managing the service well and was focussed on making the service better. I would say that the service has been focussed on working towards rectifying issues raised and improving the services standard of care."

At our last inspection of Westbury Lodge in November 2016 we found that the service had not made enough improvements around the overall quality of monitoring within the service to identify concerns and take immediate action. The service had remained in breach of Regulation 17 Good governance. We took enforcement action and imposed a positive condition on the providers registration in which they had to submit monthly reports to The Commission to ensure the service was operating as it should be. At this inspection we found the service had taken action and worked hard to make the necessary improvements and were no longer in breach of this regulation.

Senior management had spent time with the registered manager, acting manager and deputy manager to support the service and take steps to address the concerns. The quality improvement lead told us "Since the last inspection there has been a lot of internal senior support visiting the service. We took pictures of people visiting and put them the on notice board so people in the home could see who was who and why they were coming. The service this time round has had a lot of support and as a management team we feel supported and have all had an input." The acting manager commented "We have been awaiting the CQC inspection to show the work we have done." We saw throughout our inspection the management team were visible in the service checking on staff and ensuring people were being supported appropriately. The deputy manager told us "It's nice to be part of getting it to where it should be for the people living here."

Staff felt they were well led and supported by the management in place. One member of staff said they were still getting used to all of the new paperwork and that a senior member of staff was actively checking all of the paperwork was being completed and signed it off after they had checked. Staff described the culture of the staff as previously being toxic. One staff member said that previously they had been "bullied by other staff" and that "Management at that time wasn't leading." The new staff that had now joined the service were described by one member of staff as being more "Mature, experienced and professional, which has led to an atmosphere that is more positive and service-user friendly". As a result of these changes, the previously bullied member of staff said: 'I can now say that I actually enjoy coming to work.' Another staff told us "I would now want my mum here."

Staff were observed being supportive and caring of each other and were happy to lend a hand when a colleague asked for help. Staff were polite and respectful towards each other and used positive language such as "Sure, no problem" and "Thank you". We saw that they were not afraid to ask each other questions if they were in doubt about something or for clarification. For example, one member of staff was unsure about filling in part of the paperwork and another member of staff offered to sit down and go through it with them. All the staff we spoke with said they felt a valued member of the team and that their voice mattered. They praised the team meetings they had, which they felt offered a chance for people to raise any concerns they had and have them dealt with straight away. One staff member told us this had helped to cultivate an open and fair culture.

The provider's quality improvement lead had worked closely with the staff team to build their confidence and other areas where they needed support. The quality improvement lead present at this inspection commented, "We had to build staff up; we have been honest with staff and told them where we have been and where we want to be." Staff had recently completed an online survey and the management team were in the process of converting the responses into themes to show staff a plan for what had been raised and what the management team were going to do to address their concerns to show staff they had listened.

A more open and positive culture was being promoted in the home to enhance people's lives and relatives told us they appreciated the honesty and candour displayed by the service. One relative said, "They have been open with us when we have asked questions." Another relative commented, "Following on from a very poor CQC inspection, several things were brought to light that were disturbing: Medication, activities and poor staff. The home has made good progress and appears to be working well." The acting manager told us, "We want people to realise we are in a better place."

People living at Westbury Lodge and their relatives were being encouraged to participate in the service and feedback had been obtained. A letter had been formulated that thanked people for the feedback and explained the results and actions that would be taken to address any concerns. We saw that people were able to attend regular resident meetings to ensure they remained happy living in the home and could have a say on events relating to the service. The deputy manager explained that they had found because of the level of some people's needs they preferred meetings to be on a more individual level rather than in a group and this allowed them to spend time with the person on a one to one basis. We saw that the welcome guide people received upon coming to live at the service had been updated with the involvement of people in the home and had pictorial elements for people needing information in this way.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Internal audits had identified shortfalls and action had been taken. Audits completed in the home included medicines, health and safety, fire checks, incidents and accidents and nutrition. The service also had an electronic e-compliance system which stored audits from health and safety and internal compliance alongside the service action plans and were monitored by the operations directors, quality improvement

lead, health and safety inspectors and internal compliance inspectors.

The service had been following a development plan in relation to the concerns from the last inspection and the quality improvement lead explained that once those improvements had been made the service would move to the next development plan using their quality assurance audit tool. We reviewed these tools during our inspection and saw this allowed for the service to check and ensure the quality of the service being provided to people was sustained. The management team informed us that senior management would be continuing to work closely and support the service. During the inspection the management team were responsive to things raised and were proactive in sourcing answers or starting to implement things that needed to be in place. The quality improvement lead told us that lessons were regularly shared across the provider's services and this was actively encouraged.

Now the service had taken action to make the necessary improvements they were starting to look towards the future and building on the foundations now in place. The improvement quality lead told us "The service has come a long way from where it was and the staff team are aware of this as well. We can now think about future planning, up-skilling staff and goal planning for people even if it is something minor but setting those achievements and taking it forward." The acting manager commented "We have established as a service the foundations from which to now push forward."