We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Westcombe Park Nursing Home

112a Westcombe Park Road, Blackheath, London
, SE3 7RZ

Date of Inspection: 10 April 2013  Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<thead>
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<th>Category</th>
<th>Met this standard</th>
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<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Records</td>
<td>✓</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
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<tr>
<th>Registered Provider</th>
<th>Bupa Care Homes (GL) Limited</th>
</tr>
</thead>
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<tr>
<td>Overview of the service</td>
<td>Westcombe Park Nursing Home offers residential and nursing care for up to 51 people and is located in the Royal Borough of Greenwich.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service with nursing</td>
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| Regulated activities      | Accommodation for persons who require nursing or personal care  
                           Diagnostic and screening procedures  
                           Treatment of disease, disorder or injury |
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

At our inspection on 10 April 2013 people and relatives we spoke with told us they were happy with the care they received. One person told us “staff understand my needs” and that they enjoyed the activities on offer within the home. A relative told us they “found the care to be excellent” and that their loved one “loves the food”. Another relative who had previously had some concerns told us that they felt the care for their loved one had improved in recent months and that they found the manager to be approachable if they needed to discuss any issues they had.

We found that people's care was planned and delivered in a way that was intended to ensure their safety and welfare and that they were cared for by staff who were supported in their roles through training and supervision. Records maintained in the home were fit for purpose and could be located promptly when requested. People were offered a choice of nutritious food and appropriate support to ensure they ate and drank sufficient amounts to meet their needs. We also found that medicines in the home were administered safely and stored securely.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.
There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

| Care and welfare of people who use services | ✔ Met this standard |
| People should get safe and appropriate care that meets their needs and supports their rights |

**Our judgement**

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

**Reasons for our judgement**

During our inspection of the home on 22 January 2013 we found that people's care had not always been planned in such a way as to manage areas of risk which had been identified during their assessments. We also found that care plans had not always been followed to ensure each person's health, safety and welfare. The provider submitted an action plan and told us how they would address the issues.

At our inspection on 10 April 2013 we found that people's needs were assessed and care and treatment was carried in line with their individual care plan. We looked at the assessment and care planning for six people living in the home. The provider had implemented new care planning documentation since the start of the year and we saw that assessments of risks and care planning covered areas of individual need including continence, nutrition, skin integrity, mobility, pain and medication. Most people's assessments had been reviewed on a monthly basis to ensure that their care plans continued to meet their needs. The provider may however wish to note that in one case a person's care plan had not yet been updated to the new format and a review was overdue.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. For example, we saw records indicating that one person identified as being at high risk of developing pressure sores had been turned on a regular basis in line with their care plan in order to minimise this risk. In another example one person we spoke with confirmed that they received PRN (not scheduled) medication as asked by them, in line with their care plan. They told us that this helped them in adequately managing their pain.

People we spoke with told us they had regular access to external healthcare professionals when required, including a GP, podiatrist and physiotherapist. We saw records of these visits in people's care plans and that the care they received was based on professional advice.
Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. People we spoke with told us that they were offered a choice of meals each day and that they had enough to eat and drink each day. Most people we spoke with were happy with the food on offer although one person told us they didn't always like the meals. However, they told us that alternatives were offered if they didn't like what they were eating. People also told us that snacks such as beans or jam on toast were available if required between meals.

Kitchen staff we spoke with explained how menus were developed which aimed to include five portions of fruit or vegetables each day.

People's food and drink met their religious or cultural needs. Kitchen staff we spoke with told us how they planned the menus to ensure that people's cultural or religious needs were being met. People we spoke with confirmed that this was the case.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw that people's care planning covered nutrition and hydration. Staff we spoke with were aware of people's nutritional needs, including for example if anyone required a fortified diet. Food and fluid charts were in place for people where the need had been identified and we saw that in most cases these had been completed appropriately. The provider may however wish to note that we saw one example of a chart having not been completed after lunch time for a day from the previous week.

Relatives and the people we spoke with told us that staff supported them to eat and drink where required. We saw staff offering people appropriate support during the lunchtime meal which included, for example by cutting up their food and helping them to eat. We also saw that people were supported to eat and drink independently where possible with the use of equipment such as plate guards and non-spill cups.
Management of medicines

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our inspection on 22 January 2013 we found that administered medication had not always been recorded and that stock levels could not always be accurately monitored as appropriate records had not been maintained. We took enforcement action against the provider and required improvements to be implemented by 08 February 2013.

At our inspection on 10 April 2013 we found that appropriate arrangements were mostly in place in relation to the recording of medicine. We looked at the Medication Administration Records (MARs) for eight people living in the home and found that during the previous week staff had signed to confirm each administered dose. The provider may however wish to note that we found that one dose had not been signed for on the morning of our inspection. Where controlled drugs had been administered we saw that two staff had signed both the controlled drugs book and the person’s MAR to minimise the risks associated with those types of medicines. We also saw that regular stock checks had been undertaken. We were able to confirm stock levels were correct for boxed medicines as accurate records had been maintained.

Medicines were kept safely. Medication trolleys were locked when not in use and were stored in locked medication rooms located on each floor of the home. Controlled drugs were stored in a secure, locked cabinet within each medication room. Where appropriate, other medicines were stored within a locked refrigerator to ensure they were maintained at the recommended temperatures. Temperature checks of the medication rooms and refrigerator had been made on a daily basis to ensure the quality of the medicines within the home were maintained. The keys used to access medicines were restricted to staff responsible for administering medication and we saw records of the handover of keys to the appropriate staff member between each shift.

Medicines were safely administered. Most medication in the home was obtained in Monitored Dosage Systems (MDS) which helped reduce the risk or errors when administering medication to people. Where medication was not administered through a MDS we saw that it was stored in individually labelled packaging provided by the pharmacy. Staff we spoke with told us that they cross referenced this which each person’s MAR before administering the dose and we also saw that each MAR had a photo card of the relevant person attached to help ensure that staff administered medication to the right person.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our inspection on 22 January 2013 we found that staff had not always completed mandatory training and had not received supervision in line with the provider's supervision policy. We took enforcement action against the provider and required improvements to be implemented by 22 February 2013.

At our inspection on 10 April 2013 we found that staff received appropriate professional development. Most staff had completed training in areas the provider considered to be mandatory, for example moving and handling, the safeguarding of vulnerable adults, food hygiene and infection control. Staff we spoke with demonstrated an understanding of people's care needs and how their training supported them to best meet those needs.

There had been an increase in the level of supervision received by staff since our previous inspection. We saw that staff had now received supervision at a frequency in line with the provider's policy. We also saw that the manager had scheduled future supervision meetings for staff and that the annual appraisal process for the forthcoming year had started. One member of staff told us that training had been arranged for them after they had requested it during supervision and they felt well supported by the provider through training and supervision.
Records

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our inspection on 22 January 2013 we found that records of people’s care had not always been completed appropriately leading to a risk of inappropriate care and inadequate risk management. The provider submitted an action plan and told us how they would address the issues.

At our inspection on 10 April 2013 we found that people’s personal records including medical records were accurate and fit for purpose. People’s care plans had been developed to suitably cover their assessed needs and medical conditions. We saw up-to-date records maintained by staff in relation to key areas of identified risk. These included, for example food and fluid charts for people who had been assessed as being at risk of malnutrition or dehydration and repositioning charts for people at risk of developing pressure sores.

Records were kept securely and could be located promptly when needed. People’s care plans were stored securely in cupboards by the nursing stations on each floor of the home. The Medication Administration Records (MARs) were stored securely in locked medication rooms. Staff were able to promptly locate these records when requested. Staff records were stored securely in the manager’s office which was locked when not in use.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✔ Met this standard
This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed
This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken
If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
| Glossary of terms we use in this report (continued) |

**Registered Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.