

Methodist Homes

Westbury Grange

Inspection report

Westbury Lane
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service

Westbury Grange is a residential care home that can provide personal care for up to 45 people some of whom have dementia care and nursing needs. At the time of the inspection, 44 people were living at the service.

People's experience of using this service

People continued to receive safe care, and staff we spoke with understood safeguarding procedures and how to raise concerns.

Detailed risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were stored and administered safely, and people we spoke with were happy with the support they received in this area.

Staffing support matched the level of assessed needs within the service during our inspection, and staff were trained to support people effectively. All staff felt well supervised and confident in their roles.

People told us they enjoyed the food prepared for them, and food and fluid intake were monitored as required. Support was given to people to eat in communal areas or within their own rooms.

Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives. Staff treated people with kindness, dignity and respect and spent time getting to know them. People were supported in the least restrictive way possible.

Care plans reflected people's likes, dislikes and preferences. An activities programme was in place, and people were engaged with by staff.

People and their family were involved in their own care planning as much as possible, and a complaints system was in place and used effectively.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required. Audits of the service were detailed and any issues found were addressed promptly. The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection
Good (report published 13 April 2017)

Why we inspected

This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westbury Grange

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 Care Act 2014.

Inspection team

The inspection was carried out 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

Westbury Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

When planning our inspection, we looked at the information we held about the service, which included any notifications that the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with six people using the service, and six relatives of people using the service, to gain their views about the care they received. We spoke with three care staff, two kitchen staff,

two domestic staff, the activities coordinator, the deputy manager and the registered manager. We reviewed the care plans and other associated records for four people using the service. We looked at other records in relation to the management of the service, these included three staff recruitment files, staff training records, key policies and procedures and quality assurance systems and processes.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff in a safe manner. One person said, "I don't have a call bell because there is always somebody around and if I am in bed they come every hour." A relative said, "I do believe my relative is safe here for over two years because they employ good staff."
- Staff knew how to identify signs of abuse and were aware of the action they should take if they had any concerns for people's safety. Staff told us they had received training about keeping people safe and records confirmed this.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls, risk of choking, and evacuation plans in case of emergency. Staff reviewed the risk assessments regularly and as required, and put actions in place to reduce these risks.
- Risks were assessed and monitored to keep people safe. Regular checks took place on any equipment in use for people's safety.
- Room sensors and call bells were in place to monitor people's safety. Records showed that staff responded in a timely manner when they were alarmed.

Staffing and recruitment

- People and their relatives told us there were enough staff to fully meet their needs. For example, during our observations, we saw that two people needed one to one support for a particular activity, and this was provided.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. This included Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes. People we spoke with were happy they received their medicine on time, and as they wanted.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- The environment was clean, tidy and well maintained. Carpets and flooring were regularly cleaned, as were communal areas and people's own rooms. During our inspection, we saw that enough cleaning staff were available to maintain cleanliness throughout the service.
- The kitchen area in the service which prepared all of the food, had been rated as five out of five for food hygiene practices by the local authority.

Learning lessons when things go wrong

- Areas for improvement were identified through incident recording, audits and feedback from staff and people.
- Management responded to identified areas of improvement, and learning was shared to reduce the chance of issues recurring. We saw a clear record was kept when incidents occurred, and investigations took place to ensure lessons were learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service was able to meet their needs. Relatives had been involved in the assessment process, which helped to support a person-centred approach to care planning.
- People's cultural needs were identified so staff could meet these. Where necessary assessments gave a brief overview of a person's religion or beliefs so staff understood what was important to them.

Staff support: induction, training, skills and experience

- Staff told us, and records showed, they were provided with induction and ongoing training. One staff member said, "We have annual refresher training. The quality is very good." All staff demonstrated an in-depth knowledge of the needs of people using the service, and were confident in supporting a wide range of needs.
- Staff said they felt supported in their roles. They said the registered manager was approachable and offered guidance whenever needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food on offer. A relative told us, "My relative likes the food, they might not be able to say what they want, but we read the records and it's a good balanced diet they have. [Name's] weight is stable."
- We observed the lunchtime period and saw people got the support they required to enjoy their food. Choices were offered, and alternative meals were provided for those who did not want what was on the menu.
- Monitoring of food and fluid intake was carried out when required, and people's dietary preferences and requirements were observed by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they received the healthcare support they needed. One person said, "The nurse here suggested we talk to the GP and make some changes, so lots of medications were dropped and I felt so much better."
- People's care plans included information on their health and social needs.
- Records confirmed that people saw medical professionals as required. One staff member said, "We work closely with district nurses for care with pressure ulcers. Our GP comes in when needed, we speak to them over the phone". Another staff member said, "The nurse from the High Impact Team comes out and does a thorough assessment, it helps prevent people going into hospital."

- Staff were vigilant about any changes to people's health and wellbeing and ensured people received timely support from health professionals. During our inspection, we saw that nurses were visiting the service to provide people with flu vaccination injections.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and contained furniture and other items that belonged to them.
- Communal areas were clean and welcoming, and encouraged people to socialise. Quiet areas were available for people to use who did not want to sit in the busier communal areas. A garden area was available which was accessible to people with mobility issues.

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 Act 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.
- There was evidence of mental capacity assessments, when needed, and their outcomes. Best interest meetings had been held and the right people had been involved. Processes were clearly documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff treated them with kindness and respect. One person said, "I am very happy with all carers, I cannot single one out. I am very thankful for all the ordinary little things they do for me and the attention, just popping to say 'hi, how are you today' means a lot." One relative said, "The level of care here is amazing, so different from the previous place where my relative was, there is nothing too much trouble for the staff to do and my relative is always very comfortable and well cared for."
- We saw staff interacting with people in a warm and friendly manner. It was clear that staff knew people well, and understood their needs. A relative said, "They [staff] are a truly fantastic bunch, they have the patience of saints, calm in the most difficult situations. We were impressed how they managed a difficult situation which could escalate, being firm and calm."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in planning and reviewing their own care when possible. One relative said, "We had a review not long ago and I was taken in by how much detail they know about my relative, some parts I never noticed, her new interest in certain activities...she seems happy and relaxed, her eyes sparkle when any carers enter her room and its priceless." Another relative said, "What is also important to me as a close family member, is that I am closely involved in everything around my relative. The carers who are working here are part of my extended family now and I can exchange my worries to any of them. We have a very special relationship, not easy to describe."

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy was respected, and their independence was promoted. One staff member told us, "I always knock on people's doors. One of the residents upstairs says she knows my knock, she says 'come in [staff name]'."
- During our inspection, we observed staff treating people with dignity and respect, taking time to speak with people and allowing people to communicate at their own pace without feeling rushed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff delivered personalised care that met people's needs, and staff and management understood people's preferences, likes and dislikes. A programme of activities was in place for groups of people and on a one to one basis for those who could not join in with groups. One person said, "I do join in, I like music. We also have rabbits, they were jumping in the garden and we would watch." Other activities were on offer for people to join in with, for example, a toddler group had been set up where parents and carers with young children were invited in to spend time with people.
- People were supported to meet both social and cultural needs. Regular religious services were held for people to join and special occasions were celebrated. One staff member said, "I am always making birthday cakes for different residents, and other cakes too. Sometimes I see the residents and they say thank you, they are so happy." Another staff member said, "We do encourage people to come out of their rooms, but some don't want to, so I try to have one to one time with them, even if it is just having a cup of tea."
- Care plans we looked at were personalised and contained information about people's personal and family history, and likes and dislikes. For example, care plans listed people's favourite flowers, books and radio channels.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Easy read and pictorial documentation was made available to support people's choices with food, drink and activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. At the time of inspection, no recent complaints had been made. The system and policy in place stated that complaints would be documented and responded to in a timely manner. People were happy to make a complaint if required, and felt they would be listened to.

End of life care and support

- No end of life care was being delivered at the time of inspection. However, the service did have advance care plans in place and discussed individual end of life choices with people and families. This included Do

Not Attempt Cardio-pulmonary Resuscitation (DNACPR) assessments for those people that wanted them in place.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 and relatives all felt the service was open, honest and well run. One person said, "I see the registered manager every day when we have a meal, she comes to stop and have a chat. Very nice lady." One relative said, "We come almost every day and we talk to the registered manager. She quickly updates us. We find her very approachable. She makes a big fuss about people, the small details are important to her."
- Managers and staff were enthusiastic and committed to providing a good quality service for people.

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 maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

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

- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the registered manager was and staff told us they felt well supported by the registered manager. One staff member said, "I love working here. They are amazing people to work with, I'm not just saying that. The managers are amazing. They are honest and supportive." Another staff member said, "We have a supportive manager, she's not afraid of getting her hands dirty, she's involved with people when needed and especially if people are not well she knows what is going on."
- The registered manager was aware of their regulatory requirements and notified CQC and other agencies of any incidents which took place at the home as required.

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

- Staff were supported to share their views about people's care directly with the registered manager and in staff meetings. They told us they felt comfortable to share ideas to further improve the service and address any issues.
- People and their relatives were encouraged to express their views about the services provided through

surveys and meetings

Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, including regular checks by regional management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- We saw that all aspects of the service were looked at, including health and safety, maintenance and medication administration records. We saw that when errors were discovered, improvements were actioned.

Working in partnership with others

- The service supported people to engage with outside agencies regularly. This included a variety of health and social care professionals that were involved in people's ongoing care and support.
- Connections were made with outside agencies to provide activities and support within the service. For example, students from local schools and colleges were involved in work placements within the service.
- The service worked openly with the local authority and local clinical commissioning group who funded some people's care.