

Bupa Care Homes (GL) Limited

# Westcombe Park Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Westcombe Park Care Home is a nursing home that provides nursing and personal care for adults. It accommodates up to 45 people in one adapted building. At the time of the inspection 30 people were using the service.

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

People told us they were well looked after, and that staff were kind. We observed that staff followed safe infection control practices. A relative commented, "I would give them top marks for cleanliness and their Covid-19 measures."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Changes had been made to address the way the home managed deprivation of liberty safeguards to ensure they complied with any conditions made.

The provider had improved their framework for staff training and support. Staff received training and a competency check across all aspects of the care provided. Staff had received training in areas we had previously identified such as end of life care and dementia.

The environment had been improved to offer more signage for people who may need to orientate themselves.

Improvements had been made to the system to oversee the quality and safety of the service to ensure any issues were identified and rectified.

People's nutritional needs were met. Staff worked closely with health professionals to ensure people's changing needs were considered and any risks reduced.

People received personalised care that reflected their current needs and wishes and addressed their age, gender, sexuality, disability culture and spiritual needs.

People told us there was enough to do and we saw improvements had been made to the availability of activities for people nursed in bed. Where appropriate people received end of life care that was responsive to their needs and wishes.

People and their relatives were positive about the new manager and their availability and approachability. The manager and provider looked to learn openly from any incidents or accidents to improve the quality of the care provided. They were looking to involve people more directly in their care and sought their feedback through a variety of means including meetings and surveys.

Staff were all positive about the impact of the new manager and changes they were introducing. They said the manager was driving improvements in people's care, was supportive and encouraging of their development and had developed good team work practice across the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was 'Requires Improvement' (published 9 September 2019). We found a breach of regulations and some areas for improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 14 and 16 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the way they monitored deprivation of liberty safeguards.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements and addressed other areas identified as requiring improvement. This report only covers our findings in relation to the Key Questions Effective, Responsive and Well-led which contain those requirements and areas of improvement.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westcombe Park on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the infection prevention and control parts of this key questioning line with our current methodology.

**Inspected but not rated**

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Westcombe Park Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The site visit was carried out by an inspector, a specialist advisor and an Expert by Experience. A second Expert by Experience carried out phone calls to relatives following the inspection. 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 type

Westcombe Park is a care home that provides accommodation, nursing and personal care for older adults. 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 both were looked at during this inspection.

The service had a manager who had applied to register with the Care Quality Commission at the time of the inspection. 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

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about. We contacted the local authority commissioners to ask for their views.

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.

We used this information to plan our inspection.

#### During the inspection

We spoke with five people and five relatives during the inspection visit. The Expert by Experience spoke with seven relatives by phone following the inspection.

We observed the care provided in the communal areas and spoke with a visiting health professional. We spoke with the manager, the regional manager, two care workers and the activities coordinator on the inspection visit. We spoke with three care workers, one senior care worker, and five nurses by phone following the site visit.

We reviewed a range of records, this included seven care plans and records used to manage the service, for example, meeting minutes.

#### After the inspection

We requested some further information to be sent to us for example, in relation to monitoring records and audits. We sought feedback from two health professionals about their experience of working with the home.

# 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. We have not changed the rating of this key question, as we have only looked at the infection prevention and control part of the key question as part of our current inspection methodology.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- There were several areas of good practice with high risk touch areas identified given enhanced cleaning, a separate donning and doffing room and decontamination room.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to ensure DoLS authorisations were complied with lawfully. This meant the authorisations had not been complied with lawfully. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The new manager had full knowledge of the DoLS conditions that were in place for some people living at the home and evidenced how these were met and monitored. For example, one condition required the review of a medicine and we saw how this was managed and recorded.
- Staff were also aware of any relevant DoLS conditions. DoLS authorisations were monitored to ensure new applications were submitted when needed.
- People's rights were protected because staff acted in accordance with the MCA. At the last inspection we found improvements needed to the way mental capacity assessments and best interests' decisions were

recorded. At this inspection we found those improvements had been made and the records showed MCA guidance was followed. Records were detailed, personalised and showed how staff understood people where they were unable to communicate verbally.

- People told us staff asked for their consent before they provided them with support. One person said, "Staff will ask for consent, it is done in a chatty way, not formal."
- Staff had received training on the MCA and DoLS and were aware of the need to assess people's capacity for each separate decision and how they might understand people's nonverbal cues.

Staff support: induction, training, skills and experience

At the last inspection we found some improvements were needed to the training and support offered to staff to ensure they were able to meet people's needs. We had also made a recommendation that the provider source appropriate end of life training for staff.

- At this inspection we found the provider had made considerable improvements to the framework for staff training and support and staff received the support and training required to carry out their roles. All staff received training and had their competencies assessed across range of areas such as medicines, MCA and falls prevention. Nurses also had competency checks in clinical areas such as catheter care. End of life training had been provided.
- People and their relatives said they thought staff were well trained and competent. A relative commented, "[My family member] doesn't like the hoist but the staff seem to know how to use it well."
- Training that had been due to be rolled out at the last inspection including dementia and dysphagia dietary training had been completed. The manager ensured training was refreshed regularly in line with the provider's requirements. New staff received an induction, including training, a detailed guide on personal care and had a buddy assigned to support them through their shadowing and induction.
- Staff told us they received regular supervision to talk about their roles and development. We confirmed this from records. Nurses were positive about the support they received from the manager in relation to their revalidation process with the Nursing and Midwifery Council.

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

- People's needs were met through the way it was adapted and designed. Since the last inspection the provider had made improvements to the environment to meet the needs of people living with dementia who may experience disorientation. We found appropriate signage was in place to help orientate people as they moved through the home.
- The environment was suitably adapted to meet a range of needs. Handrails were in place to support people when mobilising. Some rooms had their own en-suite facilities. People could move between floors to take part in activities using a lift and had access to the outside garden area.
- Recently work had been undertaken in the garden to improve the enjoyment and safety for people. We observed people enjoying the garden during the inspection.

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

- The provider carried out an assessment of people's needs before they moved into the service. People and their relatives said they were involved in this assessment usually by phone due to the pandemic. A relative remarked, "The manager phoned us up and discussed things with us before [my family member] went there. We talked about what [my family member] liked and disliked."
- The provider's assessments followed nationally recognised formats and tools, such as assessing risks of falls or skin breakdown. Staff understood how to use these and acted when assessments identified any changes in need

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

- People were supported to maintain a healthy and balanced diet which met their needs and preferences. People told us they received food and drinks that met their individual and cultural preferences. A relative commented, "[My family member] says the meals are wonderful and sometimes makes me jealous when they tell me what they had. A second relative said, [My family member] likes their water to be very cold so they keep it in the fridge for them."
- Where there were known dietary risks, staff including catering staff were knowledgeable about the risks and how to manage them. A relative told us, "When the weather was hot recently they put [my family member] on a fluid chart and gave them lollies and melons to keep their fluids up."

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

- Staff met people's health care needs through working well with external agencies and professionals involved in people's care. A relative told us, "The home has been marvellous. [My family member] now doesn't have to wear bandages on their legs. The skin is pink and healthy because they have followed the hospital's regime."
- Staff worked closely with the hospitals to ensure they received the information needed prior to a person's discharge to their care including their Covid-19 test results.
- Staff at the home worked closely with the GP surgery and a range of other professionals to identify, monitor and treat any concerns and follow any recommendations. A relative said, "I think my sister has lost weight, but I know a dietician has been out to see her." Care plans and health professionals' advice was recorded in people's care plans for staff to follow.
- Health professionals we spoke with were all positive about the care provided and response from staff. One health professional remarked, "The care offered to residents is to a high standard, the nurses, carers and management are responsive and attentive and will always seek clinical support appropriately."

# 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 requires improvement. At this inspection this key question has now improved to good.

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

- People were involved in planning their care which met their needs and reflected their wishes. People and their relatives commented they were involved in drawing up their care plan and any reviews. One person remarked, "Yes, I did participate in drawing up my care plan." A relative said, "Even though they were only there four weeks staff had a care plan in place and it was all discussed with me."
- People and their relatives told us the care they received was personalised to them and addressed their preferences and needs including in respect of their culture, faith, sexuality and gender identity. Records confirmed this. We saw examples of these needs being met in a personalised way. For example, people favourite television programmes were detailed for staff to be aware to ensure they could view these. A relative remarked on how staff supported their family member by uploading specific religious programmes for them to view. Care plans were up to date, detailed and reflected of the care delivered.
- Where people's first language was not English, or, they were not able to express their views verbally, we saw communication aids had been made in consultation with relatives and were used to support better communication with key words and phrases.
- Care plans also included information about people's life histories and who was important to them to help staff get to know them better. A relative commented, "I took pictures of the family into Dad and the staff asked me about them so they could talk to him about his family."
- There were posters around the service which provided information on support for people to practice their faith and notices to raise awareness of the rights of people who may be lesbian, gay, bisexual or transgender. This created an environment in which people could feel comfortable to disclose information about themselves to staff so that staff could better support them.

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.

- Staff assessed and considered people's communication needs in a planned and effective way. People's had care plans detailed the support they needed to ensure their communication needs were met. For example, information was made available for people in large font to make it easier to read. People and their relatives confirmed communication care plans were followed and acted on.

- The manager told us documents could be made available in a range of accessible formats and languages or in braille if required

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

- People were supported to avoid isolation and take part in activities they enjoyed. The activity coordinator organised a range of group activities in the communal areas and individual activities for people nursed in bed that met their wishes and choices. Staff knew people well and their preferred activity. A relative remarked, "[My family member] loves dogs and staff get books about dogs and take them in to them and read with them." Care staff supported some individual activity sessions with people. One staff member told us they played cards with one person, another person preferred to be read to.
- People and their relatives said they thought there was enough for people to do. We observed group activities in the morning and people enjoying the garden in the afternoon. One relative said, "I like the feel of the home and there are lots of activities going on." There were several groups that had been established to reflect people's interests such as a garden club, book club and knitting circle.
- The activity coordinator had adapted activities to reflect guidance during the pandemic and these were organised in small groups. A second activity coordinator had been appointed since the last inspection to ensure there were activities on a daily basis. The home was working towards reintroducing outside entertainers and links with the community in safe way. A session from an outside entertainer was booked for after the inspection which the manager confirmed took place.
- People were also supported to maintain links with those who were important to them through technology such as video calls and telephone calls. A relative commented, "It has been difficult for us to communicate with [my family member] during the pandemic but staff have face timed with us. They have also sent us videos of [my family member] singing which was amazing." Staff at the home supported safe visiting arrangements in line with guidance.

Improving care quality in response to complaints or concerns

- People and their relatives said they knew how to complain and felt confident any issues they raised would be addressed. Information was displayed at the home to guide people on how to raise any issues.
- Most people told us they had not needed to make a complaint, but any small issues were managed to their satisfaction. A relative remarked, "I haven't had to complain. If there are any niggles they are small and soon sorted."
- Complaint records showed any issues raised were dealt with in line with the provider's policy with possible learning being considered and shared with staff where appropriate.

End of life care and support

- People received dignified and personalised end of life care that met their needs. People had detailed end of life care plans to ensure staff supported them in line with their wishes. This included areas such as pain relief and final days wishes. We saw evidence of plans carried out to ensure one person's spiritual needs were met through enabling them to take part in an important part of their religion. A local resource directory was available for staff to consult.
- People's relatives told us their family members received good quality end of life care. One relative commented, "I couldn't have asked for better care for their final days."
- Health professionals told us staff worked well to support people at this stage of their lives. One health professional remarked, "The manager has been a great support for a patient who was recent admitted and supported them to ensure they received palliative care."
- The manager had also sourced additional training for all staff, in partnership with a local hospice and

other providers. Staff were all positive about the impact of this training on their knowledge about end of life care. One staff member told us "I have learned such a lot from this and know things I had not thought of before to help people at end of life."

# 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 requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an effective system to monitor the quality and safety of the service. Staff completed audits to monitor the quality and safety of the service across all areas, these were detailed and consistently carried out. Where they identified action needed we saw this had been taken.
- The provider had oversight electronically about important information about the running of the service, such as any accidents or incidents and the actions taken. The regional manager also carried out their checks to confirm actions from audits at the service were implemented. The home had scored 93 per cent in the last check they had made.
- The new manager had applied to be registered as a manager with CQC. She understood the responsibilities of a registered manager under the Health and Social Care Act 2008. They were aware of their responsibilities under the duty of candour, the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating at the home and on their website. The rating was displayed, as required.
- There was a clear system of communication and framework of meetings to ensure staff understood the roles and information was shared effectively. Clinical risk meetings provided oversight of clinical risk issues and there was clinical overview information about people's needs available on each floor. Staff were updated through handovers, huddles, group and staff meetings.
- Staff were positive about the manager and said they were visible and approachable in the home. One staff member commented, "They work hard and want to get results but is really supportive at the same time."
- People and their relatives knew the manager and were also positive about the way they worked. One relative said, "The manager is approachable. I think the home is well organised. I cannot really fault it."

Continuous learning and improving care

- Where incidents or issues occurred, the service responded in an open manner. The provider and manager acted to ensure any areas of learning across the service were identified and addressed to improve the quality of the care people received.
- The provider used a lessons learned review approach to accidents, incidents safeguarding and complaints to ensure these were examined in detail and any learning for the home was acted on. We saw where further training for staff had been identified in relation to pressure area care following a concern that was raised.

This training had been provided to all staff.

- The manager was open to feedback and learning and suggestions we made during the inspection were listened to and acted on for example in relation to an aspect of one person's care which they followed up promptly with the GP.
- The manager drove improvements at the home. For example, they had implemented staff Covid-19 testing training for all staff to ensure they were able to test themselves accurately. Where staff had not always completed their daily temperature checks as required, the manager sent daily reminders until staff maintained the practice consistently. The manager had carried out regular call bell response audit checks which had improved the response times to call bells across the service. .
- Staff commented that the manager wanted to improve the quality of care at the home and had brought about better team work. One staff member said, " They work very hard. They are supportive, they ask you to do things and they check you have done it."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture at the service was more person centred and inclusive. People, their relatives told us that the manager was open to ideas and approachable. One relative remarked, "I think the new manager is very good. They don't take offence if you keep asking questions. They know about the individual residents." Another relative said, "The care is excellent, and the residents are treated as individuals."
- Relatives and residents all commented that they knew the manager well and they had spent time getting to know them. They had access to the manager's direct work number and felt reassured by this. One relative remarked, "I would move in there when my time came."
- Since the last inspection the home had developed a people's involvement charter with the involvement of people living there. Progress on some objectives had been hampered by the pandemic for example people's involvement in fetes or parties, but the manager told us they hoped to develop this further over time.
- We saw examples where staff and management responded promptly to individual needs to provide better quality care. For example, where one person was nursed in bed attention was given to ensure they could see the TV screen comfortably.
- Staff were positive about the impact of the new manager and said there had been many positive changes. One staff member commented, "They are a leader, not a boss." We saw the manager had made a video of her covid-19 vaccination to encourage staff to have theirs and this video had been used by the provider across their staff group and by local authorities to encourage vaccine take up.

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

- People, their relatives views about the service were actively sought and acted on. People's views were sought through surveys and through the 'Residents Forum' which had recently restarted following the pandemic. Where people had suggested views were sought on areas such as laundry, catering and activities and information updates about the service were shared with people.
- A "You said, we did" notice summarised feedback on ideas for improvement and the action taken to address these. For example, improvements to the garden had been suggested and this work had taken place.
- Relatives were involved through regular staff calls during the pandemic and through relatives' meetings which the manager had re-started via video. A relative remarked, "I did attend a virtual relatives meeting. There weren't many people on it, but it was all positive." The manager told us they were changing the time of the next meeting to encourage attendance and had been able to include relatives living abroad to allow them to express their views.
- Staff told us the manger encouraged them to make suggestions to improve the quality of care delivery.

They were involved in staff meetings where they felt able to express their views. We saw there was a regular health and safety committee meeting that was made up of representatives across all staff groups to encourage staff awareness of health and safety matters.

#### Working in partnership with others

- The service worked in partnership with other organisations to ensure good outcomes for people. This included local health professionals who all gave positive feedback about the way staff worked with them.
- The manager was in regular contact with the local authority. They had been proactive in finding the additional end of life care training for staff and had contributed to a video to be used by the training provider on the benefits of the training.