

Westgate House Limited

Westgate House

Inspection report

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24 January 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Westgate House is a care home that was providing personal and nursing care to 41 older people including people living with dementia.

People's experience of using this service:

- People living at Westgate house had a range of physical health and emotional wellbeing needs.
- Many people had dementia and had moved to Westgate House following failed placements in other care homes.
- People were not consistently cared for in a kind and caring way. Some interactions with people were at times dismissive and decisions about specific aspects of their lives had not always been made in their best interest.
- The registered manager had completed audits on the home to support quality checks. However, for some areas, these had not identified where improvements needed to be made. For example, cleanliness of the environment, care plans, risk assessments and daily records.
- There were not enough cleaning staff to maintain a safe environment.
- Medicines were managed safely, systems and processes for administration and storage of medicines were followed by staff.
- There were sufficient staff to support people in a timely way.
- The provider was committed to developing the skills and knowledge of the care team. Staff received training appropriate to the needs of the people they were caring for.
- People had good health care support from professionals. When people were unwell, staff promptly sought support from the appropriate health professionals to address their health care needs.
- Staff felt well supported by the management team and any complaints raised were effectively responded to and appropriate action was taken.

More information is in the detailed findings below.

Rating at last inspection:

GOOD (Report published 16 July 2016). At this inspection found the service had deteriorated and has been overall rated as requires improvement.

Why we inspected:

This was a planned inspection based on our previous rating.

Enforcement:

At this inspection we found the service to be in Breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. Details of action we have asked the provider to take can be found at the end of this report.

Follow up:

Following our inspection, we requested an action plan and evidence of improvements to be made in relation to governance. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. Should further concerns arise 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Westgate House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

We visited Westgate House on the 23 January 2019. We made calls to staff on the 24 January 2019 and a call to the activity co-ordinator on the 30 January 2019.

Inspection team:

The inspection team consisted of two inspectors, a specialist advisor with expertise in Dementia 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. In this instance their main area of expertise was as a family carer of older people.

Service and service type:

Westgate House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at 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:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We used this information to plan our inspection.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in March 2018 and we considered this when we made judgements in this report.

During this inspection we spoke with five people who used the service, the relatives of three people and a friend of one person. Some of the people we spoke with had limited communication abilities. We spoke with 11 members of staff including the registered manager, the provider, three registered nurses, four carers, one cleaner and an activity co-ordinator.

We reviewed four people's care records to ensure they were reflective of their care needs. We reviewed four staff recruitment files, and other documents relating to the management of the service such as policies, audits, meeting minutes and medicines administration records.

Following the location visit we contacted the fire officer for advice. We also requested copies of documentation from the registered manager following our inspection visit. For example, completed cleaning schedules, improvement plan, activity plans, maintenance schedule, policies and risk assessments.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection:

- People, relatives and staff told us, the cleanliness of the environment could be improved. We saw several unclean chairs in the dining room, large glass doors and windows were dirty and marked and corridors and rooms were not clean on arrival.
- One staff member told us, "Cleanliness can vary, it is more unclean here in the morning and improves in the day. Care staff try to clean up, everyone is doing their best. Cleanliness depends on the staff that are here."
- Staff told us cleaning was prioritised to ensure infection control risks were managed promptly.
- The provider told us they planned to recruit an additional cleaner to address concerns regarding the cleanliness.
- The service was not always clean. We could not be assured infections would be prevented.
- People, staff and relatives confirmed Personal Protective Equipment (PPE) such as gloves, aprons and overshoes were readily available and consistently used.
- The provider had invested in equipment to manage maladaptive odours and kill bacteria and viruses.

Staffing and recruitment:

- Safe recruitment practices were not always followed including undertaking a Disclosure and Barring Check and ensuring two references were received before new staff could start work. A member of staff was working awaiting receipt of a satisfactory DBS and references. The provider had ensured the staff member was working under supervision. However, a risk assessment had not been completed to ensure people were protected from harm.
- The provider did not keep a record of interviews or the interviewers' decisions on selection as per their own policy.
- There were not enough cleaning staff to maintain the cleanliness of the home. One staff member told us, "We need another cleaner. If people are on holiday there are less cleaners... There is not enough cleaning in the evening."
- There were sufficient care staff available to meet people's physical, social and emotional care needs safely and in a timely way. One person told us, "I never have to wait long. It works pretty well."
- The provider regularly checked registered nurses were registered with the Nursing and Midwifery Council to ensure they were safe to practice.

Assessing risk, safety monitoring and management:

- Risks to people's safety and well-being were understood by staff. However, at times people's care records lacked clear up to date information. This included risks associated with the use of oxygen, dehydration and not eating enough. This posed a risk to people in the event of new or unfamiliar staff providing care.
- One person used oxygen overnight. Signs were not visible at the front of the property or on a person's door

to alert people to the presence of oxygen. The provider told us they ordered signage following our inspection.

- Fire extinguishers were not fixed to the wall. We were concerned the fire extinguishers could be relocated and people could be injured moving them. We recommend the provider seeks advice and guidance as to the safe storage and access to fire extinguishers.
- Evacuation plans were in place with clear instructions for staff to support people to leave the building safely in the event of a fire.
- Risk assessments were reviewed monthly or as people's needs changed.
- People told us they felt safe living at Westgate House. One person told us, "I feel safe. I keep myself to myself and I like it here."

Systems and processes to safeguard people from the risk of abuse:

- Staff knew how to recognise and report abuse. Records showed they had raised concerns with nursing staff and the management team and people had been made safe.

Learning lessons when things go wrong:

- Not all accident and incident data, was formally audited to identify themes and trends. However, records showed individual accidents and incident forms were reviewed and changes implemented where needed. For example, one person responded better to a new staff member or a female member of care staff when they became distressed. Changing their support impacted positively on the person and there were fewer incidents.
- Floor beds and mats had been purchased as an alternative to using bed rails, this had positively reduced the number of falls from bed.

Using medicines safely:

- Protocols were not in place to instruct staff when to give as required medicines. This posed a risk to people in the event of new or unfamiliar staff providing care. Following the inspection, the provider told us new guidelines have been implemented.
- Medicines systems were organised and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. One relative told us, "They [the nurses] wait to see that [name of person] has taken tablets even if I'm here and give them to him."

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People told us they had enough to eat and drink and we saw people being offered food and drinks regularly throughout our inspection. However, records for people at risk of not eating and/or drinking enough did not always reflect this.
- Staff did not always have a good oversight of what people ate and drank. For example, we observed a person with diabetes being given six biscuits within a short period of time by care staff and a relative. Following the inspection, the provider told us this had not impacted negatively on the person's blood sugar levels.
- Care plans did not provide guidance for care staff to know what to do if people did not eat or drink enough. This put people at risk of dehydration and malnutrition.
- Food was cooked freshly on site by an external catering company and fortified as people needed. The chef had comprehensive information available and knowledge regarding each person's likes, dislikes, allergies, intolerances and dietary needs.
- During breakfast a wide variety of choice was offered. At lunchtime a vegetarian and meat option was available. Staff told us people could request alternatives. However, we found people were not always aware of this. One relative told us, "They will do something else if I ask, if it's something [name of relative] doesn't like."
- We found mealtimes could be further enhanced with more interaction. Staff told us and we saw the lunch time experience varied depending on people's needs. One staff member told us mealtimes could be "chaotic" at times.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's mental capacity had been assessed and best interest decisions had been made when medicines were given in food or drink without people's knowledge.

- Decision specific capacity assessments had not always been completed. For example, medical advice had been given to restrict one person's drinks for health reasons. The provider had not followed the principles of the mental capacity act to consider the persons wishes, preferences and other least restrictive options prior to making this decision. The provider told us, following the inspection a mental capacity assessment and best interest meeting had taken place with the person's relative and GP. The provider also told us they would review mental capacity assessments and best interest decisions to ensure they were decision specific for people living at the home.
- There were DOLS in place for people using the service to keep them safe from harm. The service kept a record of the authorisations and applied for them appropriately. We found conditions were being met.
- People's choices were respected. A relative told us, "Staff do ask permission or tell [name of relative] when they're doing anything."

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

- People's needs were assessed before they moved to Westgate House.
- People's needs were detailed in their care plans. We saw this included support required in relation to their culture, religion, likes, dislikes and preferences.
- Staff completed training in equality and diversity and the staff team were committed to ensuring people's equality and diversity needs were met.
 - People who had religious or cultural needs were supported by staff to meet these. For example, a faith practitioner regularly visited the home.

Staff support: induction, training, skills and experience:

- Staff received suitable training to ensure they had the skills to do their job.
- A training schedule was in place which ensured staff refreshed their training on a regular basis.
- People and relatives felt staff had adequate training to enable them to provide care. One relative told us, "They [the provider] encourage progress."
 - Care staff were supported to complete dementia specific training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
 - There was an induction process in place for new staff. They shadowed more experienced members of staff before they could work alone.
 - Supervision was accessed as and when needed. Staff told us they felt supported by the management team and could approach them at any time should they need support.

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

- Staff worked well with external professionals to ensure people had their health and social care needs met.
- People living at the home had prompt access to healthcare. People were supported to access medical appointments as required.
- Staff told us they worked well as a team and valued handovers between their shifts. These enabled staff to keep updated of changes in people's needs.

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

- People could personalise their room as they wished.
- Parts of the home had brightly coloured walls and doors to resident's rooms with knockers and numbers to resemble a real front door. Other areas of the home were very plain making it difficult for people with dementia to orientate themselves.
- Some toilets had signs in contrasting colours to enable people with dementia to identify the toilet areas.

The home environment could be further enhanced by adding more dementia friendly signage.

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.

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not consistently treated in a kind and caring way. We observed some interactions with staff were dismissive and not caring. For example, one staff member told a person, "If you're naughty you won't get any food." One person enquired whether their relative was dead. Another staff member responded sharply, "Well, I checked and he's not dead, alright."
- People and relatives were however positive about the staff and said they were treated with kindness. One person told us, "Staff are kind, always polite and respectful." A relative told us, "I've never seen anyone not be kind and caring. I've seen them be firm but that's normal"
- People's relatives and friends were made to feel welcome in the service, there were no restrictions on visiting times.
- Staff supported people to celebrate important events, such as birthdays. Families were invited to join people in celebrations.
- Staff knew people's likes, dislikes and preferences and used this knowledge to care for them in the way they liked.
- Where people were unable to verbally communicate their needs and choices, staff understood their way of communicating.
- People and their relatives could access their records electronically via a secure account to keep up to date with their health and wellbeing and to provide feedback to update care plans and risk assessments.
- Advocacy support was available to people as and when they needed it. Two people had advocacy support. An advocate is an independent person that helps people express their views and concerns.

Respecting and promoting people's privacy, dignity and independence:

- People received their personal care in private; staff asked people discreetly if they required personal care and respected their privacy in the bathroom. Privacy screens were available in the communal areas to ensure their privacy and dignity in the case of an emergency.
- Staff knew how to protect people's privacy and gave examples such as closing doors when assisting with personal care and knocking before entering a bedroom. The importance of dignity and respect was reflected in people's care plans.
- Staff understood the importance of confidentiality. Personal information was stored securely.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans documented their life history, likes and dislikes. However, we found people's individual preferences were not always considered. For example, the provider supported all people living at the home to spend their time in communal areas. Whilst this meant people were well monitored, the provider had not considered or documented whether this was in people's best interest. One relative told us, "[Name of relative] is always up and dressed. It's not [names] choice."
- On the day of our inspection, the activities co-ordinator was absent. We observed periods of time where staff did not interact with people or engage them with meaningful activities. One relative told us, "They [the staff] try to interact but I don't think they have the time."
- An activities co-ordinator was employed for two days a week. Activities such as aromatherapy, chair exercises, motivation sessions, singing and karaoke were available. Staff and relatives reported people enjoyed these sessions. One person told us, "People come in to sing. They come from all over the place. I've been out with friends, interesting places."
- People's risk assessments and care plans were regularly reviewed. One relative told us, "I can view [name of relatives] records and see care plans and fluid intake. I have confidential access on the website and input to [names] care plan."
- People were supported by staff that knew them well. One staff member told us, "There is one lady that likes to pick everything she wears, no one ever rushes her. Staff do her hair and help her choose a handkerchief for the day." We observed this person to be very well presented.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for individuals. The provider told us they would seek the support of an interpreter if required. Within the staff team three members of staff spoke different languages.
- The local Women's Institute had made knitted 'twiddle mats' and 'twiddle muff' for people living at the home. These are a source of visual, tactile and sensory stimulation and are recognised of being beneficial for people living with dementia.
- A monitoring system was in place that used sound to alert staff to people's movements at night. This meant staff could respond to people in a timely manner to meet their needs.

End of life care and support:

- The provider had identified the need to complete end of life care plans detailing the preferred place of care, next of kin, burial or cremation choices and any religious requirements. However, this had not been implemented at the time of inspection.
- The home did not admit people receiving end of life care. However, they were committed to supporting

people to live at the home until the end of their life.

- Weekly GP visits enabled the provider to identify if people were coming to the end of their life. The provider told us if people reached the end of their life, they would ensure appropriate training was provided to staff and liaise with health professionals to ensure people had a comforting and pain free death.
- The home had developed close links with a local hospice and had arranged for staff to attend the Gold Standards framework training for end of life care. Do not attempt cardiopulmonary resuscitation orders were in place where appropriate.

Improving care quality in response to complaints or concerns:

- The provider had systems and processes in place to respond to complaints. Records showed complaints had been investigated and appropriately responded to.
- People, their relatives and staff felt able to raise complaints with the management team and were satisfied they would be dealt with appropriately.
- One person told us if they had concerns "I'd soon tell [name of provider]. On the whole it's a lovely place, I wouldn't change anything. A relative told us, "It's improved here. If it had been bad I would have reported it but there's no need."

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.

Requires Improvement: Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Quality assurance systems and processes were not effective in improving the quality of the service.

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

- The registered manager had not submitted all legally required notifications to the Care Quality commission. Following our inspection, the registered manager ensured these were submitted without delay.
- The providers mission statement advised 'It is the objective of the home that residents shall live in a clean, comfortable and safe environment, and be treated with respect and sensitivity to their individual needs and abilities.'
- People, relatives and staff told us the cleanliness of the environment could be improved. This was also identified in a survey six-months prior to the inspection. We saw comments such as, "The floor is often sticky and there is food on the floor and down the chairs, the place does look rather neglected" and "The standard of hygiene and cleanliness with regard to décor and floors and surfaces is not even satisfactory on a lot of occasions."
- The Clinical Commissioning Group and Local Authority had identified issues with cleanliness in their audits that had not been addressed.
- The provider had not taken timely action to address the poor cleanliness to improve people's experience of living at the home in line with its mission statement.
- The provider had not completed risk assessments for staff working pending receipt of DBS and references.
- The manager completed quality audits. However, these did not involve reviewing people's care records to ensure care was delivered as planned. For example, the provider did not identify people's fluid targets were not being met, and that there were issues with the recording of food and fluid intakes.
- We found the provider did not have an effective system in place to formally assess and monitor the service to improve the quality and safety of the services provided in the carrying on of the regulated activity. This is a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The provider had correctly displayed our inspection rating in their office and on their website.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The management team had invested in person centred software to inform their care planning. However, we found person centred care was not embedded in practice or in the culture of the home.
- People were protected against discrimination. There was a policy which covered the Equality Act 2010 and protected characteristics.
- Staff felt supported by a management team that prioritised their wellbeing and personal development.

Staff told us the management team were very accommodating and adjusted people's working patterns taking into consideration their personal commitments.

- Staff knew the management team and advised they were always available. One staff member told us, "We are free to approach them [management team] anytime. The door is always open. They are very friendly and flexible with the shifts."
- The management team were open and receptive to any minor shortfalls we highlighted during the inspection and set about to action these on the day of the inspection.

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

- People and their relatives spoke positively of the management team. One relative told us, "The managers are always around. The [management teams] door is always open."
- Residents meetings were not held. However, 'friends of Westgate house' meetings were held quarterly to seek feedback from relatives. Surveys were undertaken annually.
- The home arranged regular events throughout the year for people in the local area, family members and friends to attend such as Barbecues and Fetes.
- The management team were passionate about exploring innovative ways of using technology to improve people's care experience. For example, the provider had purchased light up panels with clouds for a darkened quiet area to look like the sky and bring the outdoors in.
- Everyone's equality and diversity needs were embraced. Staff were supported to practice their religious beliefs including being able to pray during their working day.
- We found the provider and management team to be friendly, visible and approachable. We saw people were comfortable in their company and they knew people well.

Continuous learning and improving care:

- The provider had identified the need to develop decision specific mental capacity assessments and had instructed the clinical lead for mental health to undertake these. The provider assured us these would be completed following the inspection.
- There was a detailed Improvement plan in place which prioritised areas of the home which required attention and development.
- A clinical lead for physical health had been appointed. We found they had a clear vision of the improvements required in relation to record keeping and enhancing care staff's performance.
- We could not be assured at the time of the inspection whether the proposed improvements would be implemented, embedded in practice and whether they would be sustainable.
- The provider had introduced a financial reward for staff to complete training, this had improved compliance.

Working in partnership with others:

- The provider demonstrated they worked well with other agencies. They had received positive feedback from a community mental health nurse who advised staff were "friendly and professional."
- A practice manager told the staff, "you deserve a medal" following their care of a person's skin preventing the need for amputation of their toes.
- The provider had developed a good relationship with the local hospice and contacted them for advice, support and training where needed.
- A policy was in place to support new admissions and people moving on from the home to ensure their needs would be adequately met.
- The provider was an active member of local organisations working together with the local authority and clinical commissioning groups on improvement project.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have an effective system in place to formally assess and monitor the service to improve the quality and safety of the services provided in the carrying on of the regulated activity.