Shallcott Hall Residential Home

Westgate Residential Home

Inspection report

5 Ellenborough Crescent
Weston Super Mare
Somerset
BS23 1XL

Tel: 01934414787

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Westgate is a residential home. It provides accommodation and personal care for up to 10 people. The home specialises in providing a service to adults who have mental health needs. At the time of the inspection there were 8 people living at the service.

People's experience of using this service: People felt safe and supported by staff who were kind and caring. Staff and the management of the home were approachable and knew people well. People were encouraged and supported to maintain their independence.

•□The provider had a lack of systems in place to monitor water temperatures, the recording of medicines, the environment and decoration and infection control. The service was clean and tidy.

•□Care plans were personalised and included specific information relating to people's likes and dislikes.

•□Recruitment procedures ensured staff had relevant checks in place prior to starting work.

•□People spoke positively about the food provided at the service.

•□Visitors were asked to sign in and people had personal evacuation plans in place in case of an emergency.

•□Feedback was sought from people and positive comments had been gained.

•□Staff had received training and supervision and an annual appraisal.

•□People felt comfortable in raising any concerns or issues.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: Good (November 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will review the report on actions the provider intends to take following the inspection. We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

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?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Westgate Residential 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. 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.

Inspection team:
The inspection was carried out by one adult social care inspector.

Service and service type:
Westgate residential home is a care home. People in care homes receive accommodation and nursing or 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 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 in November 2016. This included details about incidents the provider must notify us about. We also assessed the 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. Following the inspection, we contacted health care professionals however were unable to gain views from them.

During the inspection we spoke with four people living at the service and three members of staff, including the registered manager. After the inspection we contacted eight relatives and managed to gain views from two. During the inspection we reviewed two people's care and support records and one staff file. We also looked at records relating to the management of the service such as incident and accident records,

questionnaires, recruitment and training records, policies, audits and complaints.

Requires Improvement

Is the service safe?

Our findings

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

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.

Assessing risk, safety monitoring and management
● The environment was not always being monitored to identify areas of concern. For example, one person's home had damp under their window. We raised this with the provider. They had not identified this shortfall prior to our inspection. They confirmed following the inspection they were addressing this problem.
● At the last inspection we identified the provider wasn't monitoring water temperatures within the home. Following the inspection checks were undertaken on water temperatures however we found during the inspection these checks had only been undertaken for a short period of time. The last checks undertaken were September 2017. This meant that people could be at risk of water temperatures being above the recommended guidelines due to checks not being completed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Risk assessments were in place for people's mobility. However, where people were making hot drinks in the kitchen area, there was no risk assessment that identified the risk to people burning or scalding themselves on hot water from the kettle.
● People could come and go within the service. There was a visitor's book for signing in and out and all visitors had to show identification.
● The service had a fire plan and risk assessment in place and people had individual evacuation plans for emergency situations.

Preventing and controlling infection
● Some improvements were required to infection control procedures and the cleaning of extractor fans. People had access to liquid hand soap to enable them to wash their hands to prevent the risk of cross infection. However not all bathrooms had paper towels. For example, some bathrooms had fabric towels. Fabric towels increase the risk of cross infection as microorganisms are left on towels after people have washed their hands.
● The fan in the middle bathroom was dusty and required cleaning. We raised these shortfalls with the provider. They confirmed they would address them.
● The service was clean and tidy and the downstairs toilet had been fitted with a new toilet, tiles, flooring, hand sink and hand drier.

Learning lessons when things go wrong
● The service took action when incidents and accidents were reported however these were not always being recorded. For example, one person had experienced a fall whilst out in the community. No incident form

had been completed to confirm the details of the incident and what actions had been taken. We raised this with the provider who confirmed they would address this recording shortfall.

Using medicines safely

● Records were not always accurate and up to date with the recording of people's medicines. For example, some people had their medicines left out for them to take at the correct time. However staff were signing to say they had administered the medicines and the person had taken it. This meant that records were not accurately confirming the medicines had been prepared and left for the person to take.

● Medicines were administered in plastic pots however the same pot was used for administering medicines to different people, this poses an infection control risk and potential for contaminating medicines.

● Body maps were not in place for people who required topical medicines. Body maps include clear written and visual information around administration.

● Some people's medicines should not be given with certain fruit juices. This information was recorded in people's care plans and known by staff. However, there was no record of this information in their Medicine Administration Records (MAR).

● Medicines were stored safely and staff had received training in safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse

● People felt safe. People told us, "Yes, I feel safe". Another person when asked if they feel safe said, "Yes, I do".

● Staff received training on safeguarding adults and referrals to the local safeguarding authority were made when required.

Staffing and recruitment

● The last new member of staff to start at the service was over two years ago. The provider had checked their suitability to work with vulnerable adults through a full Disclosure and Barring Service check (DBS) and references.

● People were supported by enough staff to meet their needs.

Good

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

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

Supporting people to live healthier lives, access healthcare services and support
- People were supported with their health conditions as required. Care plans confirmed what support people required. Where people could make their own appointments, staff encouraged this. One relative told us how the provider had taken someone to hospital when they had become ill recently. This, they felt was very good.
- Appointments and outcomes were recorded so that any changes could be reviewed and monitored.

Staff support: induction, training, skills and experience
- New staff received an induction, records confirmed this.
- Staff received training to ensure they were competent in their role. Training included first aid, fire warden, food hygiene, safeguarding adults, moving and handling, infection control, mental capacity act and deprivation of liberty safeguards. Staff had also received additional training in equality and diversity, nutrition, record keeping, mental health and personalisation.
- Staff received supervisions and an annual performance and development review.

Supporting people to eat and drink enough to maintain a balanced diet
- People spoke positively about the food provided by the service. One person said, "The food is very good". Another person said, "The food is good here". One relative told us, "Good quality food".
- Lunch times were a sociable and relaxed experience where people could chat to one another and staff.
- People could help themselves to drinks, and fruit throughout the day.

Staff working with other agencies to provide consistent, effective, timely care
- The service sought advice and support from mental health services, GP's and Social workers if and when required. Referrals were also made to other professionals when required. Records confirmed this.

Adapting service, design, decoration to meet people's needs
- People had access to outdoor spaces, such as the front and back garden. One person said, "I go for a walk most days to the end of the path and back".
- People's rooms were personalised and individual. One person showed us their room that had pictures and bright colours. They confirmed this was the way they liked their room.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

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. All people at the time of the inspection living at Westgate had capacity to make their own decisions regarding their care and treatment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- All people living in the service were able to make their own decisions and choices. We observed staff offering people choices.
- Care plans confirmed people were part of their assessment and ongoing care planning.
- People's protected characteristics under the Equalities Act 2010 were identified and recorded in people's care plans.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People felt supported by staff who were kind and caring. People told us, "It's very nice living here, quite alright. They are very nice to us and staff are kind", Another person told us, "Very good. I love it staff are very good and very nice".
- Staff demonstrated a kind and caring approach and it was evident people and staff had developed positive relationships with each other. We observed people compliment staff on their cooking and staff respond, acknowledging the person appreciated the meal.
- Staff received training in equality and diversity and during the inspection staff responded to people in an encouraging and inclusive manner.

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

- During the inspection we observed people making decisions about their care and support. All people we spoke with felt able to undertake their own routine that was important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and knocked on people's door before they entered.
- People had their own keys to lock their rooms. One person showed us their specialised handle that enabled them to turn their key easily as they said before they couldn't turn it very well.
- People were encouraged to remain independent and minimal support was required daily. One person said, "I get myself up and dressed. I have a bath once a week. Staff help me with that".
- People could come and go as they wished throughout the building.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's care plans were personalised and individual. They included people's personal life histories, family and how long they had lived at the service.
- Care plans described people's likes and dislikes including food, TV programmes, hobbies, interests and what time they liked to get up and go to bed.
- People were independent and could come and go as they wished to spend their day. Some people spent time in the community when the weather was good and others chose to spend time in the house or in their room. Activities included board games and bingo and people could pick and choose if they wished to participate in them.
- The service was responsive to people's changing needs. For example, when one person had recently fallen whilst out shopping, an appointment had been arranged with their GP to check there was no serious injury. This meant the service took action to support people if required.

Improving care quality in response to complaints or concerns

- People were happy in the service and felt able to raise any concerns or complaints to the staff or the provider. Relatives were happy with the service and felt able to raise any concerns with the provider and the management.
- One complaint had been received in the last 12 months. Records confirmed actions taken to prevent similar incidents from occurring again.

End of life care and support

- No-one at the time of the inspection was on end of life care.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Systems were not always in place to monitor the quality of the service. For example, we found no up to date system in place to monitor and check the temperatures of the water outlets within the service. Following the last inspection, the provider confirmed actions and systems they had implemented following the inspection however these checks had not been completed since September 2017. This meant people could be at risk of water temperatures exceeding safe temperatures.
- We identified some areas within the home that required decorating and cleaning. For example, one person's room had water damage under a window sill and we found fabric hand towels in communal bathrooms and a dirty extractor fan. There was no audit in place that monitored the cleanliness and the environment/decoration within the service.
- Records were not always accurate and up to date with the recording of people's medicines. No system was in place to identify shortfalls relating to the recording of medicines. For example, we found where people were being left their medicines staff were incorrectly signing to say the person had been administered it. We also found where people required topical medicines there was no clear guidance or information for staff to following relating to the required medicines.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had displayed their assessment rating at the service along with the providers registration certificates.
- Notifications were submitted as required.

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

- People spoke positively about how approachable staff and the provider was. People told us, "The management very good, [Name] very good". Another person told us, "Staff are very good, very nice. [Name] very good along with [Name and Name] very helpful".

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

- Resident's views were sought. People felt able to raise concerns with the management of the home.
- Questionaries' were sent to gain feedback from people about their care experience. Feedback received

was positive.

Continuous learning and improving care

● People were asked for their feedback every six months so that improvements could be made to people's care experience. Where actions were identified these were recorded so that improvements could be made.

● There was a positive atmosphere and culture in the service. People's comments included, "The staff are very helpful and staff here do a wonderful job". Another person said, "I have a lovely room in a lovely home". Another person said, "Activities – I am happy as I am".

Working in partnership with others

● The service had a good working relationship with health care professionals such as GP's, Mental health teams, social workers. People were encouraged to be an active part in their community accessing shops and local groups.

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 The provider had no effective systems in place that identified shortfalls relating to the recording of medicines, the environment and infection control and water temperatures. 17 (2) (b) (c)