Westgate House Limited

Westgate House

Inspection report

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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

This unannounced inspection took place on the 21 June 2016. Westgate House provides accommodation and nursing care for up to 46 people with complex needs as a result of living with dementia or mental health condition. There were 38 people in residence during this inspection.

There was manager in post who was in the process of applying to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Senior staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. Relatives had been involved in planning and reviewing their care when they wanted to.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

Feedback and complaints had been used to drive improvement in the service. The manager continually strived to find ways to improve the service through monitoring the quality of the service by regular audits.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles.

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.

Staff were clear on their roles and responsibilities to safeguard people from harm.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Good

The service was well-led.

There was a manager who was in the process of registering with CQC.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

Westgate House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by two inspectors on 21 June 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people using the service.

Many of the people who used the service were limited in their ability to recall their experiences or express their views; in these circumstances we used the Short Observational Framework inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection we observed nine people who used the service and spoke with four relatives. We also spoke with eight members of staff including three nurses, two care staff, the chef, the manager and provider. We reviewed the care records of four people who used the service and four staff recruitment files.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

During our inspection in August 2015 Westgate House was in breach of Regulation 12 Safe Care and Treatment, because the provider did not ensure that people were always protected from the risks associated with the administration of medicines as staff did not always follow the systems and procedures that were designed to protect people.

During this inspection we found that there were appropriate arrangements in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines. Appropriate arrangements were in place in relation to administering medicine covertly; (this means the medicine was being given to people in food or drink without their consent) there were appropriate assessments, authorisations and pharmaceutical guidance. We observed staff administering medicines to people in the way they preferred. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice.

It was clear through observation and general interaction that people felt safe and comfortable in the home. One relative told us "staff keep [name] safe they look out for them." All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of harm including who they would report any safeguarding concerns to. Staff had received training on protecting people from harm and the records we saw confirmed this. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported, and where necessary the relevant investigations had been carried out and supplied to the safeguarding team at the local authority.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas.

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. People had personal emergency evacuation plans in place in case of an emergency; fire safety systems were in place and appropriate checks were conducted; these included weekly fire alarm tests and regular fire drills. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order.

People could be assured that prior to commencing employment in the home, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references. Nursing staff were registered through their professional body and there were systems in place to ensure that their registrations were updated.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. We observed and staff told us there were sufficient staffing levels to meet people's needs. The staffing rota allowed an overlap between morning and afternoon staff so that they were all present during people's main meal at lunch time to ensure that people received their meal, personal care and medicines at the appropriate times. Staffing levels were set according to people's dependency and care needs. On the day of our inspection we saw that there were enough staff to meet people's needs.

Good

Is the service effective?

Our findings

New staff told us they had undertaken an induction training that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. The staff induction training included subjects such as manual handling and fire safety. New staff worked alongside senior staff during their induction training and before being allowed to work unsupervised. One new member of staff told us "I shadowed other staff for two weeks to get to know everyone's needs before I was counted on the rota."

All staff continued to receive updates of their training in subjects such as safeguarding, infection control and health and safety. Staff had commented about new dementia training, they told us "the training put people's lives into perspective, and helped me to understand how to communicate with people with dementia." Five members of staff were trainers for manual handling; their role included regularly updating all staff and assessing people's individual manual handling needs.

The manager had recently completed a leadership in dementia course and cascaded their knowledge to staff. They had implemented an initiative where staff were given the opportunity to observe the interaction between people using the service and staff, they then reflected on what they had seen. The staff then fedback to other staff what they had found, the manager reported that this had helped improve staff practice as a result of this. For example, staff recognised that they should not talk over people when supporting them; staff told us they felt empowered to tell other staff about this practice to prevent it happening. We observed that staff did not talk over people when they were providing care.

All staff had supervision to discuss their performance and development with their immediate supervisor. The provider held group supervisions to discuss specific care needs; these had led to staff making suggestions for one person to move rooms to improve their safety as their needs were changing. Staff told us they felt listened to, one told us "[the provider] is very supportive, she sees me as a person." Nursing staff received support to complete their re-validation to maintain their professional registration.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Senior staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

Catering staff ensured people were provided with meals that met their nutritional and cultural needs. We saw that they prepared meals to suit each person's individual needs, such as pureed food; they had access to information about people's dietary needs, their likes and dislikes. Staff were aware of the people who needed assistance and who needed prompting to eat; we observed staff assisting people with their meals in a non-hurried way and they gently reminded people to eat their meals when they had been distracted. All staff were involved with assisting at mealtimes which meant that everyone could eat their hot meal together. Some people were walking around the home and required encouragement to sit and have their meals, we observed staff providing one to one care with them to start their meals, and then kept them under close supervision whilst they ate their meals sitting down. Staff maintained records of how much people ate; we could see from these records that people were receiving regular meals in order to maintain their health and well-being.

Staff assessed people's risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian for further guidance when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed or thickened their drinks to help prevent choking. The catering staff were knowledgeable about people's needs such as special diets, allergies and people's likes and dislikes. We observed that people were shown what was available for lunch on plates; one person indicated they did not like the food they had been served, staff provided them with a different meal which they ate. Where it was necessary, staff monitored the amount that people drank to ensure that they stayed hydrated.

People were supported to access appropriate healthcare services including hospital appointments, their GP, podiatrist, optician, audiology and psychiatrist. We saw that people who were prone to urine infections were prompted regularly to drink and they were closely monitored for symptoms. Staff were knowledgeable about the significance of any changes in people's behaviours, they reported to the nurses promptly where people were not 'acting themselves', and nurses were able to take samples such as blood for testing. The nursing staff liaised closely with the GP about people's health and acted quickly on any treatment instructions such as antibiotics.

Good

Is the service caring?

Our findings

Most people could not communicate their needs effectively due to them living with a dementia. One person told us "The staff are alright." We saw staff and managers acknowledging people when they walked through the communal areas, and people acknowledging them, one person waved and said "Alright mate." We observed that interactions between staff and people using the service were positive and encouraging. For example during lunch one member of staff was explaining to someone what was for dinner, the friendly interaction was appreciated by the person, they said to the carer "I really like you". We observed staff talking with people providing reassurance whilst assisting them with their meals.

People's previous lives were incorporated into their daily lives where possible. For example we observed staff talking with people about their individual interests, such as engineering, racing cars and planes. One member of staff told us "we look out for planes and talk about them." Staff told us that people's past lives were key to communicating with them, one member of staff said "[name] responds if you talk about fishing." People and their relatives had provided information about their previous lives which were recorded in the care plans for staff to refer to.

Staff knew people very well, they told us what was important to people and how they adapted care to meet each person's needs. Some people liked to walk around for long periods, we saw that one person preferred to be in the garden, every time they looked into the lounge area, staff would wave and acknowledge them. Two people who liked to walk about were very reluctant to eat, we observed staff use different techniques for each of them to help them have their meal, for example, staff provided one person with spoonful's of food whilst they walked, and guided them to a table where they sat down and ate the rest of their meal.

People's privacy and dignity were respected. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. Relatives told us that people were treated with respect. One relative told us "staff look after her; she is always dressed in clean clothes."

Family and friends of people using the service were encouraged to be a part of the home. The organisation Friends of Westgate House were made up of past and present relatives who organised events such as coffee and cake mornings, cream teas and bigger events such as a summer barbeque. The managers supported the group; they told us it "brings relatives together so that they are able to support one another." People were helped to maintain family relationships. Relatives told us they were always made to feel welcome. We observed some families choosing to visit at meal times to assist with their relative's meals.

Good

Is the service responsive?

Our findings

Relatives told us that the home provided the care their relatives needed, one relative told us "[name] is in a very difficult situation. they can't speak or do anything for themselves; the staff do the best they can." They went on to describe how the home was ideal for their relative as there were many people who also had complex needs due to their dementia. They told us "I am very happy with the care [name] gets, staff do a wonderful job, it's a difficult job."

People admitted to the service were assessed for their care needs prior to living at Westgate House. Detailed plans of care were created, reviewed and adapted as people settled into the home. People's needs were met in line with their care plans and assessed needs. People received care that corresponded to their detailed care plans. We observed that people who required close observation to prevent falls had staff allocated to them and these staff were vigilant. Where people were at risk of pressure ulcers, their care plans stated they required equipment to help prevent them; people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans.

Relatives had been involved in planning and reviewing people's care when they wanted to. One relative told us "I am kept updated on [name's] condition and the care they are getting; I discuss the plans with staff." People's care and treatment was planned and delivered in line with their individual preferences and choices.

People's changing needs were assessed and care plans were updated. Staff communicated people's changing needs during handover and all staff had access to people's care plans via hand held devices. These also allowed staff to update people's care at the time they provided care, such as personal care and food and drink. Any changes in care were immediately recorded and reviewed by the nursing staff.

Staff worked with people to understand their changing needs. For example one person had experienced difficulty sleeping over many years. The manager and staff devised a plan of care to provide the right environment and atmosphere to help them go to bed and sleep; following this plan for a period of around a year; staff had now succeeded in creating a good sleep pattern. The relatives told us "We are so happy with the care [name] gets; staff are very careful, and vigilant."

Most people spent the day in the large day room where all activities took place. This made for a busy and at times noisy space. People appeared to be responsive to what was going on around them, for example, an entertainer was providing music and singing, one person joined in and sang along, others smiled and moved to the music. Staff encouraged people who could stand to dance. We saw that once up and dancing some people danced on their own. One member of staff told us "[name] used to go dancing with his wife, they were good dancers."

People who used the service and their relatives had information about how to make a complaint or make comments about their care. The manager followed their policy and responded to complaints appropriately.

We saw that the manager had made changes as a direct result of people's feedback. For example, relatives had told the manager that their relative was having difficulty finding their bedroom; the manager liaised with the family to find out the colour of the person's old front door and arranged for the door to be painted the same colour to help them. We found that this had helped them, and resulted in other people's doors being decorated with different colours.

People told us they were happy with the manager's response to their complaints; one person told us they had been unhappy that another resident was frequently coming in to their bedroom; "I told the staff and now I have a lock on my door, I'm happy with that".

Good

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The manager was supported by the provider to achieve their vision of providing the best possible care for people living with complex needs as a result of dementia. We saw that people and the staff were comfortable and relaxed with the provider and the manager. All staff we spoke with demonstrated a good knowledge of all aspects of the service and the people using the service.

There was a manager who was applying to become the registered manager; they had worked at the home with the provider over many years. The manager was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. They had submitted the appropriate statutory notifications to CQC such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.

The manager aimed to continually improve the care at Westgate House and sought feedback from people using the service, their relatives and staff. Recent improvements as a result of feedback included improving communication for relatives when people were unwell.

The culture of the service and the attitude of manager helped to drive improvements; they told us "everything that goes wrong is a training opportunity." As a result the service had made improvements in areas such as records, communication and personal care. The implementation of the electronic risk and care plan system had enabled the care staff to access all the information they required to provide individualised care. The managers had greater sight of the care being provided as the system alerted them to when care was due. We observed that staff could demonstrate that they had provided care to people in a timely way.

The manager had sought continuous improvement in their knowledge by completing a leadership in Dementia Course. They had implemented the researched ideas from this course in the home, such as decorating the environment in a way that helped people living with a dementia to find their way around; for example the toilet doors were painted yellow. Staff told us that people found it easier to find their way to the toilets as a result.

The manager was very active in home, they encouraged staff to reflect on the care they provided. They told us "every now and again we need to go back to basics; staff have to think about their care. I get them to ask themselves - are you talking to people when you are helping them to eat? are you telling them what you are doing?" We observed staff were very attentive, they engaged people before they provided support and people responded positively.

Most people were unable to summon help by using a call bell system due to their complex needs. The staff managed this during the day by using the communal areas for all activities and meals. One nurse told us "the environment fits people's needs, everyone is together." The manager had recognised people were at risk at night when they were in their rooms and could not be seen. An acoustic system had been installed to

alert staff to any noise in people's rooms. The acoustic system told staff who had made the noise, and replayed the noise that had triggered the alarm. One relative told us "we are very happy that staff respond quickly as [name] is prone to falls."

People benefited from a management team that used quality control to identify areas for improvement. The manager met with the provider weekly to discuss matters of health and safety and any issues raised by quality monitoring. The team had recognised that there was a risk that some people would roll and fall out of bed and conventional methods such as bed rails were unsuitable to their particular client group. They had responded by purchasing very low beds that reduced these risks. Some quality monitoring was outsourced to specialist companies; these reports demonstrated there were no outstanding concerns.