Shallcott Hall Residential Home

Westgate Residential Home

Inspection report

Westgate Residential Home
5 Ellenborough Crescent
Weston Super Mare
Somerset
BS23 1XL

Tel: 01934414787

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12 September 2016

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

We inspected this service on the 12 September 2016. This was an unannounced inspection. At our last inspection in July 2013 no concerns were identified.

Westgate residential home provides accommodation and personal care for up to ten people who do not have nursing care needs. At the time of this inspection there were eight people living at the home. Westgate residential home has eight bedrooms, a kitchen, dining room, two lounges, office, laundry room, deputy manager flat, staff flat and front garden.

There was two registered managers in post who was also the provider. A registered manager is a person who has registered with the Care Quality Commission 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's communal bathrooms had areas of dust on ledges and skirting. Extractor fans were dirty and hot water checks were not being undertaken to identify where people were potentially at risk of scalding because of temperature of the water.

People had detailed care plans that were personalised to them but not all risk assessments had been undertaken to identify the risk and ensure guidelines were in place for staff to follow.

People's personal evacuation plans had details of what support the person might require in an emergency. People were supported by staff who had checks completed prior to commencing their employment. People felt safe and staff were able to demonstrate what action they would take should they have concerns about people's safety.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet their individual care needs.

People received their medicines from staff who had received training. One person's medicine was not administered when required and medication administration charts needed to identify medicines that should not be taken with specific fruit juices.

People were supported by adequate staffing levels and staff supported people in a kind and caring manner. Staff demonstrated they knew people well and felt supported and able to raise any concerns with the registered manager.

People had positive relationships with their care workers and felt able to make decisions about the care they received. Changes in people's needs were identified and their care package amended to meet their changing needs.

The service was flexible and people and relatives views were sought so that improvements could be made. People were happy with the care and felt able to raise a complaint if they had one.

People had unrestricted access and were able to come and go as they pleased. Visitors were able to visit as often as they liked.

The quality assurance system to monitor the quality and safety of the service was not always effective at identifying any areas for improvement. We recommend that the provider reviews audits in relation to health and safety and infection control.

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.

People could be at risk of scalding as hot water checks were not being undertaken

People felt safe and staff had received safeguarding training and were able to demonstrate what to do if they had concerns related to people's safety.

People's medicines were being administered by staff who had received training. Not all medicines were administered on time.

People had detailed care plans although some risk assessments needed details and guidance for staff to follow related to people's individual needs.

Recruitment procedures ensured people were supported by staff who had checks prior to commencing their employment to ensure they were fit and proper persons to be employed.

Is the service effective?

Good

The service was effective.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

People were supported by staff to make decisions about their care in accordance with current legislation.

People were independent with making their own medical appointments.

Is the service caring?

Good

The service was caring.

People felt supported by kind and caring staff who encouraged people to be independent.

Staff demonstrated a kind, caring and respectful approach towards people.

People had care that was personalised to ensure their individual diverse needs were being met and staff and the registered manager promoted people's independence and choice.

Is the service responsive?

Good

The service was responsive.

People and relatives felt able to raise any complaints with the registered manager but were happy and had no reason to complain.

People had choice with how they spent their time, undertaking activities that were important to them.

People's care plans were individual, personalised and reflected what care they wanted.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff all felt the home was well led and the provider was approachable and supportive.

People and relatives were sent surveys so that improvements could be made to people's care.

The home's quality assurance systems were not always effective at identifying areas for improvement.

Westgate Residential Home

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 was an unannounced inspection that took place on the 12 September 2016. It was carried out by one inspector and a specialist advisor who was a nurse.

We spoke with eight people living at Westgate residential home and two relatives about the quality of the care and support provided. We spoke with the registered manager who was also the provider, the deputy manager and two staff members. We tried to contact two health care professional following this inspection but only managed to gain views from one.

We looked at four people's care records and documentation in relation to the management of the home. This included two staff files supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe.

People lived in a tidy home, although we found some areas of the home were dusty and hot water temperatures variable. For example, in two bathrooms we found dust on the skirting boards and ledges. The extractor fans in both bathrooms also needed cleaning as dust and dirt had built up. A clean environment is important as it can prevent the spread of infections. The home had a daily cleaning schedule which people living in the home participated in. We observed on the day of the inspection cleaning being undertaken. One person we spoke with confirmed how they enjoyed assisting with cleaning areas of the home. We spoke with the registered manager and deputy manager regarding checking areas of the home. They confirmed they did not undertake any formal checks regarding the cleanliness of the home.

People felt at times the temperature of the hot water and showers could be variable. We tried the hot water in the basin of the downstairs toilet. We found the tap would not turn to supply hot water. The only other tap in this room was the cold tap. This toilet was the only downstairs toilet and could be being used by anyone within the home. We ran the shower at the hottest temperature and found that the water only came through Luke warm. This could mean people were unable to adjust the temperature to be any hotter. We also found three bathroom taps to be too hot to hold your hand under. We asked the registered managers and deputy for the checks undertaken on tap temperatures in the home. They confirmed no checks were in place. This meant people could be at risk of scalding. The registered manager confirmed on the day of our inspection they had arranged for the hot water to be checked. They also confirmed hot water checks would be undertaken to ensure a safe temperature was maintained.

People, relatives and staff felt the home was a safe place for them to live. People told us, "I feel safe here. Yes", "Yes. I am okay here" and "Yes". Relatives told us, "Yes I think [Name] is safe" and "It is [Name's] home. Yes they are safe". One staff member told us, "Yes I feel people are safe here". Staff had received training in safeguarding adults. Records confirmed this. One staff member we spoke with was able to demonstrate their understanding of abuse and who they would go to if they had any concerns.

People were supported by staff who all had checks completed on their suitability to work with vulnerable people prior to starting their employment. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identification. The last new staff member was recruited in 2009. The deputy manager confirmed there had been no new staff to start since this date and that the staff group was stable.

People felt supported by enough staff to meet their needs. The manager confirmed staffing levels had been calculated based on people's needs. All people living in the home were encouraged to be independent. People told us there was always a staff member around including the manager and provider. They told us, "[Name] and [Name] are always around", "Staff are always around, so is [Name] and [Name]. The home always had one member of staff or management available in the home to provide medicines, meals and snacks to people. Rotas confirmed this arrangement.

People's care plans included risk assessments which were individualised to the person. However we found two risk assessments required greater guidelines. For example, one person had equipment that supported their skin care. Another person had experienced something whilst out of the home. Both people's risk assessments did not identify the specific guidelines staff should follow to reduce the risks. Staff were able to demonstrate they knew people well and had knowledge about how to support people to alleviate risks to their care and welfare.

People received their medicines by staff who had received training but one person was not receiving their medicines as it was prescribed. For example, one person's medicines were required before food. This had been written on the instructions of the person's medicines. We spoke with the registered manager, deputy manager and staff. All those we spoke with confirmed that these instructions were not being followed but confirmed they would take immediate action to ensure administration times were followed. Another person who was insulin diabetic had no specific guidelines of what action staff should take, what their normal blood sugar readings should be or that the blood sugar testing device was being maintained as per the manufactures guidelines. This is important as guidelines give staff confirmation of what is normal for that person and when they should take action if there are abnormal readings. One person had medicines that should not be taken with a specific fruit juice. However we found this important information had not been recorded in the person's Medicines administration records (MARs). The registered managers confirmed that this juice was not one that people choose to have at the home. This meant the record needed to confirm what juice the person should not take their medicines with but that they were not at risk due to this not being available in the home.

People were happy with how their medicines were administered. All medicines were stored safely and staff who dispensed medicines had received appropriate training prior to administering medicines. The registered manager confirmed staff had observed practice and regular competency checks undertaken.

People had their own personal evacuation plans in place for emergency situations. Plans had individual photographic identification that confirmed who the plan related to and their individual support needs. For example, any equipment and support they would need in an emergency situation. There was also a completed gas, electric and portable appliance test in place and certificates confirmed these were in date. This meant the provider was ensuring the building was safe and people had plans in place should there be an emergency situation.

Good

Is the service effective?

Our findings

The service was effective.

People were happy with the meals and drinks served in the home. People told us, "Quite lovely, there is nothing I don't like" and it is, "Very nice". Tables were nicely laid with condiments, placemats, napkins and cutlery. Staff were kind and attentive throughout the serving of the lunch, giving people plenty of choice around their meal and drinks. For example: people were asked if they wished to have water or juice and if their meal was to their liking. People were all independent requiring no assistance from staff. People had choice about where they ate and the atmosphere was calm and relaxed with people talking and socialising with each other.

All people were supported by staff who talked to them in a relaxed and caring manner. We observed people talking to staff asking them when would dinner be ready and where they were going. Staff responded in a polite manner saying, "Thank-you for letting us know, we will see you later" and "It will be ready around 1ish, is that okay". Care plans reflected people were independent with their daily living skills.

People were supported by staff who received regular supervision and appraisals. Supervision and appraisals gave an opportunity for both staff and the registered manager to discuss any work and development concerns or opportunities. This was confirmed by supervision records. Appraisals confirmed the staff members performance and attendance and was an opportunity for staff to feel valued. One staff member told us, "We have good support, training and appraisals.

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. Staff's training files confirmed a wide variety of training undertaken and workbooks they had completed. The deputy manager confirmed staff had signed up to the care certificate and were making good progress. Staff had continuous access to online training and a laptop was available so staff could keep up to date with their online training.

People were able to consent to care and treatment. The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people had capacity. The 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 make 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 are 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 were being met. No people living at the home had restrictions placed upon them therefore did not require DoLs applications to be completed.

People arranged their own appointments to see a health care professional. People told us, "[Name] and [Name] will always help me to appointments, I call they take me" and "I make my eye test appointments myself, also the GP". Care plans confirmed when advice had been given following medical appointments as well as how often appointments needed to be made. The registered manager and deputy confirmed they supported people if they needed transport to attend appointments. One health care professional confirmed the service would call them in-between appointments if needed. They told us, "Yes they would call if needed. Although I have not been needed".

Good

Is the service caring?

Our findings

The service was caring.

People felt staff treated them in a nice and very kind, manner. They told us, "All staff are nice", "Staff are very kind, very nice" and "Staff are very good, very nice". One health care professional told us, "Staff are always polite". People felt staff treated them with dignity and respect and all were very happy with the care. People gave examples of how staff gave them dignity and respect and what their care was like. They told us, "Staff knock" on my door. "I love living here" and "Staff only come in when I need them. They always knock." and "They knock and always ask me" if they can come in. We observed during the inspection staff knocking doors, saying hello and waiting for a response before they entered the person's room.

People felt supported by staff who promoted their independence. This was demonstrated by people's personalised care plans that reflected their independence. People who lived at the home told us they were independent with most aspects of their care and that they enjoyed being independent. During the inspection we observed people getting up when they wished, getting dressed at different times, going into the front garden area, spending time in their rooms and going out into the community. People told us, "I do my own room", "I am really independent" and "I do my washing and wake up when I want". People were encouraged by staff to be independent. For example, people confirmed when they were going out and when they would be back. Staff responded by thanking the person and confirming they would see them later. This meant people were encouraged to maintain and maximise their independence.

People had choice and control over their care and staff had developed positive supportive relationships with people over time. All people were able to express their views and were actively involved in making decisions about their care, treatment and support. They told us, "I have choice. I choose the colours of my room", "I like baths so that is what I have", "I am not tied down, I do what I want". People's care plans had a list of their individual preferences including likes and dislikes. For example, if the person liked listening to music and watching videos, going shopping or to the cinema. People had full control over where they wished to spend their time. People spent time in the community, in their rooms, the lounge and the front garden area, coming and going as they pleased.

There was a person centred culture at the home and people were at the heart of the service. The registered manager confirmed if people wished to attend church then they could and their wishes would be respected. Records confirmed people's religious needs and staff demonstrated it was always about people's choice and what they wanted to do.

Visitors were very complimentary of the care. Relatives told us, "It is a lovely place. Staff are nice" and "It is a lovely welcoming home. Staff are very helpful. I have a good relationship with them". One health care professional told us, "People seem well looked after. All are happy and content".

People had visitors whenever they wished. One relative told us, "We visit with [Name] mum". Another relative told us, "I visit once a month or every 6 weeks". This meant people had visitors whenever they

wished and relationships important to people were maintained.

Good

Is the service responsive?

Our findings

The service was responsive.

People's care plans were detailed and informative and provided staff with guidance on each person's individual needs. Care plans contained information on life history, likes, preferences, and interests, care needs and medical conditions. People were part of confirming what care they wanted and were encouraged to maintain their independence and undertake their own personal care. Where appropriate, staff prompted people to undertake certain tasks rather than doing it for them. One member of staff told us, "I help [Name] with house work once a week" and "[Name] prefers a shower, this is what they like. I help if I am needed". Staff demonstrated they knew people well and were able to confirm people's independence as documented in their care plan.

People's care plans were kept under review and were current and up to date with how people wished to have their care. People's care and support was planned proactively in partnership with them. People felt part of the assessment process and that care was what they wanted and needed. One person told us, "I can talk about things and I have a review every six months". Before this meeting was held the person was asked to answer some key questions on the care they were receiving. Any changes were discussed as part of the review. Records confirmed these views we sought from people and reviews were held with people six monthly. People choose the staff they wanted as their nominated keyworker. A keyworker is a staff member who was responsible for the person's care plan, ensuring it is up to date and reflected the person's wishes.

People and relatives felt able to raise concerns or complaints and all were happy. People and relatives were complimentary of the care and felt they had no reason to complain. They told us, "No reason to complain" and "I have no reason to complain, I love it here". Relatives told us, "No reason to complain. I would go to [Name] if I needed to", "All is fine, no reason to complain" and "It is thanks to the home that [Name] is well". All people had a "Resident's guide" this gave information on how people could complain. All people had signed this and a copy was held in people's care plans. No complaints had been received by the service. Where suggestions had been made actions had been taken to improve people's care experience. Records confirmed actions taken.

People had choice about what activities were important to them. People felt able to make their own choices and decided daily what they wanted to do. They told us, "I enjoy my train set and my books and classical architecture", "I enjoy my scrapbook and fabrics", "I go out if I want to, along the sea front" and "I enjoy helping around the house". One person we spoke with told us how much they were looking forward to a trip to the coast on a train. People were able to attend courses should they wish to and one person showed us their certificates of courses they had attended.

Good

Is the service well-led?

Our findings

The service was well-led.

We found the home was well-led although one area of the homes quality assurance system had failed to identify where action was required. For example although the home had a cleaning schedule it had failed to identify areas that were dusty and dirty. Two bathrooms had dust built up on ledges and skirting boards and the extractor fans were dirty. We also found after speaking to people that the hot water temperatures were variable and on testing were very hot. The registered manager confirmed they would take immediate action to review the hot water temperature and to get checks undertaken of the temperatures and cleanliness of the bathrooms.

People, relatives and staff all felt the home was well led and the provider was approachable and supportive. People told us, "I only have to go to [Name and [Name] if I need anything, "[Name] is so kind" and "Any problems and I just go to [Name], they are really nice". There was unanimous praise from relatives about the staff and management and how well the home was run. They found all staff and management very helpful, friendly and approachable and they all said they had a good relationship which was open and honest. One relative told us, "I am so so grateful to the staff. I have a good rapport with the manager, they are so helpful" and "It is a lovely place, [Name] is nice". Staff told us, "The support is great, it is very good working here, any problem management are just at the end of the phone".

Staff meetings were an opportunity for staff to make suggestions about the service and give their feedback. Staff had two daily handover meetings. These were used as an opportunity for staff to pass on important information and or changes to people care needs or wellbeing. Recent staff minutes confirmed staff had discussed training undertaken and training which had been booked.

Resident meetings were an opportunity to comment on the service and make suggestions. For example, discussions were held around the European Union referendum, and suggested menu changes. This ensured residents had an opportunity to comment on the service they received.

The vision and values were for people to be independent and to make their own choices.
The providers PIR (provider information return) confirmed how important it was that, 'Everyone needing care should be treated as you yourself would want to be treated'. The PIR also confirmed that it was important to, 'Ensure good relationships are maintained', as well as, 'a positive communication culture', that is, 'non-judgmental' and where people are, 'encouraged to maintain and develop contact with their family, friends and others'. This was also confirmed by the provider's statement of purpose. A statement of purpose sets out what the business will do, where it will be done and for whom. The statement of purpose confirmed, 'The home aims to offer a relaxed family environment in which to provide individualised care. Service Users are encouraged to function as independently as possible and to make good use of the facilities available both locally and in centre of Weston-Super-Mare'. It also confirmed, 'The main aim of our home is to achieve a positive and supportive atmosphere for each service user. We work towards alleviating poor communication and poor problem solving, thereby promoting an environment that is conducive to the

mental health of our Service Users. We work to help identify difficulties with service users at the earliest point, which in turn ensures appropriate interventions that are delivered with minimum disruption to their lives'. The registered managed and staff confirmed how important it was that people had choice and independence. This was observed during the inspection.

People and relatives had their views sought on the care at Westgate residential home and the provider made changes in response to the comments received. Twice a year people were sent a questionnaire. Where feedback had been received the provider was able to show they had listened and acted on the feedback. Comments were positive and included, 'I am very happy it is a good atmosphere here and I like to help people and wonderful staff here. Staff are very helpful', 'I wouldn't like to change anything. I am completely happy at Westgate. I have never been anywhere so good'. 'The staff help me a lot in my everyday life in this home. It is all the help I want' and 'The staff allow me to choose what I wish to do in the home. Very good at seeing we take our tablets and making sure we go to appointments'.

Prior to this inspection we reviewed notifications we had received from the provider that informs us of certain events that occur at the service. We checked these details were accurate during the inspection. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service.

We recommend that the provider seeks guidance from a reputable source around undertaking effective audits and measures to ensure, safe water temperatures are maintained, monitoring the cleanliness of the service and infection control.