

Bedstone Limited

# The West Gate

## Inspection report

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Date of inspection visit:  
19 February 2020

Date of publication:  
09 March 2020

## 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

### About the service

The Westgate is a residential care home providing personal and nursing care to 47 people at the time of the inspection. The service can support up to 50 people.

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

People and their loved ones told us they felt safe at the service and had peace of mind. We identified some shortfalls relating to the amount of information in people's risk assessments, and one missing tablet in one person's medicines. However, there was no impact to people of these shortfalls and the management team had already identified these as areas which required improvement. Actions plans were in place and additional training had been arranged. One recently recruited staff member had information missing from their recruitment file, this was resolved during the inspection.

People were supported by staff who were kind and compassionate to both them and their loved ones. Staff took time to get to know people well and used this knowledge to reassure them when they were distressed or confused. People's loved ones could visit at any time and could take part in activities which were taking place. Dedicated activities staff ensured everyone had things to do, including those who stayed in their room by choice or due to their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged and supported to have a voice in planning their care and letting staff know what was important to them. People were supported to have food and drink they enjoyed and to stay healthy with the support of staff and health professionals. People had planned their end of life care.

People, relatives and staff told us their views were requested and valued by the management team. Actions were taken to address any concerns raised or to respond to complaints. Learning from this and accidents and incidents was shared. There was a focus on continual improvement at the service, which had led to an increase in nursing and staffing levels and improvements to the environment. The environment was designed to meet the needs of people living with dementia and information was available in a range of formats.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 21 February 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# The West Gate

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

The Westgate is a 'care home'. People in care services receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior service manager,

senior care workers, care workers, activities staff and the domestic staff. We also spoke to a visiting GP. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant 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

- At the last inspection records relating to people's fluid intake were not being used effectively to ensure people stayed hydrated. This had now been resolved and people's fluid charts were accurate and monitored to ensure people had enough to drink.
- Potential risks to people's health had been assessed but there was not consistently detailed guidance for staff to mitigate risk. Some people required equipment to move safely around the service. There was no guidance about how to position the sling especially when people required specific positioning. We observed people being moved around the service safely. There was a risk that new or agency staff may not have all the guidance they needed.
- Some people received their nutritional through a tube into their stomach. There was no information about how the tube and wound should be cared for. Some people required support with managing their stomas, when bowels are opened into a bag. There was limited guidance for staff about how to do this and to maintain the skin around the opening. Records confirmed people had not had any infections or problems with the wounds. There was a risk that new or agency staff may not have all the guidance they needed.
- The management team had identified that more detail was required in relating to managing risk and had a plan in place to address the shortfalls. They monitored and guided staff when they were supporting people to minimise the risks to people.

### Staffing and recruitment

- Staff had not always been recruited safely. Checks had not been completed for all staff to make sure they were safe to work with people. One staff member did not have a full employment history in place. Nurses are registered with the Nursing and Midwifery Council and have a personal identification number (PIN) to show they are safe to practice. The PIN of one nurse, who was recently employed, had not been checked to confirm they were registered to practice. The registered manager checked the PIN and a full employment history was obtained during the inspection. Records relating to other staff were complete.
- Staffing levels had been increased since the last inspection which had had a positive impact on the care people received. The senior home manager had assessed people's dependency and recognised that higher staffing levels were required. Previously there had been one nurse on each day shift there were now three, one for each area of the service. The number of care staff had also been increased from nine to 12. Staff told us this enabled them to have more time for the little things which improved people's quality of life.
- During the inspection people did not have to wait for staff to assist them. There was always a member of staff in communal areas and staff responded quickly to signs people were distressed or needed help.

### Using medicines safely

- The service used an electronic system to record the administration of medicines. The newly recruited nurses had received training in the system but were still learning how to use the system. The registered manager had recognised the need for additional training for nursing staff related to the electronic system and this had been arranged.
- Staff dispensed medicines from boxes. We checked there were the correct number of tablets left in the boxes. One person's tablets were incorrect, the numbers were less than what they should have been. Staff were unable to explain how this had happened as there were no record tablets had been dropped or wasted. Following the inspection, the registered manager sent us an action plan to reduce the risk of this happening again. All other records checked were accurate.
- Some people were prescribed medicines on an 'as and when' basis such as pain relief. There were guidelines in place for staff to give medicines and how much. The room and fridge temperatures where medicines were stored was recorded to make sure it was within the recommended temperature. Some medicines were prescribed in liquid form. These are effective for a limited period once the bottle is open. The bottles had a date when they were opened recorded, so staff knew when they were no longer effective.

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

- Staff understood their responsibilities in relation to safeguarding people. All the staff we spoke to, including those who did not provide direct care, could tell us about the types of abuse they may encounter and who they would report any concerns to.
- Staff knew which of the people they support did not get on or could clash. Throughout the day staff intervened quickly and gently to ensure people were not distressed by others around them. They redirected people or distracted them with an activity they enjoyed.

#### Preventing and controlling infection

- Staff understood the need for infection control measures and used these effectively.
- Staff used personal protective equipment (PPE) such as gloves and aprons where appropriate. The service was clean and there were no bad odours.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed for learning and to identify any themes. The senior staff team were involved in reviewing the falls and giving their views on how to reduce the risk of reoccurrence.
- When actions had been taken these had been effective. For example, it was noticed that one person often fell at the same time of the night when they got up to use the bathroom. Night staff ensured they were close to the person's room at this time and offered support as soon as they heard them getting up. The person had not fallen at this time again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People met with staff before they moved into the service. A pre-admission assessment was completed to make sure staff were able to meet their needs. The assessment covered all aspects of a person's life including protected characteristics under the Equalities Act 2010. These included people's religious needs and sexual orientation.
- People's needs were assessed using recognised tools such as Waterlow to assess skin integrity, following best practice guidance. The assessments were used to develop the care plan.

Staff support: induction, training, skills and experience

- Staff told us they had the support and training they needed to carry out their roles. One staff member told us, "I feel very valued and supported in my wish to develop myself and progress. The management team have made suggestions about how I could do that and arranged training for me."
- Staff had an induction when starting to work at the service, which included core training and working alongside experienced staff to get to know people.
- The registered manager had a schedule of training which included core training and training specific to people's needs such as dementia training.
- Nursing staff told us they had regular training and updates in relation to subjects such as catheterisation. A catheter is a tube which removes urine from the body. Nursing staff also had clinical supervision from the registered manager who was a registered nurse.

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

- Staff monitored people's physical and mental health and people were referred to health professionals when required. When people had lost weight, they had been referred to the dietician. When people's mental health had deteriorated, they had been referred to the appropriate mental health professional. Staff followed the guidance given to maintain people's health.
- People had access to health professionals such as dentists and opticians. There were oral health care plans and people were supported to maintain their oral health.

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

- There was an ongoing programme of refurbishment at the service. Staff told us this had made a big difference to how they supported people. Domestic staff told us this made the service much easier to keep clean.

- People had been involved in choosing the decoration for communal areas. Each person's room was personalised with their own items and photos.
- The provider had used signage and decoration which supported people living with dementia to be able to find their way around the service and to their rooms. Signage was in place and people living with dementia had coloured doors on their rooms which resembled front doors. The senior service manager told us, "People can get to a stage where they struggle to remember a room number or recognise their name, but they often remember the colour of their front door."

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care services, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been assessed when complex decisions were required such having a flu vaccination. When people were unable to make the decision, best interest discussions were held including staff and people who know the person well. Previous choices and preferences were considered when making decisions.
- Some people had DoLS authorisations in place. When conditions had been placed on the DoLS authorisation, these were recorded in people's care plans and were being met.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew them well and treated them with care and compassion. Staff took time to sit with people who were showing signs of distress and reassuring them, holding their hand or stroking their shoulder whilst they chatted.
- One person who had only been at the service a short time became upset. Staff immediately approached the person and their spouse who was with them to offer help. Staff spoke to the spouse to ask their view on how best to help. They also offered support to the person's loved one empathising with how difficult it must be. Together with the person's spouse they found the cause of the person's distress and resolved it.
- Staff used their knowledge of people's life history to inform how to best support people. One person had worked shifts their whole life which could impact on their sleep patterns. Staff recognised this and supported the person to stay comfortable, whilst sleeping which worked for them.
- One person was beginning to get a little agitated, staff asked them where their dog had gone. The person was unsure, staff found the person's cuddly dog and the person calmed. Stroking the dog and chatting to staff about the other dogs they had owned in their life.

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

- People and their loved ones told us they were involved in planning their care and letting staff know about their preferences. One person told us, "They listen to what I want and that is what they do."
- Relatives told us a new online portal, which enabled them to see how their loved one was and what they had been doing, made them feel more involved in their care and day to day life. One said, "It gives you peace of mind and if you have any questions they are answered straight away."
- One relative kept a diary of their own observations of the changes in their loved one which they shared with staff. They told us it enabled staff to get to know their loved one better and they could compare views with staff.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to stay as independent as possible. People who were able, went out independently. People were encouraged to use mobility aids to move independently.
- When people were interested staff involved them in tasks such as getting out equipment or folding laundry, to give them a sense of purpose.
- People were supported by staff in a way which promoted their dignity and privacy. Staff offered people trips to the bathroom discreetly and spoke to people who were distressed in a quiet voice, so others could not hear.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan that contained details of their choices and preferences. Such as when they liked to get up and go to bed. There was information about people's lives before they moved into the service.
- People were supported in a way which took into account their preferences and wishes. Staff tailored their interaction to each person. For example, one person liked to walk around the service, they could be unsteady on their feet and needed staff support to move around. Staff patiently supported the person walking slowly around the service as often as they wished.
- Another person did not like to spend time with other people. The person was supported to spend their time in a small lounge area watching TV and had their meals on a small table. Staff checked on the person regularly but respected their choice to spend time alone.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could have information given to them in a range of formats. This included the use of pictures and easy read formats.
- Signage around the service had been simplified, with photographs where appropriate and care plans included emoji type images to help people understand them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People could have visitors at any time. Visitors told us they always felt welcome and involved by staff. All staff at the service including non-care staff offered refreshments to visitors.
- The service had two dedicated staff for activities. They told us they got to know people by having a chat when they arrive at the service and plan activities taking this into account. Their time was split between group activities and spending time with people in their rooms.
- People took part in quizzes and throwing balls on the day of the inspection. People told us they had also been involved in baking, painting and pamper sessions.

Improving care quality in response to complaints or concerns

- Complaint received by the service had been responded to in line with policy and to the complainant's

satisfaction. Complaints were used as a learning tool to drive improvement. For example, complaints about a lack of communication had fed into the provider's decision to develop the online portal for loved ones.

- An easy read version of the complaint's procedure was displayed in the service which included photographs of who people should speak to if they were unhappy.

#### End of life care and support

- Staff discussed with people their end of their lives wishes. When people or their relatives were happy to discuss, their wishes were recorded. People were reviewed by the GP when they became frail. A plan for their care such as where they wanted to spend the end of their lives, was discussed.

- Staff supported people at the end of their lives. Nurses made sure medicines were available to keep people comfortable at the end of their lives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection the audits completed at the service had not been effective in identifying all shortfalls found at that inspection. At this inspection improvements had been made.
- The registered manager and senior service manager completed a range of audits of the service which were used to form the basis of action plans to drive improvement at the service. Audits had identified the shortfalls found at this inspection and plans were in place to address them. For example, additional training had been organised for the nursing team relating to the electronic medicines' records.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about a service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, staff and relatives told us that the management team were approachable and responsive. One staff member said, "I was concerned about one person so emailed the management team. When I came in for my next shift the following day, a plan was in place to address my concern."
- The management team worked in an office in the centre of the service and had windows overlooking the main communal area. This enabled them to be a visible presence for both people and staff. There was an open-door policy and throughout the inspection people, relatives and staff visited to ask questions or say hello.
- The registered manager was open and transparent when things went wrong. Learning from incidents was shared and discussed in residents or relatives' meetings.

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

- People, relatives and staff were asked for their view of the service. This was done through meetings and

surveys.

- One relative told us, "They do ask and listen to what we think both good and bad." The outcome of surveys was shared along with the actions taken. For example, relatives had asked for a reminder about how to access the online information about their loved one. A notice about this was displayed in the entrance hall.
- Feedback in surveys from relatives was positive. One example stated, 'I always had doubts about relative being in a nursing service. After visiting them nearly every day while they have been here I am so impressed with the loving care they are receiving by the staff and how the management make me welcome and assured of the safety of my loved one. It is first class and fantastic.'
- Staff surveys were reviewed, and actions taken. Staff raised concerns about the mix of skills in the night staff team, this was reviewed to ensure they could meet everyone's needs.

Continuous learning and improving care; Working in partnership with others

- Staff worked with other professionals such as the care service nurses' team and speech and language therapists to further develop skills, keep up to date with good practice and meet people's needs.
- The service had taken part in a pilot project with the local care commissioning group reviewing people's advanced care planning and how this could be done more effectively. The service received positive feedback for their part in the project.
- Nurses had lead roles which linked to external professionals. For example, one nurse ensured people's weights were monitored and liaised regularly with the dietician when required.
- The GP used by the service visited regularly and told us the staff were organised, listened to any advice and contacted them at the right times. They told us the systems they had with the service were very effective in keeping people well and preventing hospital admissions.