Care Quality Commission

Westgate Healthcare Limited

Westgate House Care Centre

Inspection report

Tower Road
Ware
Hertfordshire
SG12 7LP
Tel: 01920 426100
Website: www.westgatehealthcare.co.uk

Date of inspection visit: 06 July 2015
Date of publication: 24/07/2015

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

Overall summary

The inspection took place on 06 July 2015 and was unannounced.

Westgate House Care Centre is a purpose built care home providing nursing or personal care to older people. The home has a purpose built unit for people living with dementia and also provides intermediate and rehabilitation care. The home is registered to provide care for up to 109 older people and there were 93 people living at the home when we inspected.

The home had a 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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually

Summary of findings

to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Westgate House Care Centre and some were pending an outcome.

When we last inspected the service on 24 October 2014 we found they were not meeting the required standards and they were in breach of regulations 9, 10, 12, 13, 14 15, 20 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to regulations 9, 12, 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had taken action to address the identified concerns.

There were suitable arrangements for the safe storage, management and disposal of people's medicines, including controlled drugs. The environment was clean and fresh and the atmosphere throughout the home was calm during the inspection. Staff knew how to recognise and report allegations of abuse. Staff recruitment processes were safe and a range of training was provided to staff to give them the skills and knowledge required to undertake their roles.

People told us that staff were kind and caring. Appropriate care and support was delivered in a way that promoted people's safety and protected their privacy and dignity. Meetings were arranged to support people and their relatives to share their views and opinions on the service provided.

We received positive comments about the management team and the management ethos from people who used the service, their relatives and the staff team. The provider and manager monitored and sought feedback about the services provided to identify areas for improvement and drive forward improvements in the home.

Summary of findings

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 is safe.

People lived in a home that was clean and fresh.

Staff knew how to recognise and report allegations of abuse.

People's needs were met in a timely manner by sufficient numbers of safely recruited staff.

There were suitable arrangements for the safe storage, management and disposal of people's medicines, including controlled drugs.

Good

Is the service effective?
The service is effective.

A range of training was provided to staff. Staff said it gave them the skills and knowledge required to undertake their role effectively.

People's nutritional needs and health needs were met.

People were supported appropriately in regards to their ability to make decisions.

Good

Is the service caring?
The service is caring.

People were treated with kindness and compassion.

People and their relatives were encouraged to be involved in the planning and reviewing of their care.

People's privacy and dignity was promoted.

Good

Is the service responsive?
The service is responsive.

People's needs were identified and formed the basis of their care plans.

The provider had made arrangements to support people and their relatives to raise issues of concern and provide feedback.

The manager had made arrangements for people and their relatives to share their views and opinions on the service provided.

Good

Is the service well-led?
The service is well led.

People had confidence in the staff and management team.

The provider had made arrangements for the continuous monitoring of the quality of the service provided.

The management ethos was open, transparent and respectful.

Good

Westgate House Care Centre

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 met 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 under the Care Act 2014.

This inspection took place on 06 July 2015 and was unannounced. The inspection team was formed of three inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed staff support people who used the service, we spoke with 17 people who used the service, six care staff, four nursing staff, two unit managers, the registered manager and the provider. We spoke with seven relatives to obtain their feedback on how people were supported to live their lives. We received feedback from district nurses and representatives of the local authority commissioning team. We also 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 care records relating to seven people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

At the previous inspection in October 2014 we had found that appropriate standards of cleanliness had not been adequately maintained and people were not always protected against the risk of acquiring healthcare associated infections. At this inspection we found that the communal areas of the home were clean and fresh. The manager reported that when a room became vacant it was automatically deep cleaned including soft furnishings. The manager also told us that a rolling programme of refurbishment had been approved by the provider for six bedrooms and one day room to be decorated each month.

People who used the service and their relatives told us that the cleanliness of the home had improved recently and that they were satisfied with the standard of cleaning. One person said, "The cleaner comes round every day, it is kept beautifully clean." A relative told us, "It always seems to be clean and fresh."

We noted that where staff provided personal care to people they used appropriate personal protective equipment such as aprons and gloves to assist to protect people from the risk of infection. People who required a hoist to transfer had their own slings that were named for their use only. The slings were clean and were regularly washed. People who were admitted onto the intermediate care unit for a short period of time had slings allocated to them for their use during their stay at the home.

We noted that the kitchenette areas were becoming tired and difficult to keep clean with cupboard doors loose on their hinges and stained worktops. However, the home manager was able to evidence that quotes had been obtained and approval had been granted from the provider to refurbish these areas. We viewed the maintenance action plan and saw that work was anticipated to start imminently.

At the previous inspection in October 2014 we had found that there had been insufficient staff members available to meet people's needs. At this inspection people who used the service told us that there were enough staff members available to meet their needs. People told us that nurse call bells were answered in a timely manner, one person said they thought they maybe had to wait for an average of two minutes for staff to answer the call bell. During the course of the inspection we used the call bell to summon assistance for one person and this was answered within three minutes. Where people were unable to use the call bells we saw that staff checked hourly to make sure they were safe and comfortable. The manager told us that she was working with representatives of the commissioning authority to develop a staff dependency tool that was appropriate to reflect the diverse needs of people who used the service. For example, people who lived on the intermediate care unit at the home may have greater dependency needs when first admitted from hospital than a person living with long term needs.

At the previous inspection in October 2014 we had found that people's medicines were not managed safely as people had not always received them on time and had not always had a review of their medication when required. At this inspection we found that medicines were administered safely. People who used the service told us that the staff brought their medicines to them and said, "They are ever so patient, they wait with me whilst I take them, I can be a bit slow though." People who required their medicines at specific times in order to manage conditions, such as Parkinson's disease for example, told us that their needs were met. We observed that people were supported to take their medicines at their own pace and were not rushed. We found that people who were prescribed medicines on an 'as required' (PRN) basis to manage pain were offered them at the prescribed intervals.

Medicines were stored securely in locked facilities and the room and fridge temperatures were monitored daily to ensure the quality of the medicines was maintained. A nurse we spoke with confirmed to us that she had received training to refresh her practise when administering medications within the last 6 months. Training records showed that eight of the twelve nursing staff responsible for the administration of medication had received refresher training in the past year. We found that the manager had made arrangements for all nursing staff to receive a training update in this area.

People were admitted directly onto the intermediate care unit from hospital for short stays and their medicines came into the home with them from hospital. These medicines were not managed in the same way as the rest of the medicines in the home and the recording systems in place meant that it was not possible to conduct an accurate audit of the medicines held for these people. We bought

Good

Is the service safe?

this to the attention of the management team who were able to provide evidence that this issue had already been identified by a routine internal audit and that actions had been developed to introduce a more effective system.

At the previous inspection in October 2014 we had found that, where people required pressure relieving equipment to help reduce the risk of them developing pressure sores, these were not always set correctly for individual 's needs. At this inspection we found that pressure mattresses were regularly checked to ensure they were at the right setting for people and repositioning charts were in place to show that people were supported to adjust their position regularly to reduce the risk of them developing pressure sores.

People told us that they felt safe living at Westgate House Care Centre, A person told us, "I feel safe and content here." Another person said, "I feel 100% safe and my needs are met. One person's relative told us, "[person] is a hundred times safer here than they ever were at home."

People told us that staff explored any risks to their health and well-being with them. For example, one person we spoke with used bed rails to keep them safe in bed. However, they were adamant that they did not wish to use bumpers to cushion the bedrails. The person was able to describe the potential risks of not using the bumpers because the staff had discussed this with them. People's individual needs were assessed and where needed risk assessments were developed to minimise the risk of harm to people. For example, a person had been assessed as being at a high risk of falls. We saw that a risk assessment had been completed to explain what had been done to manage these risks. The risk assessment was regularly reviewed to ensure it continued to accurately reflect the person's needs. We saw that another person was at risk of developing pressure sores. The risk assessment detailed the preventative actions that had been taken to prevent the sores from developing and also guidance and support for staff to provide safe care.

The staff team were knowledgeable about safeguarding matters and were confident in describing the signs and symptoms of abuse. Staff were aware of their responsibility to report any concerns they may have and they referred to the whistleblowing policy as a method of reporting their concerns. Staff told us, and training records confirmed, that they received safeguarding training and regular refresher updates to ensure their knowledge was current. One staff member said, "I would report any concerns straight away to my manager and if they didn't do anything I would go to the authorities. I know my manager will deal with it though."

We reviewed recruitment records for five staff members and found that safe and effective recruitment practices were followed to ensure that staff did not start work until satisfactory employment checks had been completed.

Good

Is the service effective?

Our findings

At the previous inspection in October 2014 we had found that people at risk of weight loss or dehydration had not always received the necessary support as detailed in their care plan. At this inspection people told us they were offered sufficient amounts of food and drink and that there was always a choice available. One person told us, "The food is very good; I get choices of what I want." Another person said, "The food is varied, they offer choices."

We observed the breakfast service and noted there was a selection of foods available for people including a cooked breakfast, toast and various cereals. We saw staff regularly offer top ups to people's drinks and ask if people would like anymore food. We noted that the choice for the lunchtime meal was made the day before and there was no menu displayed in the dining room to remind people of the choices available. The management team told us that people could change their minds about their menu choice at the point of service to have alternative meals and confirmed that meetings had been arranged between the chef and people who used the service later this month to explore choices further. We noted that very few people used the dining areas on the 1st floor or the top floor of the home, the majority of people chose to take their meals in their bedrooms. The management team discussed plans to make the dining rooms more attractive spaces and to encourage people to make the dining experience a more sociable occasion.

People who were at risk of malnutrition and dehydration had their food and fluid intake monitored. Practice varied from unit to unit as to how well this process captured information about how much people should eat and drink as per their medical condition, and in some areas of the home the charts were not routinely reviewed. However, staff reported any concerns to nursing staff who ensured that external health professionals were involved including GP, dietician, speech and language team (SALT).

People had their weight regularly monitored to identify any risks of malnutrition. We saw that people were referred to a dietician whenever a risk of malnutrition was identified or when a person was losing weight. For example, we saw that a person lost their appetite and a visit from the dietician had been requested. Staff then followed the diet plan designed for the person by the dietician and their condition improved significantly. The person had put weight on and the dietician decided there was no need for the staff to continue to monitor the person's food intake so closely. This showed that the strategies put in place to promote people's well-being in this area had been effective.

At the previous inspection in October 2014 we had found that the home was not suitably decorated or equipped to support the needs of people living with dementia. At this inspection we noted that work had been undertaken to address this concern. Signage had been introduced to clearly identify toilet facilities; there were reminiscence items, stuffed animals and pictures around the dementia unit to stimulate people's interest and senses. The result of this was that we found the dementia unit to be a calmer environment and people were relaxed and not showing any signs of anxiety.

People were looked after by staff with the knowledge and skills necessary to provide safe and effective care and support. One person told us, "Staff seem to be really competent and capable." A relative said, "Thanks to the staff from this home my [relative] has re-gained mobility and walks short distances."

Staff members told us they received regular training updates which we confirmed during our inspection. New staff members were required to complete an induction programme and were not permitted to work unsupervised until assessed as competent in practice.

Staff told us they were able to discuss any aspect of their role with seniors which made them feel supported and valued. There was a scheme of supervision in the home which cascaded through all roles. For example, unit managers provided supervision for the senior nursing staff. Staff confirmed the supervision process, one person said, "We have supervision every three months but you don't have to wait for that, you can speak to them [manager and unit manager] anytime." Another person said, "[Manager} is always about providing support, telling you if you need to change how you are doing something, providing guidance."

People told us that their consent was obtained before care was provided. One person said, "I rely on the staff completely. They always ask me what I want." We observed staff obtaining consent before providing support and respecting people's choices. For example, where they wanted to sit, the lounge or their bedroom. However, when needed, people's ability to make decisions was assessed in accordance with MCA 2005 and best interest decisions were

Good

Is the service effective?

made. The staff team and manager had received training to give them knowledge of the MCA 2005 and DoLS. They demonstrated a clear understanding and were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity are restrained in their best interests to keep them safe. The manager told us that applications had been made to the local authority in respect of the DoLS and that she had developed system to monitor progress with the applications.

People told us, and records confirmed that they were supported to have regular health checks, for example eye tests, dentist and support from their GP. One person told us about physiotherapy support they received and how staff helped them with exercises to regain their mobility. People have the support of a GP service that attends the home daily, staff told us this was a great support for them and people who used the service. We noted that staff attended handovers at the start of each shift where they were given information and updates about people's changing health needs, which included GP and other health professional visits. This helped people to be confident that their routine health care needs had been reliably and consistently met.

We asked a unit manager how the staff had managed during the recent period of hot weather. We were told that a number of new fans had been purchased to be used in people's rooms, curtains had been closed to shield the sun during the heat of the day and drinks and ice lollies had been made available. We noted during the course of the inspection that people had drinks within reach, some people had fans in operation to keep them cool and everyone appeared comfortable.

Good

Is the service caring?

Our findings

At the previous inspection in October 2014 we found that care records detailed people's preferences and choices however, these were not always acted upon. At this inspection we saw that people's wishes in relation to what time they went to bed, got up in the morning, where they chose to spend their day and what they did with their time were clearly documented and acted upon. For example where people choose to have their bedroom door open staff accommodated this, and when they wanted to have the door closed this was also respected. We saw that although people had their bedroom door open, staff still knocked on their door and waited to be invited in. One person told us, "When I have a wash they always knock on my door before they enter."

At the previous inspection in October 2014 we had found that people did not have access to independent advocacy services. At this inspection we found that people had access to an information guide which provided them with information about advocacy services available should they need additional support to make decisions about any aspects of their lives. The manager had ordered posters to relay this information around the home for people who used the service, their relatives and staff to access as needed.

People told us that staff were kind and compassionate. One person said, "They [staff] are very nice." Another person told us, "Staff are very kind I cannot complain about them." Relatives told us they thought the staff team were kind and caring. One person said, "They are approachable and friendly, nothing is too much trouble." Another relative said, "We are very happy with the place. Staff are nice and jovial." One person told us that they had started to feel low in mood when settling in to the home. The person told us the staff immediately recognised this and responded appropriately giving them the support and time they needed and involving the necessary health care professionals. They said the staff, "Were great."

We heard a staff member discussing a person's flowers and offering to pull back the curtains so they could see them better. We heard staff respond to people with comments including, "It's no trouble at all", "I don't mind one bit" and "You are very welcome." We heard staff interacting with people by asking about the night they had, how they had slept and if they were enjoying their food. We saw staff sitting down and chatting with people whilst assisting them with meals.

There was a handover process where the staff discussed each person on the unit to ensure that staff coming on duty had up to date information about people's care and support needs. This included ensuring that all staff had up to date information about the needs of a person who had recently moved into the home. During the handover, if a call bell rang staff responded to this immediately instead of waiting until handover had finished.

Staff approached people with respect and addressed people by their preferred name. We saw people smiling and engaging with staff naturally and asking questions which suggested a close relationship and trust between staff and people. One person said, "They are my connection to the outside world and I feel connected when they come and chat with me about different things. They [staff] have a good sense of humour and we laugh a lot." We saw that practical action was taken to make people feel comfortable. For example, a person was feeling chilly as they sat in bed reading their newspaper. Staff helped them to feel more comfortable by assisting them to put on a cardigan.

Relatives told us that the staff usually kept them informed of any changes in people's health conditions or care regime. Relatives told us that they were welcomed into the home at any time and that staff were always courteous and friendly.

Good

Is the service responsive?

Our findings

At the previous inspection in October 2014 we had found that activities were not reflective of people's specific interests or needs, particularly where people lived with dementia. At this inspection we found that despite difficulties with deployment of staff for this aspect of care there had been improvements made in this area. For example, one person told us that when they arrived at the home they noticed the garden needed some work and they wanted to keep busy. They were provided with the necessary garden tools and given the opportunity to take responsibility for the garden which they took great pleasure from. We noted that there were several pieces of people's art work around the unit and one person had made a picture for the staff who displayed it in the window of the nurse's office. The person was very happy about this. Throughout the home people were encouraged to spend their days how they wanted. One person said, "I like it here because I am a walker and I can walk four rounds of the corridors every day."

At the previous inspection in October 2014 we had found that meetings were not held for staff and people's relatives to share their views with the management team about the quality of the service provided. At this inspection we found that meetings for people who use the service had been arranged to be held quarterly and that these had been changed to bi-monthly at people's request. Minutes of these meetings showed that people were encouraged to discuss all aspects of the care delivery and to make suggestions. For example, we saw that a person had mentioned having individual packets of biscuits instead of biscuits in a communal tin as these went stale. The manager was able to confirm to us at this inspection that the chef had been requested to source individual packets of biscuits as suggested. A relative had raised that there was inadequate car park lighting outside when dark and as a result of this feedback a car park light had been installed. This showed that the meetings served to provide people with a voice and helped to improve the quality of the service provided.

At the previous inspection in October 2014 we found that records were not always clear and that care plans did not sufficiently record a detailed account of people's needs to ensure care was provided consistently. At this inspection we found that care plans were clear and easy to navigate. People's needs were clearly identified and there was a resident of the day system which meant that a thorough review of the plan was undertaken monthly including a medication review and in consultation with relatives where appropriate. Staff told us, "We read the care plans and spend time with people getting to know them, we put the information we learn into the care plans." Another staff member said, "Carer's are part of the care plan review now, we provide the day to day care so we know people well so it is important that we're involved." Relatives confirmed to us that they had been involved with the care planning for their family member. One person told us, "I've seen the care plan. They involve me."

People told us they were confident in raising any concerns they may have with staff, nurses or management depending on the severity of the concern. One person said, "I will mention to staff if I have a silly complaint or to the nurse. If it is something serious I will talk to the manager as she is very approachable." One visitor said, "I am very confident in raising issues if I have any." One relative shared a concern that they had raised with staff. The unit manager was able to demonstrate what actions they had taken to address the issue including reassuring the person who used the service and addressing the issue with staff through supervision.

Good

Is the service well-led?

Our findings

At the previous inspection in October 2014 we had found that the quality assurance processes in place to audit the quality of service people received were not always effective. At this inspection we found that the provider had commissioned an external consultant to support with the quality assurance systems in the home. The consultant undertook a monthly visit on behalf of the provider and produced a report of the findings with an action plan. We viewed the report for June 2015 and noted that the quality assurance processes had been assessed for effectiveness. We found that the manager had a continuous improvement plan to evidence progress made with improvements to the service. For example, actions identified as a result of meetings with people who used the service and their relatives or through survey forms were added to the improvement plan to be monitored until completed and afterwards to be sure they were effective.

The visit undertaken on behalf of the provider also included areas such as cleanliness, a random check of care plans, talking with people who used the service to gauge their satisfaction and forward planning for areas to review as part of the manager's audits the following month. In this instance covert medication and catheter audits were identified. Regular monthly quality audits were undertaken by the management including air mattresses, care plans, medications, nutrition, and tissue viability and infection control. These areas had all improved since our previous inspection in October 2014 which shows that the audits were helping to improve the quality of the service provision.

People who used the service did not have any comments to share with us about the management and leadership of the home. Relatives told us that the management had a visible presence around the home and that there was an open door policy so they could speak to her when they wanted. One person said, "You always see [unit manager] and [the manager] walking around."

Staff told us they had noticed many improvements in the service since our previous inspection in October 2014. One person said, "There have been lots of improvements since [manager] started, it's like a different place." An example was how the manager had acted upon a suggestion made by staff and changed the designation of a communal room to relocate the dining room. Staff told us that this had encouraged more people to use it and made for a better dining experience due to the lay out and location. Another staff member told us, "You can go to them [manager and unit manager] and stress about stuff, you don't have to be afraid to say anything."

Other areas that staff told us had improved in recent months were, care planning, staff empowerment, person centred care and the key working system. Staff said that people who used the service were much happier and that staff morale had improved as a result of the new management regime.

The management team had an open and inclusive ethos which they encouraged in all areas of the service. Staff told us, "Both of them [manager and unit manager] are very, very approachable." Another person said, "[The manager] is always on the unit, popping in and checking on everyone, first thing in the morning and then throughout the day." People who used the service and their relatives told us they found the staff to be courteous and respectful.