

Westgate House Limited

Westgate House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westgate House is a care home that is registered to provide accommodation and personal care for up to 44 older people including people living with dementia. At the time of inspection 38 people were using the service.

People's experience of using this service

Staff had not received training on physical restraint. Recording of physical restraints had not been completed in line with the providers policy or best practice.

People were supported to have maximum choice and control of their lives; however, staff did not always support them in the least restrictive way possible and in their best interests. Mental capacity assessments and best interests meetings had not been completed for every specific decision required.

We have made a recommendation regarding mental capacity assessments and best interest decisions being completed.

Staff did not always receive supervisions and annual appraisals in line with the providers policies. Staff meetings had been held regularly. Staff felt supported by the managers and had opportunities to complete additional training for develop their skills and knowledge.

We have made a recommendation that all staff have regular formal supervisions.

Risk assessments had been implemented and included strategies to reduce any potential risks.

People told us they felt safe and were supported by kind staff. Staff had been recruited safely and the necessary checks had been completed to ensure staff were suitable to be working in care.

Staff knew people well and care records contained person centred information. This supported staff to get to know people and be able to talk with them about things that interested them.

Medicines were managed safely and people received their medicines as prescribed.

The environment was clean and appeared well maintained. Cleaning schedules were in place to ensure all areas were cleaned regularly.

Accidents, incidents and falls were audited, and trends or patterns identified were shared with staff to reduce the chance of reoccurrence.

People's healthcare needs were met. The staff worked well with other healthcare professional and referrals

were made as needed. The service had a regular doctor who visited the service weekly.

The registered manager understood their responsibilities and regulatory requirement. Comprehensive audits were completed regularly to ensure the service was safe.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (18 September 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to restraint being used at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Westgate House

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

Westgate House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives. We spoke with ten members of staff including the registered manager, providers, nurses and care staff.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



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 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had not received training in restraint or breakaway techniques. However, restraints were used for some people. A restraint is any direct physical contact where the intention of the person intervening is to prevent, restrict, or subdue movement of the body, or part of the body of another person.
- Staff we spoke to and the registered manager did not always understand what actions constituted a restraint. For example, holding a person's hands down to restrict their movements to allow staff to complete personal care. Therefore, records were not always detailed with reasons for restraint, times of restraint and what techniques were used.
- The use of restraint had not been consistently recorded in people's records. This meant that the provider could not evidence that staff had used the least restrictive option or correct technique to ensure people were not harmed during restraint.
- When people received an injury, a body map was not always completed. This meant that staff could not always assess if an injury was improving or if additional healthcare support was needed.

Systems and processes were insufficient to ensure people were safeguarded from abuse and improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had a safeguarding policy accessible to all, however details of external agencies had not been included. The registered manager rectified this during the inspection.
- People told us they felt safe and staff received training on safeguarding adults and understood their responsibilities in reporting any concerns.

Assessing risk, safety monitoring and management

- Although taps and water outlets had thermostatic mixing valves (TMV) on them, systems in place to ensure they continued to work were not adequate. The provider checked six random water outlets every three months. Therefore, some outlets may not be checked for over one year.
- Staff did not record the temperature of hot water as they used their hands to check the heat. After the inspection the registered manager implemented thermometers to check water temperatures before people accessed the bath or shower to ensure they complied with the Health and Safety Executive guidelines on hot water temperatures.
- Risk assessments were completed and contained strategies to reduce potential harm from any healthcare needs, equipment and environmental risks.

A fire risk assessment was in place for staff to follow. Personal Emergency Evacuation Plans (PEEPs) were in place to support the evacuation of people using the service in the event of an emergency.

Staffing and recruitment

- There were sufficient care staff available to meet people's needs safely and in a timely way.
- People told us there were enough staff to meet their needs. One person told us, "There's plenty of staff I look after myself really." Another person said, "I have a bell by my bed. I have used it sometimes, they answer fairly quickly"
- People were protected against the employment of unsuitable staff. The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

Using medicines safely

- Staff were trained in medicines management and people's medicine administration records (MAR charts) were clearly documented and signed for appropriately.
- Daily medicine audits highlighted any medicines errors so these could be rectified quickly.

Preventing and controlling infection

- People were protected from the risks of infection as the staff supporting them had undergone training in infection prevention and undertook safe practices when providing care. We saw staff using personal protective equipment (PPE) when providing care for people.
- The environment was clean and there were cleaning schedules in place to ensure regular cleaning took place.

Learning lessons when things go wrong

- Accidents and incidents were recorded, the registered manager audited all accidents, incidents and falls to check for trends and patterns and identify learning to share with staff.
- The registered manager reviewed the findings and used them to reduce risk and improve safety in the home.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager had appropriately submitted DoLS applications to the local authority.
- When people were not able to make certain decisions, the right processes were followed to make sure any made on their behalf were in their best interests. We saw appropriate people were involved in this. However, this had not been done for decisions relating to information sharing and restraint. The registered manager agreed to do these immediately.
- Two people told us they were not allowed to eat food in their rooms, however on discussion with the registered manager this was implemented due to risk. However, neither person had been told why they were unable to eat in their rooms. We saw no evidence of mental capacity assessments or best interest decisions being completed for this.

We recommend that the provider ensures all mental capacity assessments and best interest decisions are completed and fully recorded for each specific decision.

Staff support: induction, training, skills and experience

- The staff training records confirmed they received training and additional training was offered as required. However, staff had not received training in restraint or breakaway. The registered manager arranged training in restraint for staff after the inspection.
- Staff told us they completed an induction which included full training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff did not always receive supervisions and annual appraisals in line with the providers policies, however most staff stated they felt supported by the management team.

We recommend that all staff receive formal supervisions regularly.

Supporting people to eat and drink enough to maintain a balanced diet

- People's food and drink, likes and dislikes were recorded in their care plans. One person said, "The food is alright, it could be better. You get what you're given, they don't give me a choice. If I didn't like it, they would give me something else." Another person told us, "The food is quite nice.... There's not a choice. If some people don't like it, they give them something else."
- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks. However, staff did not always document people's fluid intake in a timely manner.
- Staff were aware when people had dietary concerns and supported people to have those needs met.
- When required, people were weighed regularly to ensure they remained healthy.

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

- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- People's needs were holistically assessed, and their religious beliefs recorded. Care plans detailed people's likes and dislikes.
- The service used assistive technology to empower people to be more independent whilst maintaining their safety and delivering care and support. For example, the provider had purchased self turning mattresses to ensure good outcomes for people's skin integrity and reduced disturbances to their sleep patterns.

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

- People received support from health care professionals as and when needed, such as GPs, speech and language therapists and occupational therapists. Relevant health information regarding people was recorded in their care records.
- Management and staff knew people well and understood their responsibility to seek professional advice when they felt people's needs changed.
- People told us they received healthcare support as required. One person said, "The chiropodist comes every nine weeks, and there is a doctor who comes." Another person said, "They do eye tests regularly. I don't have any teeth, I don't want false ones, they have asked."
- Staff knew what action to take in an event of an incident or emergency. Staff also had a checklist of information to print for any hospital admission. This included people's individual key information and medical history.
- People had their oral healthcare needs assessed and care plans instructed staff how to maintain people's oral healthcare.

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

- The service provided equipment to support people's independence and the meeting of people's personal care needs, such as shower chairs, hoists and lowered beds to meet individual's needs.
- People's bedrooms were personalised and decorated to individual preferences.
- Signage was in place to support people to orientate themselves around the home.

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 requires improvement. At this inspection this key question has now improved to good. 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, People and their relatives told us the staff who supported them treated them well. One person said, "They [staff] never rush me." Another person said, "They [staff] always ask me if I want a shower."
- People had a choice of which gender of staff supported them with personal care. One person said, "I have a lady who showers me. I wouldn't have a man." Another person said, "I always have a lady who washes me."
- The interactions we saw were positive, with staff and people engaging well with each other. For example, during lunch we heard staff saying, "Take your time", "wonderful" and explaining what they were doing throughout. Staff responded to an incident calmly and provided people with reassurance.

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

- People's communication needs were documented in their care records, this supported staff to understand and communicate effectively with each individual person.
- People and relatives told us they were involved in care planning. One person told us, "They talk to me about my care about every six months"
- Staff told us they explained things as much as possible to people, for example, by speaking clearly to ensure people understood, and allowing people time to digest information.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they would protect people's privacy and gave examples such as closing doors when assisting with personal care, knocking before entering a bedroom and discussing any personal tasks sensitively. One person told us, "They [staff] always knock before they come in. They say 'are you alright?'."
- Staff told us they supported people to be as independent as possible. They discussed ensuring people wore the correct footwear and had access to the correct equipment, to prevent falls and therefore allowing the person to move freely without staff needing to be present.
- People's confidential information was kept secure, staff were aware of people's right to privacy and confidentiality.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- On the first day of inspection activities were limited to watching a film or doing arts and crafts. We observed that although we saw some interactions, there were times that people were not engaged in the activities. One person who had been given pens and a colouring book, could not take the lid off the pen, staff had not offered to do this.
- On the second day of inspection, we saw a musician was playing and people appeared engaged. One person was seen dancing and singing along throughout the activity.
- There was an activity programme in place. We received mixed views about the activities, some people felt there were enough on offer whilst others told us there were not enough activities to engage in.
- Family members and friends were made welcome when they visited the service and were offered refreshments. One relative told us, "I always feel very welcome, they are always asking if I want a tea or coffee."

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

- Care plans that had been completed with people's life history, wishes and preferences including information on their culture, religion and faith. Staff were knowledgeable about the people they supported.
- People told us they were happy that staff knew what care they needed. One person told us, "I'm free to do what I like, get up, go to bed."
- Care plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes.
- The provider had considered and purchased equipment to support people with specific clinical needs such as pressure ulcers, to ensure care was provided to meet individual needs and minimise sleep disruption for people.

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's communication needs were explored and recorded. For example, one person's care plan stated, 'make sure [person's] face is not in shadow when communicating with them, maintain eye contact and give plenty of time to respond.'

- The service was able to make information available to people in different formats such as easy read, large print or a different language.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was accessible to people, relatives, visitors and staff.
- People told us if they did have concerns, they would raise it with a manager. Most people felt that any concerns or complaints would be dealt with. However, two people told us, they felt it was 'a waste of time' complaining as 'nothing is done.' We did not see any recorded complaints raised by these two people.
- Complaints had been investigated, and action was taken to address the issues and prevent reoccurrence in the future where possible. Information gathered from complaints had been analysed. This enabled any lessons learnt to be shared.

End of life care and support

- At the time of our inspection no one using the service required end of life support. However, when appropriate, people had a 'do not attempt cardiopulmonary resuscitation' [DNACPR] order in place.
- Care plans were in place for end of life care and included funeral arrangements. However, not all plans identified people's individual preferences at the time of death. For example, who would be there, if they wanted any music or sounds playing or if they if they wanted a priest or minister to deliver their last rites.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to have an effective system in place to formally assess and monitor the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance

At this inspection we found the provider was now meeting this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were positive about support from the management team, however some staff felt that communication could be improved. One staff member told us, "The only communication is handover in the mornings, this isn't enough." Another staff said, "We don't get debriefs after an incident." The provider told us that all handover information was accessible to staff at any point and handover occurred in the morning and again in the evening.
- The managers told us they completed a daily walk around the service to have oversight of staff practices. However, this had not been recorded. We didn't see any evidence of spot checks being completed on staff which evidenced how managers ensured staff were completing care in a person-centred way, wearing PPE and respecting people's dignity and privacy
- The management team had a visible presence within the service. One person told us, "They are good managers." Another person said, "I know [managers] well."
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.

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

- Staff understood their roles and responsibilities, however not all staff understood the definition of restraint. This meant restraint was not always recorded in line with the provider's policies and procedures.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks, notifications and regulatory requirements.
- The registered manager carried out a range of audits which helped to drive improvements within the home. For example, environment, cleaning, falls, and medicines. There were no recorded actions when issues had been identified. The registered manager told us that all actions had been completed and agreed to add all actions onto the records.
- Staff told us they had read and discussed the previous report as a team. They understood what needed

improving and had put actions into place.

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

- Although staff had not received supervision or appraisals in line with the providers policies, or had regular team meetings, the managers had an 'open door' and were always available to staff.
- People's feedback had not been formally sought since 2017. The provider was investigating the most appropriate way to gain people's feedback in a meaningful way.

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

- The registered managers understood, and said they would act on, their duty of candour responsibility, however no incidents had occurred which would require action or investigation in this regard.
- Records showed the registered manager informed the Care Quality Commission (CQC) and other agencies of incidents that are notifiable.
- Staff received safeguarding and whistleblowing training and knew how to raise a safeguarding concern with the local authority and the CQC.

Continuous learning and improving care. Working in partnership with others

- Staff worked well with other healthcare professionals including doctors, speech and language therapists and mental health teams.
- Staff were given opportunities to develop their skills and knowledge. The provider had offered staff additional training in challenging behaviour, mental health and fitness courses, as well as offering nurse associate programmes.
- The registered manager shared learning and linked with other homes to ensure best practice, this included completing specific audits that enabled them to identify areas of improvement and national averages.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider had failed to identify, train staff and ensure records were kept regarding physical restraint.