Westgate Healthcare Limited

Westgate House Care Centre

Inspection report

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Date of inspection visit:
27 June 2017

Date of publication:
07 July 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 27 June 2017 and was unannounced.

Westgate House Care Centre is a purpose built care home providing nursing or personal care for older people. The home has a purpose built unit for people living with dementia and also provides nursing, intermediate and rehabilitation care. The home is registered to provide care for up to 109 older people and there were 94 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.

At the last inspection of this service in July 2015 the service was rated Good. At this inspection the overall rating remained as Good however, there were some aspects of the service where people would benefit from some improvements being made.

People received the support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed. However, the meal time experience on one unit needed further development to help ensure people had a positive experience and the system in place to monitor people's fluid intake was not robust. We noted some examples where staff used terms that did not promote people's dignity and where staff did not always seek people's consent. For example, moving people in their wheelchairs without explaining what was going to happen.

People felt safe living at Westgate House Care Centre. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise and report allegations of abuse.

Potential risk to people's safety and wellbeing were assessed and mitigated.

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.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always have a positive mealtime experience in all units of the home.

It was not always clear what fluids people had been offered or taken.

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

People's nutritional needs and health needs were met. People enjoyed the food provided for them.

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

People's health needs were met.

Is the service caring?

Good

The service was 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.

Visitors were encouraged at any time of the day.

Is the service responsive?

Good

The service was responsive.

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

People were provided with opportunities for engagement and activity.

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

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

Is the service well-led?

Good

The service was 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 and transparent.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 June 2017 and was unannounced. The inspection team was formed of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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. We also reviewed the provider information return (PIR) submitted to us 07 April 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with 19 people who used the service, 13 staff members, representatives of the senior management team the registered manager and two company directors. We spoke with relatives of five people who used the service to obtain their feedback on how people were supported to live their lives.

We requested feedback from representatives of the local authority health and community services. 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 ten 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

People told us that they felt safe living at Westgate House Care Centre. A person who used the service told us, "I am very safe here and I do like it. I was completely on my own at home but since I came here I sleep better at night because I feel safe." A relative of a person who used the service told us, "[Person] is safe here. I could have a short holiday and leave [Person] here and I wasn't worried, I knew they were looked after."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. One staff member told us, "I will report any concerns I have to the nurses and the managers. I do believe they will take action, however I know about whistleblowing and contact local authorities and CQC if I need. We were given a leaflet with all the contact numbers we need." Another staff member said, "I have the confidence to report things to my managers but I know about numbers to call outside the home, whistleblowing." Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Staff understood how to mitigate and manage risks to help keep people safe. For example where people had been identified as being at risk of developing pressure ulcers the right equipment was provided such as special mattresses, pressure cushions and specialist beds. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition. Staff used sliding sheets when assisting people to reposition. Sliding sheets reduce the risk of friction when people are not able to independently change their position in bed. We also noted that people who had been identified at risk of choking were helped into an upright position when staff assisted them to eat.

People who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers to be placed over the rails to reduce the risk of entrapment. However, we noted on one unit that two people did not have the protective bumpers in place when we arrived at the service. We asked a staff member to intervene because one person had their head leaning against the wooden rail. The staff member said, "They should have the bumpers on, look they're here" pointing to the bumpers that were discarded in the room. We discussed this with the management team who undertook to review practice to help ensure that all people who required the bedrails had bumpers in place.

Staff recorded and documented if people sustained any injuries such as a skin tear or bruising. Appropriate dressings were used by the nursing staff to help ensure that any wounds healed and were protected from the risk of infection. We noted that in most cases people`s wounds healed in short time for example, a person had been admitted to the home with a significant pressure ulcer. Records confirmed the treatment and care provided and we noted the wound had healed in just a few months after admission. This showed

that people received appropriate care to maintain their skin integrity.

On one unit in the home people's care plans indicated that they did not have the necessary understanding to be able to use the nurse call bell and that there should be hourly checks undertaken to help ensure their safety. Records had been completed to indicate that the checks had been undertaken. One person's care plan stated they were able to use their call bell to alert staff if they needed assistance however, we noted it was out of their reach clipped to the wall behind their chair. We discussed this with the management team who undertook to review this person's needs to clarify if they were indeed able to use the call bell independently.

People, their relatives and staff all told us that there were enough staff available to meet people's needs. Throughout the course of the day we noted that there was a calm atmosphere in all units in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. A staff member told us, "We used to be short staffed all the time but now everything is planned and the agency we use is the same staff. It is a lot better."

Some people were dependent on assistance from staff in all aspects of their life such as re-positioning, eating and drinking. They told us that they appreciated how responsive staff were to their needs. A person who used the service told us, "I feel safe here, if I ring the bell I don't have to wait long and someone will come even if they pop in to check and then say they will come back soon, and they do when they have finished what they are doing." A relative told us, "The staff are lovely and they come quickly unless they are very busy but that's not often there are enough staff to help us." Another relative said, "There isn't a problem with call bells, they [staff] do come straight away and will always help if they can."

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two recently recruited staff and found that all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. Staff followed safe working practice while administering medicines and people's medicines were stored appropriately in a well organised temperature controlled room. There were protocols in place to ensure that staff had guidance about how and when to give people medicines that were prescribed to be administered as required. We checked a random sample of 15 boxed medicines and found that stocks agreed with the records maintained with the exception of one. We discussed this example with the unit manager who was disappointed with this and told us, "They [staff] haven't signed the chart when they've given it, it's not good enough." We were told that this matter would be addressed with the individual concerned and training refreshed as necessary.

Requires Improvement

Is the service effective?

Our findings

People's mealtime experience varied in different areas of the home. We observed the lunchtime meal served in the communal dining areas on the first and second floors of the home and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble. Tables were nicely laid with cloths and condiments were on the tables to support people to be independent.

However, we noted that people who lived with dementia had a less positive meal time experience. At breakfast we saw that people were provided with porridge however, we did not see any choices available such as cereals, fruits or toast. The lunchtime meal choices were taken the day before however; people who live with dementia may not remember what they had chosen. There were no picture menus available to help people make an informed choice if they struggled to understand. Staff dished up meals as per the previous days choices, we noted the first plate was put in front of someone and they were not reminded what it was. The registered manager was on the unit supporting the lunch service and intervened to instruct staff to check if people were still happy with their choice. We noted that people struggled to understand the staff member who was asking them, it would have benefited people to have been shown both plates so they could make an informed choice based on the look and smell of the food offered.

During the course of the inspection we noted that one person had spilt their drink and it was in a large puddle on the floor. We raised this with the domestic staff as the person's feet were in the puddle and we were concerned they may slip if they tried to stand. The domestic staff cleared it up but failed to recognise the importance of informing staff that the person, whose fluid was monitored, had not consumed their drink and that they were sitting in wet socks. We noted that the drink had been recorded on the fluid monitoring charts as having been consumed. We raised this with the senior staff member who changed the person's socks and raised the recording issue with their colleague. We also raised the concern with the unit manager and registered manager in relation to missing out on important information due to the lack of understanding of the need to report these issues.

It was not clear if drinks were provided for people on one unit between the hours of 8pm and 9am. When we arrived on the unit at 8.30am there were no drinks available and some people were asking for a drink. Records had not been completed to indicate that drinks had been offered or provided during these hours. One person told us, "It was very hot the other night and there was no drink." However, staff members told us that when they arrived for their day shift at 8am there were often drinks and biscuits around the unit. We discussed this with the registered manager who assured us that drinks were available for people throughout the night and undertook to review the record keeping for this area.

In the other units in the home we found that the recommended amount for people`s fluid intake over 24 hours` was not personalised for each individual to indicate how much they were able or was recommended for them to drink. The recommended fluid intake was generalised for 1500 ml over a 24 hour period however most of the people on the nursing units were not able to achieve this due to their health conditions. We

discussed this with the management team on the day of the inspection and were advised that immediate action had been taken in response. The head of clinical services had distributed clinical advice to enable staff to calculate people's fluid target intake based on their individual weight.

People`s records indicated a very low fluid intake compared with the set 1500ml target however, we did not observe any signs of people being dehydrated. People also told us they had plenty to drink and eat throughout the day. One person told us, "We have plenty to eat and drink. There is always a jug here and also hot drinks are served."

People and their relatives told us that the care and support provided at Westgate House Care Centre was appropriate to meet people's needs. One person said, "I have a lovely room, the carers are good and come if I call and they do try to look after me." Another person said, The accommodation is good, the food is good and the staff are good. What more could you ask?"

People who used the service told us they felt staff were well prepared for their roles. One person said, "They are good in what they do and they know how to help me." Another person said, "I do think they know what they are doing. Sometimes I give them instructions but just because I like them to do things my way."

Staff received training to support them to be able to care for people safely. A staff member told us, "I am given all the training I need to develop further. I do appreciate all the support I get to actually progress and be a care practitioner." Staff told us the care practitioner role was to support the nursing staff with new admissions and discharges, care planning and also medicine management and a staff member told us, "I am medication trained and I have my competency checked regularly. My role is important because I can support agency nurses with my knowledge about people here." Another staff member told us, "The unit manager put me forward for dementia champion. I have done the training and now I use it to mentor new staff." They went on to tell us that they were hoping to start their level four health and social care diploma.

The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. Staff told us they felt supported. One staff member said, "[Unit manager] is great, they always help you whether it's a work or personal issue." Another staff member said, "[Unit manager] is very supportive."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect

people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection applications had been made to the local authority in relation to people who lived at Westgate House Care Centre and were pending authorisation.

People had their ability to make independent decisions assessed and where they were found to not have capacity to make decisions a best interest decision was documented. These were in relation to such areas as living in the home, the use of bedrails and receiving personal care if they were unable to consent. Where people didn't have relatives to speak on their behalf an independent advocate was requested to support people with making decisions about their care and welfare. Staff understood the principles of the MCA. One staff member said, "You never assume people can't make a decision, you still ask them." Another staff member said, "The nature of dementia is that it fluctuates, so they may not be able to answer in the morning but they might in the afternoon." A further staff member commented, "The [registered] manager comes around and stops staff and asks about safeguarding and mental capacity principles and we all need to know the answers. It is good." We noted that in most cases, staff asked people for their consent before supporting them. However, we did note some examples where they did not, such as when moving a person in their wheelchair out of the dining room. We shared this with the registered manager who undertook to refresh staff awareness in this area.

We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

People told us that they were provided with a good choice of food and that they were supported to choose where they wanted to eat their meals. We noted that most people opted to eat in the communal dining room and some chose to eat in their rooms. One person told us, "The food is good, we have a choice and it's hot." Another person said, "The food is good most of the time and we don't have to have what is on the menu, you can chose an omelette or a baked potato." A further person said, "The menu is good and we are asked what we want a day before. There are a lot of choices and drinks are available day and night." A relative told us, "The food is good, I've eaten here once or twice and its fine."

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people`s needs.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, a care staff member had noted that a person may have had an infection at 3pm; records showed that the GP had visited by 7pm and prescribed antibiotics for the person. We saw there were appropriate referrals to occupational therapists, dieticians and that social workers were part of annual reviews as needed. There was a visiting chiropodist and the GP visited the service regularly.

A person's relative told us "If I request a doctor [Person] is put on the list and seen at the next visit." We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

Good

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. A person who used the service told us, "The carers are very helpful all the time." Another person told us, "I do feel respected and very well looked after." A relative of a person who used the service said, "One day [person] was sitting looking unhappy and so I said to the carer that [person] will laugh if you tap dance and so they did and [person] did laugh, they [staff] are fun and kind." Another relative told us, "I think it is a lovely place. All the staff I have met so far have been absolutely brilliant, I can't fault them."

Staff were calm, gentle and attentive in their approach towards people. For example, we saw staff holding people's hands, putting a comforting arm around them and chatting as they supported them. We saw staff wipe someone's mouth when they assisted them with eating or drinking. Staff checked if people were warm or cold, some people had fans while others were offered cardigans. We saw one person who was half in and half out of bed, the staff member doing the checks went in and asked if they'd like help to get comfy in bed, which they accepted. This showed that practical action was taken to relieve people's distress or discomfort.

People told us that staff were respectful and promoted their privacy and dignity. We saw staff members knocking on people's doors and waiting before entering people's rooms. People who used the service told us that their privacy and dignity were respected and in general we observed this to be the case. People's bedroom doors were shut when personal care was being provided. A person told us, "They [staff] are very good at making sure people are private when they need to be." Another person told us, "Definitely, staff are respectful and they are really good in regards to my privacy and dignity."

During the course of the inspection we overheard some staff members talking with people in a less than dignified tone. For example, whilst assisting people to eat their lunch some staff were heard using phrases such as, "Open wide, here's your food" and "Come along now eat up". We also heard a staff member referring to people who required assistance to eat as needing 'feeding'. We discussed this with the registered manager who undertook to ensure this element of dignity in care was refreshed with the staff team.

We noted that people's bedroom doors on the nursing unit were left open whilst they were in bed. We asked staff if this was what people preferred and they told us this is how people felt safe and with the exception of one person all others wanted their doors left open. We saw this confirmed within people`s care plans. However, in some cases there were items of equipment in people`s bedrooms that were clearly visible from the corridor which did not promote people`s dignity. The unit manager told us they were exploring options to cover these items in order to promote dignity whilst supporting people's preferences to have their doors open.

The environment throughout the home was bright and welcoming. There was space for people to move around and long corridors for those that wanted and needed to walk, and a pleasant courtyard space for outdoor activities. One relative told us, "I chose this home because of the layout, people can walk round in circles and the main rooms open onto the garden." The dining areas on two floors had been attractively decorated to create café environments which were bright and pleasant places to be.

People nearing the end of their life were cared for and kept comfortable by the nursing and care staff. People had been given the opportunity to state their preferences and choices for their end of life care and we noted where people had shared this information it was clearly recorded if they wanted to remain in the home or admitted to hospital when their health declined. The nursing unit manager told us about their partnership working with a local hospice. They told us that staff received training and were skilled to care for people in their last days. A relative told us, "They spoke to me about that when [Person] first came in, I didn't like it but it's important." Another relative told us, "We have spoken about end of life care too and about the drugs, not just to the care home but to the doctor too."

People's care records were stored in a lockable office on each floor in order to maintain the dignity and confidentiality of people who used the service; we noted that the offices were closed when staff were not using them. We observed that staff members were discreet when speaking about people. This showed that people could be assured that information about them was treated confidentially and respected by staff.

There were photographs of the staff team on display in the communal area of the home which meant that visitors and relatives were able to identify the staff on duty. Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home. One relative told us, "I always feel welcome; I suppose that is because I do help a lot but I do feel comfortable here."

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. A person who used the service said, "Yes I am involved in sorting out my care plan. I say what I need and I sign it off." A relative told us, "I am involved in the care plan and if new issues crop up then they adjust it and I sign it if I agree"

We saw that people's relatives were invited to attend review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives. One relative told us, "If there is any problem at all they will inform me straight away, night or day."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs and were reviewed regularly to help ensure they continued to meet people's needs. Care plans were written in first person creating a personal feel when reading about the support that people needed and wanted. However we found that in some cases care plans did not provide staff with detailed guidance about how to manage and meet people`s needs. For example, where some people had behaviours which may have been challenging to others on occasion the care plans lacked clear guidance for staff to follow. The unit manager told us they were aware of this and had plans to update the care plans to include clear directives for staff how to manage this.

People's changing needs were responded to appropriately and records confirmed that actions were taken to improve outcomes for people. However, one person told us "I have physio but then I must have someone to walk with me to practice but they don't have time to do that, once I'm a bit steadier I can do it on my own but not at first." We discussed this with the registered manager who agreed to look into the concern with a view to making sure people had access to the additional support they needed. We noted that a person who had limited use of one hand due to a health condition did not have the use of adapted cutlery or a plate guard to support them to eat their food independently. They told us, "It's a struggle sometimes; I just have to make sure I order stuff I can manage." Another person told us, "I can't use my hands much and a lot of activities are based around that so they are no good to me." We discussed this with the registered manager who demonstrated surprise that people had not been provided with the additional support they required and undertook to address these issues immediately.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Westgate House Care Centre. A relative told us, "We have relatives and residents meetings. Quite a few come so we can air our views and we can meet each other too." We noted that people were encouraged to discuss any aspect of life at Westgate House that they wished, minutes of a recent meeting showed that topics discussed included the progress with refurbishment in the home, recruitment matters and forthcoming outings and activities.

A relative told us they felt they were included in main events in people's lives for example they said, "Christmas day was good – families could come and have lunch here with residents too." Another relative gave an example where the service had responded to a period of good weather. They said, "When it was very

hot there was still shade in the courtyard and they [staff] provided drinks and ice creams and umbrellas – it was good in that exceptional heat."

People gave us mixed feedback about the activities and opportunities for engagement available in the home. Some people said there were activities and things for them to do, one person said, "The lady who does activities is very good and we have quizzes and other activities which I enjoy." Another person said, "It is good when we have activities it gives me something to do." A further person commented, "We do have one activity co-ordinator and they are very good – quizzes and sometimes talks – they do a lot of extra bits in their own time too." A relative told us, "There is someone here for activities and sometimes they are good." Whereas some other people were less positive with one person saying, "There are days when there is not a lot available – that's not good." Another person commented, "I stay in my room because there's not much activities. I like to do puzzles but I just can't motivate myself on my own."

People were enjoying the activities on offer on one unit in the home during the course of the inspection. We saw that some people were making vases for the flowers picked from the garden. The activities organiser gave clear instruction and a care staff member supported people to join in. We heard the activities organiser say, "When these are done you can have them in your rooms ladies." They all were happy with that. For those people who weren't interested in this activity there was a film which they were engrossed in. We noted that an activities organiser went from room to room encouraging people to go along to the activity session however, some people who were waiting for personal care were unable to attend.

We did not see any activities taking place on the other two units in the home during the inspection however, we received positive feedback about the activity team with one relative stating, "Very positive person, always ready with a smile." People were either watching TV, listening to music, occasionally chatting with others or reading their newspapers. There were many items available to support activities such as a piano, electronic keyboard, TVs, puzzles, a fish tank and many arts and crafts items.

We were told of events where pre-school children visited the home to share story time with people and saw photographs of people enjoying the children's' company. We saw photographs taken from activities such as parties, visiting animals and celebrations of people's birthdays. We noted there was a display of art in one area of the home. A staff member had a keen interest in art and had worked with people to create some pieces that were put on display for sale with any proceeds going to the residents' fund.

People who were temporarily accommodated at the home for rehabilitation following a stay in hospital told us that they had physiotherapy sessions in the mornings which meant they had little time for activity until the afternoon. One person said that the afternoons could seem quite long sometimes but they also described to us events that had taken place at the home such as a cheese and wine party and a garden party that they had enjoyed.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved in accordance with the providers' policies and procedures. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. One person said, "I am not shy in raising any issues and I am sure staff will listen and sort things out." Another person said, "I would talk to the [unit] manager or staff and report any concerns. They are good at listening." One relative told us, "I don't need to make a complaint – I speak to the unit manager if there is a problem and they sort it out."

Good

Is the service well-led?

Our findings

People who used the service knew who the registered manager was. One person said, "We see the [registered] manager at residents' meetings but not much else." Another person said, "I do know who the [registered] manager is but I'd go to the unit manager, they are good." Relatives of people who used the service told us they were confident that the unit managers would manage any concerns or requests appropriately. One relative said, "I do know who the [registered] manager is but my first stop would always be the nursing unit." Another relative told us, "I know the [registered] manager but if there is any hiccough at all I go and see [name], the unit manager."

Staff told us that the registered manager did walk round around the home and check that all was well but it was not always the case for them to be in the dining room supporting as they were on the day of the inspection. However, we noted that there had been a leak in the main dining room which had caused some disruption and the registered manager had supported the lunchtime to aid the smooth running. This showed that the registered manager was responsive to the needs of the service and provided hands on assistance where needed.

There was a clear management structure at Westgate House Care Centre with unit managers, catering managers and housekeeping managers reporting to the registered manager. Staff told us that the unit managers were approachable and that they could talk to them at any time. They said that unit managers were always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home and feedback from relatives and residents meetings was shared with the staff team. This helped to create an open and transparent ethos within the service.

The provider had a range of systems in place to assess the quality of the service provided in the home which included regular quality monitoring visits undertaken by members of the provider's senior management team. Areas of performance reviewed included accidents and incidents, complaints, deaths, infections, safeguarding concerns, training, medicines errors, pressure sores, staff sickness, room enquiries, admissions and local audit outcomes. The provider's quality manager had an overview of all issues relating to the home and used these to inform the regular provider visit audit. Any areas identified as requiring improvement as a result of these audits were then entered into the registered manager's service improvement plan with actions to be taken and dates for completion.

The registered manager had oversight of a range of audits, checks and observations designed to assess the performance all aspects of the service delivery. These included areas such as medicines, health and safety, the environment, accidents and incidents and infection control. Information about the outcomes of these checks, together with any areas for improvement identified, was reported to the provider each month. There was a comprehensive service improvement plan in place that incorporated actions from the internal audits, the provider audits, quality assurance surveys and feedback from people who used the service and their relatives. The plan had dates for action and was kept under review as part of the provider's quality

monitoring process. We noted that the improvement plan had captured areas that we had identified as requiring some improvement such as pictorial menus for the ground floor and reviewing the system of fluid intake monitoring. This showed that the registered manager and provider were committed to providing a safe service.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager and included in the service improvement plan with actions to be taken and dates for completion.

Newsletters for staff and another for the people who used the service had been introduced to increase communication in the home. The newsletters included information about such areas as outings and activities for people who used the service and updates on training and achievements for the staff team.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.