Barchester Healthcare Homes Limited

Westgate House

Inspection report

178 Romford Road
Forest Gate
London
E7 9HY
Tel: 020 8534 2281
Website: www.barchester.com

Date of inspection visit: 30 June 2015
Date of publication: 13/08/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 30 June 2015 and was unannounced. At the previous inspection of the service in May 2014 we found breaches of legal requirements. This was because risk assessments for people were not completed properly, the use of bed rails for some people was unsafe and people were not always able to consent to their care and treatment. After that inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. At this inspection we found improvement had been made and that they now met the previous legal beaches.

Westgate House provides accommodation and care to older persons with dementia care needs and those in need of nursing care. The service is registered with the Care Quality Commission to provide care for up to 80 adults, 78 people were using the service at the time of our inspection. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We found that the service did not have effective systems in place to manage infection control and parts of the service were dirty. You can see what action we have asked the provider to take at the end of this report. People told us that staff did not always treat people in a caring manner. Complaints raised informally where not always managed appropriately.

Appropriate arrangements were in place for safeguarding people. Staff had undertaken training in this area and where knowledgeable about their responsibility for reporting any allegations of abuse. Enough staff worked at the service to meet people's needs and checks were carried out on prospective staff. Risk assessments were in place about how to support people in a safe manner. Medicines were stored, recorded and administered safely.

Staff undertook training and received supervision to support them to carry out their roles effectively. People were supported to consent to care and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to eat and drink sufficient amounts and had choice over what they ate. People were supported to access healthcare professionals.

The service carried out assessments of people's needs before they moved in to ascertain if it was able to meet those needs. Care plans were developed and subject to regular review.

The service had a clear management structure in place and people and staff told us they found senior staff to be approachable and helpful. The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

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?

Requires improvement

The service was not always safe. Ineffective infection control procedures were in place and parts of the home were dirty.

Systems were in place to reduce the risk of abuse, including providing staff with training about the how to respond to safeguarding allegations.

Risk assessments were in place which set out how to meet people's individual needs in a safe manner.

There were enough staff working at the service to meet people's needs. The provider carried out checks on prospective staff to help ensure they were suitable to work at the service.

Medicines were managed safely at the service.

Is the service effective?

Good

The service was effective. Staff undertook training relevant to their roles and received supervision from senor members of staff.

The service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and people were supported to give consent to their care.

People had choice over what they ate and drank and were supported to eat and drink sufficient amounts. People had access to healthcare professionals.

Is the service caring?

Requires improvement

The service was not always caring. People and relatives told us staff did not always support them in a kind and caring manner.

Staff knew how to promote people's independence, choice and privacy.

Is the service responsive?

Requires improvement

The service was not always responsive. Although there were systems in place for dealing with complaints, these were not effective in responding to complaints that were made informally on each of the units.

The service carried out assessments of people's needs prior to admission. Care plans were developed and reviewed with the involvement of people that used the service.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place and a clear management structure. People and staff told us they found senior staff to be approachable and supportive.

The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

Westgate House

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 30 June 2014 and was unannounced. The inspection team consisted of three inspectors, an inspection manager, a specialist advisor with a background in nursing and dementia care 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 care service.

Before the inspection we looked at the information we already held about the service. This included details of its registration, previous inspection reports, complaints and safeguarding issues and notifications the provider had sent us. We also looked at the Provider Information Return (PIR) the provider had sent us where they were able to tell us about the service. We also spoke with the local borough commissioning team.

During the inspection we spoke with 15 people that used the service and five relatives. We spoke with various staff members including the regional director, the registered manager, the deputy manager, three heads of unit, two nurses, six care assistants, two cooking staff, two activity workers, one maintenance staff and one domestic staff. We talked with visiting health care professionals who were at the service during our visit. We observed the care provided and how staff interacted with people that used the service. We looked at various documentation including 14 sets of care records, staff training and supervision records and recruitment records, 16 medicine charts, minutes of various meetings and policies and procedures.

Requires improvement

Is the service safe?

Our findings

At our last inspection of this service in May 2014 we found that risk assessments were not always completed correctly and that people were put at risk by the unsafe use of bedrails. During this inspection we found these issues had been addressed. Detailed risk assessments were in place where people needed bedrails and monthly checks were carried out to ensure the risk assessments were being followed. These checks including checking the rails were in good working order and were of a sufficient height to prevent a fall.

Staff told us that soiled laundry was washed separately from unsoiled laundry. They told us that any staff handling soiled laundry in the laundry room was expected to wear protective gloves and aprons. However, there were no protective aprons available in the laundry room when we visited it during our inspection.

Relatives told us that they found peoples bedrooms to be unclean on occasions. One relative said, “The carpet is terrible isn’t it? We’ve asked for it to be changed lots of times. I’ve told my grandkids not to come in now as I don’t want them catching anything off the carpet.”

We noted there was a strong malodour the ground and first floor. Whilst this dissipated during the early morning on the first floor it remained for a prolonged period on the ground floor.

We found some areas of the home to be dirty which increased the risk of the spread of infection. For example, the hairdressing room which was in use on the day of our visit had dirty floors and broken and cracked tiles on the walls. A member of staff told us it had been in that condition for at least a year.

We carried out a thorough examination of two bedrooms and found both of them to be dirty and this posed a risk to the spread of infection. We found walls were stained, dirty floors in the ensuite toilets, stained bedding, dirty bedframes, dirty and stained furniture and the inside of a fridge in one of the rooms was dirty. We showed what we found in one of the rooms to the regional director who agreed the room was not at an acceptable standard of cleanliness. We also saw dirty and stained furniture and carpets in the bedrooms that we looked at but did not examine thoroughly. This put people at risk of the spread of infection. The above issues were a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had procedures in place about safeguarding adults and whistleblowing. Staff had undertaken training about safeguarding adults and were aware of their responsibility for reporting any allegations of abuse. We found that safeguarding concerns had been reported as appropriate to the relevant local authority. Systems were in place so that lessons could be learnt from safeguarding allegations. Issues were addressed with individual staff and the wider implications were discussed across the staff team. The service did not hold any monies on behalf of people which reduced the risk of financial abuse occurring.

People had emergency alarms fitted in their bedrooms to promote their safety. We saw the care plan for one person said they were unable to use their emergency alarm and that staff needed to check on them every hour during the night. Records confirmed these checks took place.

Risk assessments were in place for people. The assessments covered mobility, falls, moving and handling, continence, nutrition, breathing and tissue viability. Risk assessments were completed in line with the provider’s policies and were reviewed on a monthly basis. Staff told us they used their knowledge of the people they supported and observations of any behaviour changes to know if risk assessments needed amending. A change in a person’s risk was communicated to staff through shift handovers, team meetings and daily diaries and we saw records of this.

Risk assessments gave details of the support required to reduce risk. For example, about the equipment needed to support transfers and how many support staff were needed. In one unit staff reported that four people used PEG feeding. PEG feedings is when a person is fed through a tube in their abdomen. Staff were knowledgeable about how to manage risks associated with this.

The provider had a policy for working with people whose behaviour challenged others and restraint. Staff feedback and care plans confirmed that physical intervention was not used at the service. Staff described the de-escalation techniques that they used if people were agitated or

Requires improvement

Is the service safe?

distressed. Staff working with people with behaviour that challenged the service said they had received training on working with people with challenging behaviour and this was confirmed by the training records.

Staff told us that the provider carried out various checks on them before they commenced working at the service. Staff files showed the provider checked proof of identification for prospective staff and carried out a criminal records check. The regional director told us it was the provider's policy to obtain two written references for all staff. Four of the five staff files we looked at contained two written references but the other file only contained references taken by telephone. The regional director told us this was contrary to the providers procedure and that they would address the issue with the registered manager.

Most people and staff said they thought there were enough staff on duty to meet people's needs. Staff said they had enough time to carry out all their required duties. Staff told us that when a member of staff cancelled a shift alternative staff cover was nearly always arranged. One staff member said, "I'm proud to work here, I can express myself as I better know the needs of the residents. I feel important and I can talk to everyone. It's good here, in a hospital you are always rushing but here is more relaxed." A minority of staff we spoke with said that sometimes there were not enough staff at busy times in the morning.

In addition to nursing and care staff, the service employed housekeeping staff, kitchen staff and maintenance staff. This meant care and nursing staff were able to concentrate on providing care and support to people.

As part of this inspection we looked at Medicine Administration Records (MAR). We saw appropriate arrangements were in place for recording the administration of medicines. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records apart from one unexplained gap for one person. We brought this to the attention of the nurse who immediately investigated. Any reasons for not giving people their medicines were recorded appropriately.

During this inspection we found there were systems in place to ensure that people consistently received their medicines safely as prescribed. We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them. Unused medicines were disposed of safely and stored in an appropriate container which was kept in a locked room until disposed of or returned to the pharmacy.

Medicines were stored securely in designated medicines cabinets which were kept in locked medicine rooms. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature. There were safe systems in place for the storage, recording and administration of controlled drugs.

Good

Is the service effective?

Our findings

At out last inspection of this service in May 2014 we found that provider did not have suitable arrangements in place to enable people to consent to their care and treatment. At this inspection we found this issue had been addressed.

The service had obtained Deprivation of Liberty Safeguards (DoLS) authorisation for people as appropriate. We found they had followed the correct procedures and notified the Care Quality Commission of any DoLS authorisations. Although we found that senior staff on each unit were aware of which people were subject to a DoLS authorisation not all of the care staff were aware of this. We discussed this with the registered manager who said they would take steps to ensure all staff were aware of which people had a DoLS authorisation in place.

Mental Capacity Assessments had been carried out in line with the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make decisions about their care we saw that family members had been consulted and this was recorded. Staff were aware of issues relating to the MCA. We saw staff supported people to make choices. For example, one person told staff they did not want to eat breakfast at the table but sitting in a chair looking out the window. Although this meant there was a risk of the person spilling their breakfast staff nevertheless facilitated this in line with the person's wishes.

We viewed the training records for all staff working at the service. The provider had a mandatory training schedule which included training on Cardio-pulmonary resuscitation (CPR), customer care, fire safety, food safety, health and safety and moving and handling. Records show that 98% of staff had completed all their mandatory training. Staff told us that they received regular training and that if they requested additional training this was arranged. For example, one nurse had requested training on taking blood samples and this had been provided. Staff also received additional specialist training needed to support people such as behaviours that challenged others, tracheotomy care; dementia; skin and wound care; nutrition, and the safe use of bedrails. The registered manager was aware of the new Care Certificate which replaced the Skills for Care Common Induction Standards on 1 April 2015 but said no new care staff had started working at the service since then. The Care Certificate is a training programme for all staff to complete when they commence working in social care to help them develop their competence in this area of work. Staff told us as part of their induction they were able to shadow staff as they carried out their duties. This gave them the opportunity to learn how to support individuals.

We looked at staff supervision records. The filing system used was not clear and this made it difficult to track individual supervision. Supervision records showed that staff had regular one to one and group supervisions and these were used to address training and development needs. These included communication, behaviour at work and its impact on people that used the service and key-working responsibilities. Staff told us they had supervision regularly and said they found it useful.

People told us they had choice over what they ate and that they were happy with staff support relating to mealtimes. One person said of the care staff supporting them with their breakfast, "He treats me good, I say I want sugar, he brings me a bowl and I help myself and have what I want, he is a good man." Another person said, "The food is 'ok', and there is enough of it for me."

We saw staff supporting people to eat meals and offering them choices. At breakfast we saw there was a choice of cereals, toast and cooked breakfast. Staff promoted further choice, for example, people were asked if they wanted hot or cold milk on their cereal and what they wanted on their toast.

We observed that the chef was walking throughout the service on the morning of our inspection and discussing with individuals what they wanted to eat that day. The chef had a good understanding of people's individual dietary requirements for example around health or cultural needs. Care plans included information about people's food likes and dislikes. Staff supported people to make choices about food through the use of pictures and showing people two different plates of food to choose between. The recorded temperature on the day of our inspection was in excess of 30 degrees centigrade and we saw people were offered cold drinks throughout our inspection to help them keep cool.

People had risk assessments in place relating to malnutrition and dehydration. Records showed people were supported to access relevant healthcare professionals such as GP's and speech and language therapists when

Good

Is the service effective?

they were at risk of malnutrition. Staff had a good understanding of people's individual dietary needs and how to support them in line with guidance from healthcare professionals.

Records showed that people had access to various health care professionals including speech and language therapists, opticians, GP's and psychiatrists. During our inspection we saw people were visited by a GP and representatives of the Community Mental Health Team and physiotherapists. This showed the service was seeking to meet people's healthcare needs.

Requires improvement

Is the service caring?

Our findings

People told us they were not always treated in a caring manner. One person said, "I feel safe, but some of the carers have a bit of attitude, especially the new ones." Another person told us about their experience of being supported to go to the dining areas, "We get parked up (in wheelchairs) before for lunch, then after lunch we get parked up again. Sometimes it takes ages to get back to my room." A relative said, "I come in every day. Some of the carers are good, some not so good. I can tell immediately when I come in her room which carer is on shift. Sometimes she hasn't been washed, her nightie is dirty, her hair not combed and the bed not made up."

We did however see positive examples of staff interactions with people. For example, we saw staff singing songs with individual people and it was clear both the staff and the person were enjoying themselves.

Staff had a good understanding of people's communication needs and this was covered in care plans. For example, one care plan gave personalised information about how best to communicate with the person, stating, "Stand close and in front of them when talking to them." People's dignity was promoted. For example, people were asked if they had a preference for what gender their carer was and this was recorded in their care plan.

Staff told us they supported people to make choices. One member of staff said, "You have to give them choices. You ask them when they want to get out of bed, if they want breakfast in bed, what they want to wear." Staff said if people had issues with verbal communication they would show them alternative sets of clothes so they could point to the ones they wanted to wear. Staff said if people were not able to do this care plans provided information about people's likes and dislikes that was gathered with the help of family members. Care plans confirmed this. For example, one care plan provided information about what the person preferred to wear in bed.

Care plans showed how the service promoted people's independence. One care plan stated that the person needed support with their personal hygiene but they were able to wash their face, neck and chest themselves. A staff member told us, "People may be able to do some things for themselves even if they need support. You have to give them time and encourage them." Staff told us how they promoted people's privacy. One staff member said about providing support with personal care, "You have to ensure the curtains are closed and you cover up the parts of the body that you're not attending to at that moment."

People were encouraged to bring their own personal possessions to the service when they moved in. This helped to promote a homely atmosphere and give people a connection with their past. We found the home was seeking to meet people's cultural needs for example through food and religion. The care plan for one person stated they wished to receive communion at the service. We observed that a religious service was conducted during our visit and staff told us representatives of various churches visited the service to provide spiritual support to people. People were supported to eat food that reflected their cultural heritage.

Requires improvement

Is the service responsive?

Our findings

The registered manager told us after receiving an initial referral the person and their family were invited to visit the service and to have lunch there. This was to provide people with a chance to look around before making a decision as to move in or not. A senior member of staff carried out an assessment of the person's needs. This involved reviewing any information provided by the local authority as well as discussions with the person and their family where appropriate. The staff member who carried out the assessment was always a registered nurse. This helped the service determine if it was able to meet a person's needs, including any nursing needs they had. People initially moved in to the service on a six week trial basis after which a placement review meeting was held. This was to determine if the placement was suitable and f the person was happy with the service.

Care plans were then developed after the person moved into the service. These were based on the initial assessment and on-going observation of the person. The registered manager told us care plans were reviewed on a monthly basis or more often if there was a change to a person's needs. Records confirmed that care plans were reviewed monthly. The service also carried out a comprehensive review of people's needs at six monthly meetings to which family members were invited. The registered manager said all care plans covered some core subjects including personal hygiene, mobility, continence, tissue viability and food and nutrition.

One of the care plans we examined was for a person who moved into the service four days prior to our inspection. We saw that the care plan was not yet completed and the regional director told us it was the provider's policy to ensure care plans were completed within a week of a person moving into a service. Whilst it is accepted that care plans take time to develop we noted that one of the sections not yet completed was for breathing but the person required the use of oxygen tanks. As this was an area of high risk for the person this should have been a priority area to develop a care plan. We discussed this with the registered manager who ensured a care plan was put in place during the course of our inspection.

There was a staff handover at the beginning of every shift. This involved the outgoing and incoming staff on each unit discussing each person in turn. This provided the incoming staff team with information about any changes to a person's care and of any tasks that needed to be performed during the shift. There was also a daily diary on each unit which included information about any tasks that were to be performed. This helped to ensure continuity of care when the staff shift changed.

The registered manager told us that although there had been improvements in the way the service cared for people with dementia in a personalised manner there was still more that needed to be done. We saw some examples of good interaction between staff and people with dementia and the dementia unit had old newspapers on the wall which may have helped to promote conversations and recollections for people. However, not all bedrooms had names or pictures of people on their doors and this would help people's orientation.

We found a good standard of nursing care at the service, for example in relation to pressure care. Nursing staff were aware of the steps to be taken to maintain tissue integrity. There was a clear pathway for managing the risks of pressure ulcers in the service. This included the completion of risk assessments, monitoring of weight gain/loss of the individual, referral to dietetic service and the use of repositioning charts. Staff reported that people had access to pressure relieving mattresses and cushions where appropriate. Referrals to other professionals such as the tissue viability nurse and dietician were completed when required.

The service employed two activities coordinators and we saw activities taking place during our visit including an exercise session. One of the activities coordinators told us as well as group activities they spent time with people individually, they said, "People really can open up if you spend the time with them."

The provider had a complaints policy and people and their relatives told us they were able to raise any issues with staff. One relative told us that they raised any concerns directly with the registered manager and they, "Get rectified like that." The relative told us they had left messages for the manager late at night and had received a phone call first thing in the morning with a solution. A person that used the service said when they had a concern about something they, "Went directly to the manager who stepped in."

We found that formal complaints raised with the registered manager were recorded and responded to appropriately.

Requires improvement

Is the service responsive?

However, there was not a clear system in place for dealing with informal complaints that were raised directly with staff working on each of the units. There was a daily complaints log in each of the units and we saw complaints recorded there were addressed individually. However, there was no system in place for broader learning from complaints raised informally and there was no system in place by which informal complaints were escalated to be formal complaints if required. This meant there was a risk that complaints were not always dealt with appropriately. Our findings were in line with information we received from the commissioning local authority who told us they had a concern about the service's ability to pick up and respond to complaints appropriately and in a timely manner. **We recommend that** the provider has clear systems in place for monitoring and dealing with all complaints received, including those made on an informal basis.

Good

Is the service well-led?

Our findings

People told us they liked the senior staff. One person told us, When the manager comes round we can have a chat with her."

The service had a registered manager in place and clear management structure. This included a deputy manager and each of the units had a lead nurse in charge. Staff told us there was a good working atmosphere at the service and that they found the senior staff to be approachable and helpful. One staff member told us, "It's good here, the staff work as a team." The same staff member said of their head of unit, "They have a listening ear. Some people just give you instructions but they try to teach you." Another member of staff said of the registered manager, "I go to [the registered manager] and ask anything and she always tries to help." Another member of staff told us, "Yes, absolutely you can talk to the managers." The same staff member told us that the registered manager visited their unit two or three times a week to talk to people and staff and find out how things are going.

A short meeting was held each morning led by the registered manager and attended by all the heads of departments at the service including the lead nurse from each unit. We attended one of these meeting during the course of our inspection. The meeting included discussions about a complaint that had recently been made, maintenance issues and people who had recently returned to the service from hospital. There was also a discussion about the heat wave that was occurring on the day of inspection and how staff were to support people during that period. Staff that did not attend these meetings told us the head of their unit fed back to them what had been discussed so that important information was communicated to relevant persons.

The service had a 24 hour telephone on-call service. This meant staff were able to access support from managers at any time if required. Staff told us they found the on-call service worked well.

Staff told us and records confirmed they had regular unit meetings each week. These gave staff a chance to discuss any changes to people's care and share areas of good practice. One staff member told us these meetings were also used to drive improvements to the service. For example they included discussions about how staff could be more welcoming and friendly to visitors to the service. Quarterly team meetings were also held for staff from across all three units.

The registered manager told us and records confirmed that regular clinical audits were carried out. These included audits of pressure care and nutritional care within the service. The provider carried out an annual health and safety audit of the service and there was a quarterly health and safety meeting carried out to review health and safety issues. The most recent health and safety meeting identified there were times when no soap was available in bedroom toilets and as a result daily checks were introduced to make sure soap was available. The provider contracted an outside agency to carry out an audit of the food hygiene standards at the service and we saw this carried out on the day of our inspection.

The registered manager told us the provider carried out an annual survey of people and relatives to gain their views about the service. The most recent survey was carried out at the end of 2014. This involved questionnaires been sent to all people that used the service and their relatives. One of the identified issues in the survey was about poor access to GP services. The registered manager told us they had discussed this with the GP service and as a result a GP now spent a day a week at the service where previously they had spent only two or three hours a week there. People we spoke with said the access to a GP had improved recently.

The regional director told us and records confirmed they carried out regular monitoring visits of the service which included speaking with people and staff. Senior staff carried out spot checks during the night to check that care and support was been provided appropriately during those times.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People were not protected against the risks associated with an unclean environment and the lack of robust infection control procedures. Regulation 15 (1) (a) (2)