

Westgate Healthcare Limited

St Pauls Care Centre

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 26 July 2017 and was unannounced. At our last inspection on 25 June 2015, the service met the standards but needed improvement in some areas. St Paul's Care Centre provides residential and nursing care for people including people with dementia for up to 88 elderly people. At the time of our inspection 88 people were living at the home. The care is provide over four floors all floors provide nursing care and two of these floors are nursing and dementia care.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People were supported to take their medicines by trained staff. However the documentation for medicines prescribes as and when needed (PRN) required improving.

People felt safe at St Pauls Care Centre. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

Where potential risks were identified there was involvement of other professionals when required to ensure people were safe.

Safe recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of staff available at all times to meet people's needs.

Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way. Staff had developed positive and caring relationships with the people they cared for.

People were involved in the planning, delivery and reviews of the care and support provided. Confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal

circumstances.

People were supported to take part in meaningful activities relevant to their needs.

Complaints were recorded and responded to in line with the service policy. People, relatives and staff were complimentary about the registered manager and how the home was run and operated.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

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.

People were supported to take their medicines by trained staff. However documentation for PRN medicines required improvement.

Staff were trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

Is the service effective?

Good ●

The service was effective.

People had their capacity assessed and best interest decisions completed to promote their choices.

People's wishes and consent was obtained by staff before care and support was provided.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

Is the service caring?

Good ●

The service was caring.

People's confidentiality of personal information had been maintained.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

Care was provided in a way that promoted people's dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were supported to take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good ●

The service was well led.

Regular audits were in place to quality assure the services provided, manage risks and drive improvement.

People and staff were very positive about the deputy and registered manager and how the home operated.

Staff understood their roles and responsibilities and felt supported by the management team.

St Pauls 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, 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 26 July 2017 and was unannounced. The inspection team included one inspector, two experts by experience and a specialist adviser. An expert by experience is a person who has experience in this type of service. The specialist advisor had experience of working as a nurse and provided specialist advice on the nursing care being provided at St Pauls Care Centre.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed, information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 16 people who lived at the home, 13 relatives, six staff, two nurses, the activity coordinator, the registered manager and the nominated individual. We looked at care plans relating to five people and three staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

There were suitable arrangements for the safe storage and management of people's medicines. People were supported to take their medicines by nurses who were appropriately trained and had their competencies assessed. Nurses had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We found that there were protocols in place for medicines that were prescribed to be given when required (PRN). For example pain relief medicine. We found that where a variable dose of medicines one or two tablets had been prescribed, due to the way this was documented it was not always possible to reconcile the amount given with the records kept. This meant that we could not establish if the stock was correct and if people received their medicines as intended by the prescriber.

We spoke to the registered manager about this and they have taken immediate action with the introduction of an additional form that has been added to the medication administration record sheet, to allow staff to clearly document how many tablets were given. The registered manager told us they will monitor this regularly.

People who lived at St Pauls Care Home told us they felt safe. One person said, "I feel safe for the obvious reasons. I am very well looked after in here." Another person said, "I feel very safe there is always someone walking up and down the corridor, even when I press my buzzer they are here in a few minutes; my medication is on time."

People who were able to use their call bell had them within reach. There were regular checks in place for people who were not able to use the call bells. We looked at the call bell logs and noted that calls were answered quickly and we observed this on the day of our inspection. Throughout the inspection the home was calm and staff went about their duties in a relaxed way.

We noted there was information and guidance displayed about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers. Staff verbally demonstrated they knew how to identify and report abuse. One staff member told us, "I would report any concerns to my manager."

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. Staff and people we spoke with felt there were enough staff. The registered manager looked at people's needs on a weekly basis to ensure there were enough staff to meet these needs. The registered manager confirmed that they routinely had an extra staff member rostered to provide additional cover and was proud of the fact that the home had not had to use agency staff for over two years because the system in place for covering staff shortages at short notice worked well.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included falls, choking, moving and handling, nutrition and pressure care. The specialist advisor who supported the inspection confirmed that people received the appropriate care required and when required other professionals were involved in their care for example dieticians. All relevant risk assessments were in place to ensure people were kept safe. Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager on a regular basis to help ensure that people's changing needs were addressed and that reoccurring patterns were identified.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe.

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person said, "Nothing is too much trouble for them [staff] to accommodate me."

Staff confirmed they received training and support for their role. One staff member said, "I have had my induction and the training was good. I feel supported and the team work is good." One staff member we spoke with told us they were passionate about their work. Staff we spoke with confirmed they had regular supervision and that the management team were approachable. We noted that on the notice boards around the home there were opportunities advertised for staff to take on further training and the registered manager confirmed they supported staff to develop their knowledge and career.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate. . We checked whether the service was working within the principles of the MCA and found that they were.

One person commented, "Staff always ask me what I want." Staff understood the importance of ensuring people gave their consent to the care and support they received. Staff had a good understanding of their role in relation to MCA and consent. One staff member told us, "It is important to always promote choice." Another staff member said, "People need to be as independent as they can and treated with dignity and respect. You have to make sure that people with or without capacity have choices." We observed during the inspection that people were constantly given choice.

People's identified needs were documented and reviewed to help ensure that the care and support provided supported people to maintain good physical, mental and emotional health. For example, a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. One nurse told us about a person who on arriving at the home was not able to leave the bed and did not communicate. The staff assessed the person's medicines and looked at the person's history to understand who the person was. The person's medicines were reduced by their GP and the person was supported to do what they could for themselves.

We found that the person was now mobile and communicated verbally. We spoke with this person's family member who commented, "My [relative] when first admitted to this home could not communicate at all. Once their care was taken in hand that all changed in here, their medicine was reviewed and some of it stopped, he lost weight in a good way and here we are today my [relative] communicating, walking about, they had come on in leaps and bounds since they've been here. [Relative] is always clean and smart, we are very pleased our [relative] is here, the staff are brilliant."

People were supported to eat healthy meals. Care plans provided guidance on the support people needed to eat and drink. Staff assessed nutritional risk and monitored people's weight and involved health care professionals, such as a dietician when required. We saw that people had drinks within reach on our arrival and staff went round offering drinks to people during the day. People had access to food or drinks when they required. We observed people at lunch time and noted that they were supported in a kind and helpful manner and were repeatedly offered choice. One person said, "I am very happy with the food and care I receive, it's very good, there is always plenty to drink and eat, I never feel hungry. My family bring me little bits in to keep in my room. I have just been out for lunch with one of my family, there is no restriction here it's very open and friendly." Another person commented, "The food is very good always plenty to eat and drink you don't go hungry here."

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. One relative said, "The staff are brilliant and very good nursing care is applied here. My [relative] has good healthcare professionals visit them like physiotherapists' and occupational therapists. The [registered manager] is on the ball slightest concern and [they are] on the phone to us, we cannot fault this place." One person commented, "I have seen the chiropodist and I have my hair done by the lady that comes here, staff are very polite they always knock on the door before coming in, a GP was brought in very quickly when I was taken ill with a chest infection, I was in hospital the same day, that is what I call skilled and taking care."

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and respect, and felt they were treated as individuals. One person said, "I am very well looked after I could not improve anything, they are very respectful towards me. I can have a shower every day if I wish it's up to me. They are very respectful towards me when they help me get washed, it's a very big thing to allow someone else to wash you, but the way in which they respect you is very endearing and makes you feel very comfortable."

Staff we spoke with were able to demonstrate that they promoted people's independence and ensured that people were respected and treated with dignity. One staff member said, "I knock before entering someone's room, I say good morning and where people are able to I encourage people to do what they can and I listen to what people say." One person commented, "Yes very good always gain consent before they start anything, the first thing they do is shut my curtains, and always wear gloves, they cover parts of me to respect my dignity when washing different parts of my body, they even change their gloves at times in between washing me." Another person said, "The girls are very kind, they know I still try to be as independent as possible and they encourage me to do so. I like to wash where I can reach, and they do the rest. They are very respectful towards me when they assist me it can be embarrassing but they put you at ease. I can honestly say there is nothing I don't like about living here."

We observed staff interacting in a calm friendly manner and speaking in a kind and caring way. One staff member after knocking on one person's room was heard saying, "Good morning [name of the person] how has your morning been." This started a conversation and the person was chatting happily with the staff member. One person we spoke with told us that staff always made time to check up on them and wave as they passed their door. One relative told us, "The staff are fantastic. I can visit at any time I want and I have arrived at 07:30am and the place was nice and clean. I feel it's good care. I really do because [name of person] getting what they need, food and medicines on time and we have built good relationships with the staff. I have peace of mind because I know my [name of person] is getting good care here." People records were stored safely and staff knew the importance of confidentiality.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took account of their life history and personal circumstances. One person commented, "I can say, everything I have asked to be done, and how it is done, is all my own preference."

People's care plans were updated regularly and as part of the resident of the day each person who lived at the home had a day each month where it was ensured that their care needs were reviewed and they had their rooms deep cleaned and the activities coordinators ensured they received an activity that the person enjoyed.

Staff had access to information and guidance about how to support people in a person centred way, based on their individual preferences, health and welfare needs. Care plans were personalised and captured the individual well and all the details that mattered to that person were included. For example, their likes and dislikes, individual cultural and religious needs were also documented. The specialist advisor that supported the inspection confirmed that the nurses they spoke with knew the people they cared for well and were familiar with the care plans.

There was good guidance for staff and we noted that turning charts, food and fluid charts and other documentation we looked at had been recorded and documented correctly. Identified needs were documented and reviewed to ensure that the care and support provided helped people to maintain good physical, mental and emotional health. One person commented, "Everything here is tailored to suit the individual, when I first came all those things considered your preferences, likes, dislikes, and they are very well remembered by staff. I say that because of the way I am looked after, I can't give you an example, but I can assure you this is a brilliant home."

People were supported to maintain their interests and to take part in activities which they enjoyed. The activities coordinators ensured people from all floors were supported to attend activities and they also ensured people received one to one time. Activities included: quizzes, musical movement, baking, arts and crafts and music entertainment. People we spoke with told us, "I join in the activities if I want and I go out with my family when I want there is no restriction here. The activity [staff] is very good they come for one to one chats with me in my room; they do my nails and bring me quiz books that I like. I am also a cook, Thursdays is baking day, and [the activity coordinator] recently baked a cake that went wrong and came to me for advice. I felt very privileged, they always save me a couple of cakes when the other residents have baked; they are on their feet all day entertaining people. I can't join in activities because of my condition but the [activity coordinator] come here to chat and ask me if I would like anything doing differently, I don't, I'm happy."

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. We saw examples of positive feedback from people and relatives from surveys they had completed. One relative told

us, "I have no complaints other than sometimes the wrong clothes appear inside my [relatives] wardrobe I only have to mention it then it's sorted. The [registered] manager is always walking about so if there are any requests from my side I can always talk to them. They are very approachable and friendly." One person commented, "I know how to complain, but I have no complaints, staff regularly ask me if I need anything changing, they come to ask if I am happy with the food and so on. " Another person commented, "I have no concerns if I had I would not hesitate in telling the manager."

Is the service well-led?

Our findings

The registered manager was clear about their vision regarding the purpose of the home, how it operated and the level of care provided. They told us they completed regular walks around the home where they talked with people and staff to ensure everything was alright. Staff we spoke with confirmed that the manager was visible around the home. Staff understood their roles; they were clear about their responsibilities and what was expected of them. One relative said, "We have no concerns for our [relative] they are very well looked after here. The [registered] manager is very approachable and always makes a point of saying hello; they walk about the home all the time."

The registered manager told us about the Chatterbox innovation, which is being implemented later this year. They believed it was the responsibility of all staff to have meaningful and stimulating conversations with people throughout the day so as to give them a sense of wellbeing and value and to create a community feel. They consider these meaningful interactions to be a critical part of the 'activities' they delivered which was something they learned from 'Dementia Care Matters' in the use of the Butterfly Technique. This approach means having short but meaningful interactions with people.

The challenge of achieving this prompted the provider to develop Chatterbox. At the staff handover every day, the 'Chatterbox' (a box filled with prompt cards) will form part of the formal handover (documented on the handover form) and be passed around the staff and everyone will pick out one card. Each card will have a conversation prompt, such as 'what is your favourite movie, or 'what was your first job' etc. The staff members will then use this prompt to start a conversation with every person they support that day, to get to know people and stimulate their minds.

Audits were carried out in areas such as medicines, infection control and care planning. The registered manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. All quality assurance checks and audits were updated on a computer system and were reviewed by the quality assurance manager who gave feedback to the registered manager and checked that the correct processes were followed. The quality assurance manager also completed spot checks of the home and random audits to ensure staff were working to best practice. We saw the improvement plan for the home, this had action plans for areas that required improvement and were reviewed regularly to ensure actions were complete.

The registered manager felt supported by the provider and commented, "I can just pick up the phone if I need support." They attended manager meetings every three months where they got to share ideas and best practice with managers from other homes owned by the provider. Each manager had a chance to talk about what worked well and seek advice if required. The registered manager told us that they received regular supervisions and were supported to develop. They had recently completed their diploma training in management.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely

way. This meant we could check that appropriate action had been taken.