

Barchester Healthcare Homes Limited

Westgate House

Inspection report

178 Romford Road
Forest Gate
London
E7 9HY

Tel: 02085342281
Website: www.barchester.com

Date of inspection visit:
12 October 2021
13 October 2021

Date of publication:
01 November 2021

Ratings

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

Summary of findings

Overall summary

About the service

Westgate House is a care home providing personal and nursing care to 67 people, some living with dementia at the time of the inspection. The service can support up to 80 people.

People's experience of using this service and what we found

People and relatives told us they felt the home was safe. Staff understood what action to take if they suspected somebody was being harmed or abused. Staff knew how to report accidents and incidents. People had risk assessments to keep them safe from the risks they may face. These were updated as needed and used to inform reviews of people's care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by enough staff who had been recruited safely. The provider supported people safely with medicines.

The service was clean and odour free and staff followed safe infection control practices. Additional systems and guidance were in place to reduce the risk of infection during the pandemic.

Discussions with the manager and staff showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people and relatives knew how to make a complaint.

People had person centred care plans in place. They were actively involved in their care and contributed to the development of care plans and reviews. People had staff support to access activities in the home and the community. People's end of life wishes was explored and recorded. People's communication needs were identified. However, we made a recommendation about exploring communication alternatives for people whose first language is not English.

People and staff told us the management of the service were supportive. Staff told us they felt well supported by the manager. The service had quality assurance processes in place. The service worked well with other organisations to improve people's experiences.

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

Rating at last inspection

The last rating for this service was requires improvement. (Report published on 28 March 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 19 February 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to all the key questions which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westgate House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, a specialist pharmacist advisor 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.

Service and service type

Westgate House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was undergoing the registration process with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and seven relatives. We spoke with 13 members of staff which included the manager, the regional director, the regional support manager, the general manager, the activities coordinator, the maintenance person, two nurses, three senior care staff, and two care staff.

We 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 a range of records. These included 11 people's care records and 13 medicines records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, the provider did not always follow safe recruitment practices. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Improvements had been made and recruitment procedures were robust. Checks made demonstrated that staff had the skills, knowledge and character needed to care for people.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- Registered nurses' personal identification numbers (PIN) were kept under regular review to ensure they were up to date and could continue to practice. Nursing staff were aware of their responsibilities to revalidate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.
- There was enough staff on duty. Staff were allocated to different parts of the home. The manager kept staffing numbers under regular review. One staff member told us, "At the moment there is enough staff. We have bank staff to cover."

Assessing risk, safety monitoring and management

- The provider carried out detailed risk assessments to ensure the risks to people were identified, assessed and mitigated.
- Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as falls, toileting, choking, activities and skin integrity. Each assessment detailed the risk to people and the action needed to mitigate those risks.
- For example, assessments for people at risk of pressure sores detailed the level of support required and the equipment to be used to ensure risks were minimised. This included referrals to the appropriate health professionals.
- Risk assessments were reviewed at least once a month or sooner if people's needs changed. Records confirmed this. Records showed people and their relatives had consented to and participated in these risk assessments wherever possible.

- Staff we spoke with demonstrated that they were aware of risks to people and that the guidance had been followed. One staff member told us, "I would go the nurse [if people's needs changed]. They would do an assessment and reassessment of the care plan. If things change you have to reassess the person."
- People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of an emergency.
- Equipment and utilities were regularly checked to ensure they were safe to use.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People and relatives told us the home was safe. One person said, "I use a hoist and [staff] lift me carefully." Another person told us, "The [staff] know what they are doing which must mean they are well trained." A relative commented, "[Relative] is settled here and is safe and secure in every way."
- Staff had received training in safeguarding people and knew how to report concerns. One member of staff said, "I would raise it with the line manager. There is no hiding it. You have to be open if you see something." Another staff member told us, "If someone is being abused you go to the nurse and report first. If [nurse] doesn't do [anything] you go to the deputy manager, if they did nothing go to the manager. You can whistle blow to CQC."
- The manager was able to describe the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority. Records confirmed this.

Using medicines safely

- Medicines were managed safely. The home has robust procedures in place to ensure the safe ordering, storage, administration and disposal of medicines.
- Medicines administration records were in place for each person and completed correctly.
- Staff were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. Records confirmed this.
- There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly. The home completed a monthly audit of medicines. Records confirmed this.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative said, "The [home] is nice and clean. I'm very impressed,"
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. A staff member told us, "We had lots of training on [COVID-19]."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a system in place to record and analyse accidents and incidents and safeguarding, so any trends or patterns could be highlighted. The manager told us, "In our [daily] meeting we go through lessons learnt."
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Improving care quality in response to complaints or concerns

At our last inspection, the provider had failed to ensure people's complaints were appropriately received, handled, recorded, investigated and responded to. This was a breach of regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Improvements had been made and the complaints procedure was now robust. We found that complaints were now dealt with in a timely manner and were recorded appropriately with lessons learnt documented.
- The provider had a complaints policy and processes in place to record and investigate complaints.
- People and relatives knew how to make a complaint. People and relatives felt comfortable to speak to the staff about any concerns. A relative told us, "I feel if I was to have an issue, they would deal with it promptly."

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

- Care records were individualised, covered people's specific needs and held information about people's preferences and personalities. This guided staff to support people in the way they wished to be supported.
- Care records were in place covering a range of areas including personal hygiene, oral hygiene, toileting, moving and handling, falls, tissue viability, nutrition and hydration, breathing, pain, sleeping, cultural and spiritual and social values, and medicines. These were regularly reviewed to ensure they were an accurate reflection of people's needs.
- People and relatives told us the home provided personalised care. One person said, "I'm happy here as everyone is so kind." Another person told us, "[Staff] always call me by name which is nice." A third person commented, "The [staff] are so nice. They go by my room and say hello. In fact, they stand at my door and chat to me quite often."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were recorded in their care plans.
- Care plans gave guidance on how to communicate with people. For example, care plans stated what language people spoke. However, the home did not always explore written documentation for people

whose first language was not English.

We recommend that the service seeks advice and guidance from a reputable source about providing written communication to people in alternative languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships which were important to them, with friends and relatives. Relatives were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic. A relative said, "When I come here, everyone is nice to me."
- The home employed an activities co-ordinator to provide and arrange suitable activities for people. These were either one to one or group activities.
- There was a programme of activities arranged based on people's known preferences and choices as not all people were able to say what activities they wished to partake in. Activities were designed to be person centred and encouraged social interaction, provided mental stimulation and promoted people's well-being. During the inspection the home had a professional singer providing entertainment to people. We saw people dancing and singing.
- People told us they enjoyed the activities provided. One person said, "I can laugh, joke and have fun here. When I was on my own before coming here, I was lonely." Another person told us, "I never get bored because there's always something to do."

End of life care and support

- The service provided end of life care to people, supporting family members and friends at this time as well.
- People were supported to make decisions and plans about their preferences for end of life care. People's health was reviewed regularly to identify those people whose health was declining, so their advanced care plans could be implemented, and people received the care they wanted in their final days, supported by staff who knew them well.
- Staff were skilled and experienced in end of life care and understood people's needs. One staff member told us, "We do get end of life training. The family members can come every day." Another staff member said, "The hospice comes in and they trained us." Hospice care is a type of health care for people who are end of life and focuses on their pain and symptoms and attending to their emotional and spiritual needs at the end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care:

- The registered manager had recently left the service. The new manager had started on 1 September 2021 and was going through the process of registering with the CQC. Staff spoke positively about the new manager. One staff member said, "Five weeks working with [manager] has been excellent. He approaches us with respect. He is understanding. He is compassionate and he listens." Another staff member told us, "He is the best manager. He is brilliant. He takes time out to listen to us." A third staff member commented, "He is young and energetic. He goes in rooms to check on [people] early in the mornings. We really love him. He is so good. He gets involved with everything. Makes sure we are all ok, [including]the staff and [people]."
- The manager and the regional director completed regular audits of the quality and safety of the service. These included audits of infection control, medicines, environment, risk management, complaints, lessons learnt, care records, and care plan reviews. Records showed when audits identified issues they were addressed and documented in a timely manner.
- The manager had an oversight of what was happening in the service, was very visible in the service and took an active role in the running of the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- There was a warm and welcoming atmosphere in the home. We saw staff treated people with dignity and respected people's individual needs and preferences.
- People and their relatives told us they felt the home was well run. One person told us, "This is a good care home and I'm happy here, so the people who run it must be doing a good job." One relative told us, "It's a great place. I can't think of anywhere better." Another relative said, "It seems a good place overall."
- Most people and relatives did not know the manager as they had not been long working at the service. However, one person told us, "The previous manager didn't come to see me but [the new manager] is a godsend. He's hands on and wears a nurse's outfit, so we know what his skills are."
- Staff enjoyed working for the service. One staff member told us, "It is really good. Things are getting better and things are changing for the better." Another staff member said, "It is like a family."
- The manager understood their responsibilities in relation to duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Notifications had been submitted to the CQC as legally required to do so.
- The home's CQC ratings were clearly displayed and available on the provider's website. The display of the

ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- Most of the care staff had worked at the home for a long time. They knew people and their relatives well which enabled positive relationships to develop and good outcomes for people using the service.
- The home involved people and their relatives as much as possible. This included regular meetings with people who used the service and their relatives. Topics included activities, food menu, COVID-19 and vaccinations.
- People and relatives provided written compliments about the service. Comments included, "Thank you for looking after [person]. We are thankful for your love and kindness" and "I am writing to thank you and your staff for the high level of care given to my friend."
- The provider had recently sent out an annual survey for people and their relatives and were awaiting responses.
- Staff received supervision, attended team meetings and received updates on any changes to people's needs via daily handovers. One staff member told us, "We do get staff meetings."
- Discussions with the staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. One staff member told us, "This is a safe place for someone [LGBT person]. We treat everybody equally. Discrimination is no good at all." The manager said, "We need to understand what is important to [LGBT people]. It is understanding their needs and what their support looks like. It is about understanding how they lived their life."

Working in partnership with others:

- The manager and staff understood the importance and benefits of working alongside other professionals.
- There was good support and input from other health and social care professionals to ensure people received appropriate care to meet their individual needs.