

Bedstone Limited

# The West Gate

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This was an unannounced inspection that took place on 4, 5 and 7 December 2018.

The West Gate 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.

There were 43 people living at the service when we inspected. Many people needed support with personal care, eating, drinking safely and with mobility.

We last inspected this service in October 2017. Breaches of regulations were found. We issued requirement notices in relation to safe care and treatment, medicines management and shortfalls in keeping accurate and up to date records. We asked the provider to take action. The registered manager sent us an action plan telling us what action they would take to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements.

At this inspection, there had been improvements but more are needed.

People's care plans stated their fluid intake needed to be monitored. Staff did not effectively record the amount people drank. Some staff were recording the amounts and others were not. There was no oversight or accurate record of the amount that people drank to make sure they remained hydrated.

A risk assessment for catheter care was not completed or had not been fully captured or completed on the system. People could be at risk of not receiving care and support appropriate to their needs.

Audits and checks had not been fully effective in identifying and remedying shortfalls.

There was a registered manager in post at the time of the inspection. They had been at the service since April 2018. 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 and associated Regulations about how the service is run. The manager was supported by a clinical lead, and team of clinical nursing staff and care staff. The manager told us there was still issues with the electronic system they were using which collated all the information about the care and support that people needed.

Before people decided to move into the service their support needs were assessed by the manager or clinical lead.

Improvements had been made to make sure people received their medicines safely and when they needed

them. PRN ('as and when') medicines that were given covertly had the necessary risk assessments and accurate records of when creams and ointments were applied displayed on body maps.

The management and staff knew how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. Deprivation of Liberty Safeguards (DoLS) had been applied for by the manager when it was necessary.

People were supported to have a nutritious diet. Their nutritional needs were monitored and appropriate referrals were made to specialist teams such as dieticians when it was necessary.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs.

We saw many positive interactions and people enjoyed talking to the staff. Throughout the inspection people were treated with dignity and kindness. People's privacy was respected and they were able to make choices about their day to day lives. When people became anxious staff took time to sit and talk with them until they became settled.

Accidents and incidents were reported and responded to.

Staff knew how to keep people safe from abuse and neglect. The registered manager referred incidents to the local safeguarding authority.

The safety of the premises was assured by regular checks on utilities and equipment. Fire safety had been addressed through training, fire drills and alarm testing. Maintenance had been carried out promptly when repairs were needed.

Staff encouraged people to eat their meals and gave assistance to those that required it.

There were enough staff on duty that had received relevant training and supervision to help them carry out their roles effectively. Staff were observed putting their training into practice in a safe way.

Staff were recruited safely.

A range of professionals were involved in people's health care.

Care plans were person-centred; they reflected people's individual preferences and gave staff an understanding of the person.

A range of activities were on offer with specific sessions and groups designed for people the service supported. Staff encouraged people to be involved and feel included in their environment.

Complaints had been documented and recorded. People and relatives said they knew how to complain if necessary and that the registered manager was approachable.

People's confidentiality was respected and their records were stored securely.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken.

The manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating at the service and on their website.

## 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 consistently safe.

Peoples fluid intake was not always recorded.

Risk assessments lacked information to guide staff when supporting people with specific health needs.

Recruitment systems ensured staff were recruited safely.

People were protected from the risks of avoidable harm and abuse.

Accidents and incidents were documented and analysed to look at ways of reducing the chance of them happening again. Risks to people were assessed and managed to ensure their health and safety.

Since our last inspection the management of medicines had improved.

There were enough staff appropriately deployed to keep people safe.

### Is the service effective?

**Good** 

The service was effective.

Staff had received all the training they needed to meet people's needs.

Staff felt well supported by the management team.

The management and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People and their representatives were involved in making decisions about their care and support.

Staff had contacted healthcare professionals and made sure that appropriate support and treatment was made available.

People were provided with a suitable range of nutritious food and drink.

### Is the service caring?

Good ●

The service was caring.

Staff spoke with people in a caring, dignified and compassionate way.

Staff supported people to maintain contact with their family.

People were treated with kindness, respect and dignity.

Staff took the time needed to communicate with people and included people in conversations.

### Is the service responsive?

Good ●

The service was responsive.

The service ensured end of life care planning was person centred.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences.

People were supported to take part in a wide range of activities that they chose.

There was a complaints system and people knew how to complain.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively. However, they had not always identified shortfalls.

There was a manager in post, they were registered with the CQC.

Feedback had been sought and responded to.

The manager understood their regulatory responsibility and had submitted statutory notifications as needed.

People, their relatives and staff were positive about the leadership at the service. Staff felt supported by the management.

# The West Gate

## 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 3, 4 and 7 December 2018 and was unannounced. The inspection team consisted of one inspector on the first day and final day. On the second day there was one inspector and an expert-by-experience. The expert-by experience had personal understanding of older people and those living with dementia.

We asked the provider to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with 43 people who lived at The West Gate and observed their care, including the lunchtime meal, medicine administration and activities. 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 spoke with five people's relatives throughout both days. We inspected the environment, including communal areas, bathrooms and some people's bedrooms. We spoke with five care and senior care staff, the cook, the manager, the area manager, admin staff and a healthcare professional.

During the inspection we reviewed six people's care plans and associated records. We also looked at other records, these included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures. We asked for



further records to be sent after the inspection, which we received in a timely manner.

# Is the service safe?

## Our findings

People told us they felt safe living at The West Gate. A relative commented, "I feel my relative is in a safe and secure environment."

At our last inspection in October 2017 we found that potential risks to people's health welfare had been assessed but there was not always detailed guidance for staff to follow to mitigate the risks. At this inspection we found that improvements had been made. However, there were still areas for improvement.

Since the last inspection, fluid intake was now being recorded in one place, however people's intake was not always being accurately recorded and people were not reaching their fluid intake targets as detailed in their care plans. The fluid records we looked at included a target amount of fluid that was based on a calculation, based on people's weights. People were not consistently meeting these target amounts and the action taken was not recorded in the care records as directed by the fluid records. For example, one person's hydration risk assessment stated they needed 1800ml of fluid in a 24 hour period, however the fluid intake for one day only amounted to 1000ml and the following day, no fluid intake had been recorded. Staff said in some cases the target amounts were unrealistic given the individual's on-going health conditions and needed to be reviewed. The registered manager told us they would seek the advice of health professionals to clarify suitable target amounts of fluid for these individuals. During the inspection, the registered manager raised the fluid monitoring shortfalls during staff handovers and an alert was created on the provider's care system to remind staff to update fluid monitoring records. During the second day of inspection, we saw people having drinks every hour and the amounts were recorded.

At the last inspection, people living with health conditions that required catheterisation didn't have accurate an up to date information to enable staff to effectively support them. At this inspection, risk assessments were in place but improvements were still needed. One person had a catheter in situ, however the risk assessment was incomplete and didn't have the signs and symptoms recorded that staff should look for when there were problems. The staff we spoke to knew the signs and symptoms of complications with catheters, however any agency staff or new members of staff would not have this information available to them. As a result, people could be at risk of not receiving care and support appropriate to their needs. The management and staff were aware of this and were working on sorting out the issues. A catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag.

Some people were living with health conditions such as epilepsy and diabetes. There was now clear guidance for staff, which contain clear directions about how to recognise the signs and symptoms when people were unwell and the action to take. Staff were able to clearly tell us how they supported people and the signs and symptoms they would look for.

When people required assistance to move around the service, there was guidance for staff about what equipment to use and how to support the person safely. When people were at risk of developing pressure sores specialist equipment was used. There was guidance for staff about how to use the equipment safely to keep people's skin as healthy as possible.

Robust recruitment procedures were in place. Files contained the required health checks and Disclosure and Barring Service (DBS) background checks. DBS checks help employers to make safer recruitment decisions. Within files there was also application forms, full employment history, records of interview and references. All nurses were registered to practice with the Nursing and Midwifery Council. These recruitment procedures ensure staff working at The West Gate were of suitable and qualified character.

People were protected from the risk of abuse. Staff had received training in safeguarding and showed a good understanding of their role to keep people safe. Staff told us they were confident to share concerns about people with management, and that managers would take appropriate action. The provider had a safeguarding process in place, which signposted staff on how to raise concerns and who concerns could be shared with. Safeguarding alerts had been made appropriately to the local authority. We reviewed safeguarding outcomes and saw the service had used these events to review processes and improve the service through action plans.

People felt there were sufficient staff, a relative told us, "There are always staff everywhere; you don't have to go looking for them." We reviewed staffing rotas for the four weeks prior to our inspection and found that levels matched those that we had been told about. During the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. Staff were not rushed during the inspection and told us they felt staffing levels were appropriate. At times gaps on the rota were covered by agency staff, the manager told us that they had asked the agency to provide consistent staff to cover shifts, this helped to ensure continuity for people.

The registered manager told us that the service used a bespoke dependency tool. This was being researched further and the local authority was supporting them to design a more specific tool to match the needs of the service. However, staffing levels were adequate and determined according to the needs of people, and were flexible to allow for supporting people to appointments or different events. The registered manager told us they will be using a more formal assessment tool in the future so the service can clearly demonstrate that assessed staffing levels meet individual needs.

The premises were clean and there was a programme of complete redecoration of the service. However, two bathrooms had no soap in the dispensers provided. We raised this with the registered manager who rectified this immediately. They also ensured regular checks throughout the day would be put in place to ensure bathrooms had enough soap for people to use. These measures would help to prevent and control the spread of infection. The registered manager told us they would be implementing more robust monitoring practices to ensure that good standards of hygiene were maintained in the service.

Accidents and incidents involving people were recorded and the manager reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. People had a personal emergency evacuation plan (PEEP). A PEEP sets out specific physical and communication requirements that each person has, to ensure that they can be safely evacuated from the service in the event of an emergency. The business continuity plan detailed the steps staff should take to keep people safe in the event of emergencies.

There were records to show that equipment and premises checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Portable electrical appliances and firefighting equipment were properly maintained and tested. Health and safety audits were completed and that these were reviewed by management to see if any action was required. These checks

enabled people to live in a safe and suitably maintained environment.

## Is the service effective?

### Our findings

People and relatives told us they thought the care and support they received met their needs. One person told us, "I am confident in the staff's abilities." Visitors commented, "He has a very good key worker" and "I am generally happy and confident in the staff. The staff ask if she is enjoying herself and warm enough."

People met with staff before they moved into the service to check that staff could meet their needs. The assessment included all aspects of the person's health and welfare including their sexuality, cultural and spiritual needs. Staff told us that they would discuss with people about their preferences and if the service could not meet their needs they would not be admitted. The assessment was used as a basis for the person's care plan.

People's clinical and support needs were assessed using recognised tools following the guidelines from the National Institute for Health and Care Excellence. These included nutrition, skin integrity and dependency. People's care was designed following the guidelines from the assessment such as when people were at risk of losing weight, monitoring was put in place.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People had been assessed and DoLS applications had been made as appropriate. Some people had DoLS authorised and where conditions were in place, these had been incorporated into their care plan. There was a system in place to ensure that when the DoLS authorisations were due to end, staff applied for them in a timely manner.

People were supported to make decisions about their daily lives including how they spent their time and what they had to eat. Staff told us that if people were unable to make simple decisions, they would use what they knew about their likes and dislikes to decide. People were encouraged to be involved in making complex decisions about their care and their decisions were respected. People's capacity was assessed following correct processes. When decisions had been made in people's best interests these were recorded and involved staff, relatives and professionals that knew the person well.

Staff monitored people's health and referred them to healthcare professionals such as their GP, when required. People's weight was monitored monthly, when people lost weight they were given a fortified diet with higher calories and fat content and referred to the dietician. Some people had difficulty with their

swallow, they had been referred to the speech and language therapist for assessment. Staff followed the guidance given by the professionals, we observed people being given thickened fluids to keep them safe.

People had access to health professionals, such as the chiropodist, dentist and optician when needed. People were supported to attend hospital appointments and raise concerns they have about their health.

People were encouraged to eat a balanced diet. The kitchen staff were aware of people's dietary requirements including pureed and vegetarian diets. People had a choice of meals, if people did not want what was offered they could choose an alternative. We observed the lunchtime meal, some people chose to eat in the dining room, whilst others preferred to eat in their own rooms. Staff supported people with their meals when required, giving people time to enjoy their meals. People were encouraged to eat independently using equipment such as specialist cutlery and plate guards. One person told us, "The food is good, I chose Weetabix for breakfast today." Relatives commented, "The meals are generally good, he is on a soft diet now" and "The food looks good, decent portions with fresh vegetables. Our relative enjoys the food."

New staff completed the providers induction process. This involved completing a range of training programmes, whilst working through an induction booklet. Each new staff was assigned a mentor to support them in their induction and training, alongside the manager. Staff told us during induction they were given the time to get to know people and read their care plans. Staff that did not have a qualification in care completed the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care.

Staff told us they received training appropriate to their role. We viewed the training matrix, this showed that staff received a mixture of face to face and online training, which included first aid, fire safety, moving and handling, health and safety, person-centred care, equality and diversity, mental capacity and safeguarding. Staff received additional training aimed at meeting people's specific needs such as dementia care, falls management, skin integrity, diabetes, dignity, behaviours that challenge and end of life care.

Staff received ongoing support through regular updates, supervision and appraisals. Supervision in care settings is a process whereby through regular, structured meetings with a supervisor, care staff can develop their understanding and improve their practice. Competency checks and observed practice was taking place, for example regular competency checks were recorded for staff administering medicines.

The West Gate had been adapted to meet the needs of people living there. Corridors were sufficiently wide for wheelchair access, and there was accessible outside space for those who enjoyed sitting in the garden. There was pictorial signage around the service to support people who may forget the use of a room, such as a toilet or dining area. People's rooms were personalised and individual, with photographs and personal possessions.

## Is the service caring?

### Our findings

People told us that staff treated them with dignity and respect. One person told us, "Staff knock on the door before they come in, they greet you and ask how you would like to be assisted, I feel human when my opinion matters." We observed staff knock on people's doors and wait to be invited in. Another person told us, "I give the carers ten out of ten for being kind and caring. I like it here they are very good to me."

Staff knew people well and their preferences. We saw somebody sitting alone in the dining room. Although they were by themselves, staff told us sitting alone helped them with their anxiety and kept them calm. We looked at this person's care plan and it clearly described this person's preferences and how they like to spend his time. Staff described how they supported people's wellbeing.

The service supported people to keep in touch with their families. During the inspection the registered manager had arranged to support somebody to visit a relative in another service. These relatives had not seen each other for a very long time.

Relatives told us how staff had supported their loved one when their needs changed. Staff offered reassurance to people as they moved around the service. When people were anxious in their wheelchair, staff talked to them constantly, telling them what was happening and touching their shoulder. The approach was effective in keeping people calm.

People were supported to be as independent as possible with their personal care and meals. People had specialist equipment such as plate guards and cutlery to enable them to eat independently. People's abilities were described, so that staff understood what people could do for themselves, such as washing their face.

People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff handled situations with people's incontinence in a dignified manner. Staff lead people away from communal areas to assist them with personal care. Staff locked doors when helping people with personal care and people told us they were respectful, taking care to cover them when necessary. People told us they were always given the choice of having their doors open or closed.

People's preferences and needs had been taken into consideration. Within people's care records there had been consideration to any additional support that might need to be made to ensure that people's rights under the Equality Act 2010 were fully respected. This was based on staff understanding who was important to the person, their life history, their cultural background, life choices and sexual orientation. An example of this was the registered manager establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

People were supported to maintain relationships that were important to them, relatives and friends could visit when they wanted. People were supported when able to be part of planning their care, people signed their care plans to say they had been involved in the plans development. When people could not be

involved, friends and relatives were involved to tell staff about people's choices and preferences.

People's rooms had been personalised with pictures and photos, people told us their rooms were homely. People's confidential records were kept securely.



## Is the service responsive?

### Our findings

People told us they felt the care and support they received was responsive to their needs and that they enjoyed the social events. Comments included, "There is a lot of entertainment for us including: arts and crafts, various games, films and singing. We saw people singing along to Christmas songs in the lounge. People were happy and smiling. They also organise excursions for us." A relative told us, "[Loved one] likes the amount of activities and particularly the singers that visit and the bingo."

Each person had a care plan that contained details about individual choices and preferences such as when they liked to get up and go to bed, or favourite food types. Staff had guidance about specialist equipment people used such as chairs to enable them to sit comfortably.

Care plans and people's health were reviewed monthly or more frequently if needed and changes were shared with the staff team.

People were supported at the end of their lives. People were asked about their end of life wishes and these were recorded. People's preferences were used to develop people's end of life care plans, and there were details about how staff should support people to ensure their preferences were met. A member of the senior team and clinical lead had signed up for the Gold Standard Framework Accredited Care Homes programme. This is a nationally recognised accreditation and the service is assessed against 20 standards of best practice relating to end of life care.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

People were supported to take part in activities they enjoyed. Activities were arranged in the communal lounge or in people's rooms. Entertainers visited, people told us, they enjoyed the music and singing along. The activities worker told us how they used music and singing to engage people and the difference they had seen in people's communication when they were singing. During our inspection people took part in a variety of group activities including armchair exercises, a carol singing group and craft activities. People also received one to one support either in the main lounges or in their bedrooms to take part in activities such as jigsaw puzzles or reading.

The service had regular visits from a Chaplain. Staff told us, "We accept people of all faiths."

Complaints and concerns had been documented clearly, and used as an opportunity to improve the service. There was a complaints policy in place which set out the process for people to complain, and who they could contact if they were unhappy with the complaint outcome. The complaints process was visible in the service, and people and their relatives told us they knew how to raise concerns. Staff encouraged people to discuss any concerns or complaints during resident meetings. One relative told us, "Concerns are always taken seriously. I feel comfortable being able to raise questions, and ask for guidance." Complaints and

concerns were logged and responded to appropriately. Meetings had been booked with people to discuss and resolve concerns, following investigations into the issues raised. The area manager was responsible for reviewing concerns. The area manager then signed off the complaints to confirm they were satisfied with the outcome, and in some cases contacted people to check they were happy with the outcome. All the complaints we reviewed had been responded to in a timely manner and resolved.

## Is the service well-led?

### Our findings

People knew the management structure of the service. People and their relatives felt confident in speaking to them about things. The rotas showed that the registered manager was frequently on shift which meant they had a good understanding of people's care and support needs on a day to day basis. This also meant that they were on hand to support staff and address concerns where needed.

Relatives had confidence in the management of the home. The registered manager had been in post since April of last year. A relative told us, "They are so supportive. Things get done now, you only have to look at the decoration that has happened."

Some audits and checks were carried out by the registered manager. The area manager also carried out their own quarterly audits and reports were prepared for the registered manager to act upon if needed. There were quarterly governance meetings that were attended by the registered persons

Despite the quality monitoring systems in place further improvements were required to drive the service forward to ensure people were receiving safe, effective, responsive and well led care. Quality assurance processes had not been successful in recognising the issues we identified in this inspection; such as fluid monitoring, having sufficient information for staff about catheter care. This is still an area of improvement.

People, relatives, stakeholders and staff had been asked their opinion on the quality of the service. There were regular resident meetings where people were reminded how to report concerns and asked if there was anything they would like to suggest. We saw in minutes of a meeting that people suggested a "Tuck Shop" and an afternoon hostess trolley. During the inspection, we had seen these implemented. Regular staff meetings were held for staff across all the provider's services, they were reminded about good practice and any concerns people had raised.

The registered manager attended local forums and groups to keep up to date with changes. The service worked with other agencies and healthcare professionals, to provide joined up care, including the clinical commissioning group.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.