Care Quality Commission

Westgate Healthcare Limited

St Pauls Care Centre

Inspection report

Long Mimms
Hemel Hempstead
Hertfordshire
HP2 5XW
Tel: 01442 229170
Website: www.westgatehealthcare.co.uk

Date of inspection visit: 25 June 2015
Date of publication: 06/11/2015

Ratings

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

Overall summary

This inspection took place on 25 June 2015 and was unannounced. The service provides accommodation and nursing care for up to 88 older people, some of whom may be living with dementia. On the day of the inspection, there were 88 people living in the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and were protected against possible risk of harm. Risks to individuals had been assessed and managed appropriately. There was a robust recruitment process in place. Sufficient numbers of experienced,

Summary of findings

trained and skilled staff were on duty to care for people safely. Medicines were managed safely and people received their medicines, regularly, on time and as prescribed.

People received care and support from staff who were competent in their roles. Staff had received relevant training and support for their roles. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and had access to and received support from other health care professionals.

The experiences of people who lived at the home were mainly positive. They were treated with kindness and compassion and they had been involved in the decisions about their care. However, people were not always treated with respect and their privacy and dignity was not always promoted.

People's care needs had been assessed and reviewed regularly. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There were effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

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?
The service was safe.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There was an effective recruitment process.

There were sufficient numbers of staff on duty to care and support people.

People received their medicines regularly and on time.

Good

Is the service effective?
The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training.

People's dietary needs were met.

Good

Is the service caring?
Aspects of the service were not always caring.

People's privacy and dignity was not always respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Requires improvement

Is the service responsive?
The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Good

Is the service well-led?
The service was well-led.

People's views were listened to and acted on.

The registered manager provided stable leadership and effective support to the staff.

Quality monitoring audits were carried out to continuously seek to improve the service.

Good

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 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 25 June 2015 and was unannounced. The inspection team was made up of two inspectors and an Expert by Experience whose area of expertise is caring for older people living with dementia. 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us about the home, such as notifications and information that had been provided by staff and members of the public. A notification is information about important events which the provider is required to send us by law.

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.

During the inspection we spoke with 20 people who used the service and observed how the staff supported and interacted with them. We also spoke with five relatives, one registered nurse, seven care staff, an activity coordinator, the manager and the Director of Operations.

We looked at the care records including the risk assessments for eight people, the medicines administration records (MAR) for the majority of people and six staff files, which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person said, "Yes, I do feel safe. Never felt unsafe." Another person said, "I feel perfectly safe. If I didn't I would speak to a senior member of staff". One relative told us, "I am really pleased my mum is somewhere safe."

The service had a safeguarding policy and followed the local authority safeguarding procedure. Information about safeguarding had been displayed on the notice boards, and there was a clear process for reporting safeguarding concerns. Staff told us that they had received training in safeguarding and were aware of their responsibilities to report any allegation of abuse to the manager and external agencies such as the local authority, the Care Quality Commission and the police. They told us of the procedures they would follow if they suspected that people were at risk of harm. The provider also had a whistleblowing policy. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace.

Each person had their individual risks assessed with a plan in place to inform staff on how to mitigate the risk. People told us that staff had discussed with them about their identified risks. One person said, "Staff showed me how to use my walking frame. I know the risk. Staff told me to be careful with my balance and walk with smaller steps." Staff told us that they kept risk assessments up to date and were aware to report any changes and act upon them. We observed staff using equipment to move people safely in accordance with their risk assessments. For example, we observed that two members of staff safely moved a person to their wheelchair using a hoist. Other risk assessments such as pressure area care, manual handling and nutritional requirements had also been carried out.

The service had an emergency plan to ensure that continuity of business was maintained should the service be affected due to unforeseen circumstances. The plan included the contact details of the utility companies and the management team. We noted that there had been an agreement with the local Royal British Legion and other facilities if required in an emergency. Each person had a personal evacuation plan in place for use in emergencies, such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire safety practices and evacuation procedures. Staff demonstrated they were aware of the actions they should take if required.

There were sufficient numbers of staff on duty to meet the needs of people safely. People told us that that there were always staff to help and support them and that their call bells were answered within a reasonable length of time. One person said, "I would have thought there is enough staff. Not heard anyone complaining". Another person said, "When I use the call bell, they do come quite quickly." One relative said, "There is enough staff on this floor. They do not take long to answer the call bells. People are well looked after." We observed that staff were present within the communal areas and that they were attentive and engaged people in conversation or sat next to them. One member of staff said, "When we are short, a replacement is found by calling other staff or using the agency." A review of rotas and discussions with staff showed that there had been sufficient staff on duty, both day and night. The manager told us that they carried out monthly dependency assessment to ascertain the level of staff required to provide care and support people appropriately.

There was a robust recruitment process in place to ensure that staff who worked at the home were suitable for the role to which they had been appointed. Staff confirmed that they did not take up employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service [DBS] certificates had been obtained. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed. The staff records we looked at showed a clear audit trail of the recruitment processes including a record of interviews and the checks carried out.

There were systems in place to manage people's medicines safely including a policy that covered the administration of medicines as prescribed, when required and homely remedies. Staff told us that only registered nurses administered medicines and that they had completed their competency tests to ensure that people received their medicines safely. People told us that they received their medicines regularly and on time. One person said, "I do take medicines. It's usually around the same time." Regular checks were carried out to ensure all medicines received into the home were accounted for. The Medicine Administration Records (MAR) had been completed correctly including the recording of additional information in respect of medicines prescribed to be given as required

Good

Is the service safe?

(PRN). We observed that people were not rushed to take their medicines. Staff had protected time to administered medicines to ensure that they were not interrupted, which could lead to a mistake happening.

Good

Is the service effective?

Our findings

People received care and support from staff who were skilled, experienced and knowledgeable in the work they did. People were complimentary of the staff. One person said, "The staff seem good and they know how to look after me." Staff were aware of people's preferences and supported them how they liked to be supported. One person said, "The carers are all ladies because that's what I asked for. They look after me very well." We observed two people being assisted with their meals and staff asked them what they would like from the choices offered on the menu. We also saw that the members of staff prompted them to finish their meals.

Staff had received a variety of training including mandatory courses to help them in their roles. One member of staff said, "I have completed all the mandatory training. Some training we do online and others are done in practice such as manual handling and fire safety." Another member of staff told us, "We are given opportunities to attend other training such as dementia care, Mental Capacity Act and the associated Deprivation of Liberty Safeguards (DoLS)." We looked at the training matrix that had been kept electronically and noted that there was a system for alerting staff when their training was due to expire. This enabled staff to stay abreast of yearly updates so that they were aware of current safe practices when supporting people to receive effective care. A number of staff were currently undertaking the Qualifications and Credit Framework (QCF) in care. This qualification forms part of Health and Social Care diplomas which assess a learner's competence within a work situation.

Staff were supported by management to ensure that they were competent in their roles. Staff confirmed that they had received formal supervision and appraisals. One member of staff said, "In our supervision, we have an opportunity to discuss our work and our training needs."

Staff confirmed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We noted from the care records that people who lacked mental capacity had an assessment carried out so that any decisions would be made in their best interests. For example, we saw the required documentation had been completed in discussion with relatives and professionals for the use of bed rails in order to protect the person from rolling out of bed. People's emergency care needs were discussed with them, their family and healthcare professional and documented in line with the local guidelines. Applications for DoLS had been made for people who required continuous supervision and were unable to safely leave the home on their own.

People told us that staff always asked them how they would like to be supported, and obtained their consent before carrying out personal care. One person said, "Staff ask my permission to wash and move me." Another person said, "They do ask for my consent. Some know my needs well but still ask me first." One relative confirmed that staff discussed with them about any decisions made regarding their [relative's] health and wellbeing. We noted from the care records that consent for various activities such as taking photographs, use of bedrails and medication had been obtained.

Some people were complimentary of the food and said they enjoyed mealtimes and did not feel rushed. One person said, "I choose what to eat the day before. The food is quite reasonable, you have two choices." Another person said, "I have plenty of water. I can use the fountain in the dining room. Mealtimes are enjoyable, it's always quiet." Other comments were not so positive and these included, 'sometimes I don't get what I ordered, they say, 'we haven't got that' ;'I have to eat in my room, I can't say it's enjoyable'; 'I have enough to drink, but I have to ask them to top up my water. They would never ask'. However, we observed that people were offered a variety of drinks and snacks in between meals during the day. We noted that these issues had been discussed with them and had been addressed. We saw that people were supported to eat their meals in a discreet manner and people we spoke with said that the lunch that day was nice and that they enjoyed it.

Care records showed that a nutritional assessment had been carried out for each person and their weight had been regularly checked and monitored. We saw that where food supplements were prescribed, these were provided and recorded in line with the prescription. The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice. For example one person who had difficulty in swallowing, had an assessment carried out by the nutrition and dietetic service. We saw from the food and fluid intake charts that these had been completed appropriately to ensure people had enough to eat and drink.

Good

Is the service effective?

People had access to other health care services when required. One person said, “I can see the doctor when I need to.” Another person said, “The doctor comes on Tuesdays and Fridays. If I want the doctor, I let the staff know. I make my own private arrangements for the rest.” One relative said, “I’m happy my [relative] can see the GP when needed. They also see the chiropodist every now and again and saw the optician recently for a check-up.” We noted that the services of other health care professionals had been requested when required, such as the audiologists to help people with their hearing aids.

Requires improvement

Is the service caring?

Our findings

People's privacy and dignity was respected. One person said, "The staff are caring and respectful, very much so. They always treat you with respect and dignity." Another person said, "There are good staff here. A lot of staff are not English, but it's not a problem." A relative said that people were well looked after and cared for. They also said, "Care is pretty good. They do respect people's privacy and dignity."

However, this practice was not consistent and we observed on occasions, that staff failed to consider people's privacy and dignity. For example, when we were talking with a member of staff, a person who was trying to talk to the same member of staff was told to 'shush'. The member of staff also had their back turned to the person when they said this. Staff also used language such as, 'good boy' or 'good girl' when talking to people. Although people told us that staff knocked on their bedroom doors before entering, we observed that one member of staff entered a person's room without knocking on the door. The person said, "They do come in without knocking because the door is open."

We also observed that very little communication took place between staff and people they were assisting to eat. One person told us, "Staff are quick to take the plates away even when we have not finished." We also noted when a person had half finished their meal, the plate was taken away without asking the person whether they had finished or not. The same person was brought their desert which they did not eat. A member of staff came and took it away and brought the person a drink. When we were talking with another person in their room, the person alerted a member of staff that they did not have anything on and asked to get out of bed at eleven o'clock. The member of staff said, "You will get up at eleven o'clock, be a 'good boy'." This type of terminology showed a total lack of respect for the person, as the staff was more focused on the tasks they had to complete rather than the person. The manager said that they would discuss these issues as a team and would address them to ensure that people were treated with respect and dignity.

Staff told us that they respected people's privacy and dignity. One member of staff explained that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. They also said that they covered people up appropriately so that their dignity was maintained. They said that sometimes people chose to do as much as possible for themselves, such as wash or dress themselves so that they maintained some degree of independence. One person said, "I like being independent, they know that and respect it."

People and their relatives had been involved in the decisions about their care and support. One person said, "I'm involved all the while with my care." Another person said, "I have been involved in my care, one of my sons was present. There wasn't much change from a few months ago." One relative said, "Mum receives excellent care. I am involved in every decision made for her. We have no concerns." People's relatives also said that their views were listened to and staff supported their relatives in accordance with what had been agreed when planning their care. For example a relative said, "I have given staff a routine and my mother's likes and dislikes and staff do follow it through."

People confirmed that they maintained contact with their relatives and friends who were supportive and were aware of the care and support provided to them. One person said, "It's very open here, people can visit when they like." Another person said, "They leave me alone unless I want them. I'm very blessed here. I can come and go as I want. I'm very content here." They also said that they had received information about the service so that they were able to make an informed decision whether the service was right for them.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. People told us that their needs had been assessed before they came to stay at the care home. Information obtained following the assessment of their needs, had been used to develop the care plan. One person said, "There is a care plan around. It is updated annually. I do it all and I must have signed it." Another person said, "My needs are met. The staff know my preferences and things I like." A relative told us, "Staff know my mother well and she is well supported." We noted from their care plans that people or a family member had been involved in the care planning process wherever possible. We saw evidence in the care plan that information about people's individual preferences and choices had been reflected. One person said, "I told them that I only want female staff to help me and they do that." Staff confirmed that they knew people's preferences and supported them accordingly. One member of staff told us that the care plans were informative and gave clear guidance on how to provide care and support to each individual in a personalised way. We observed a member of staff talking to a person at lunch time, explaining why they couldn't have the mince roll. They said, "It's because you might choke. Would you like jelly or yoghurt instead?"

Care records were detailed and provided information about the person, their history, their hobbies, their religious belief and how they would like their personal care to be provided. Other aspects of the person's needs were also assessed including how they communicated, their memory and their mobility. We noted that the care plans had been reviewed and had been kept up to date. There was sufficient information for staff to support people in meeting their needs.

Observational records had been maintained in relation to people's well-being such as regular checks for their blood pressure, weight and other health monitoring charts. We noted from a care plan of a person who had a pressure ulcer that they had been provided with appropriate equipment, such as airflow mattresses and cushions.

Repositioning charts had been completed to help the healing process and prevent the person from developing other pressure ulcers. The person told us, "The staff know how to help me with my sore foot. They change the dressing regularly and I know it is getting better." The care plan showed how staff should support the person in meeting their needs and maintain their skin integrity.

There were a variety of activities planned and provided for people. Information about the activities had been displayed on the notice boards and people told us that they had been informed of the activities that took place each day. One person said, "There are activities that take place. I watch quizzes on TV, but nothing else. They give me an activity sheet. It's more or less the same every week." We noted from the weekly activity programme that various activities took place, including bowling, sing- along, baking and reminiscence discussion. On the day of our inspection, we observed people enjoying a bowling session and others watched television. Some people preferred to stay in their rooms. One person said, "I'm always busy doing something, knitting and on my computer. Last year I won silver in the art competition." We spoke with the activity coordinator who told us that they joined in the resident's meeting and discussed about activities with them. They also said, "People enjoy what's on offer. We arrange for entertainers to come to the home every now and again, which people liked." Staff told us that representatives from different churches visited the home regularly, and they arranged individual visits from for any faith groups as and when required by people.

People said that they were aware of the complaints procedure. One person said, "I have no complaint or concerns." Another person said, "I have no problems about complaining. There is a notice on the nurses' station. There is a complaints form as well." None of the people we spoke with had any complaints regarding the quality of care and support that they were given. We looked at the complaints log and noted that all the complaints had been thoroughly investigated and there was an audit trail confirming how the complainant had been informed of the outcome.

Good

Is the service well-led?

Our findings

The service has a registered manager. People knew who the manager was and commented that there was a positive culture and that they were able to talk to the manager if they wanted to. The manager promoted an 'open culture', where people or their relatives and staff could speak to them at any time. One person said, "I can speak to the manager when I want. They are very helpful." Another person said, "I know the manager. They are approachable. I speak to them sometimes." A third person said, "The manager is downstairs, she's around quite a lot." Staff confirmed that the manager was a good leader, helpful and supportive so that they were able to support people in meeting their needs. There was also a pleasant atmosphere and people felt that their views were listened to and acted on.

The manager spoke positively about their priority to ensure that all staff vacancies were filled so that the use of agency would be minimal. The manager also said that they continued to create a learning culture where all staff would be provided with other relevant training or courses to enhance their knowledge so that people would be cared for by staff who were trained and knowledgeable in the provision of good care. Staff confirmed that they have developed a learning culture and they reflect on incidents and discussed ways of preventing recurrences so that people received a good quality service and that their individual needs were met.

Staff told us that team work was good. The manager told us that they had good relationships with staff and other health professionals who visited the home. Staff confirmed that they attended regular staff meetings and we saw that minutes of these had been documented and were available to staff who were unable to attend. Staff said that the discussions during these meetings were helpful to ensure that they were aware of the changes in people's needs so that they would support them appropriately. One member of staff said, "We discuss people's care needs daily. This way, we learn and share information about safe practices and provide a good service." The manager said that there were daily handovers and discussions with staff to share information about incidents, plan the day to day running of the service and delegate any duties that required urgent attention.

The minutes of the last 'residents' meeting held in May 2015 showed that they had discussed and agreed to change the time supper was provided, as they felt that it was too early. Food was further discussed and it was agreed that the soup was too spicy. The manager said that these issues had been addressed.

The provider carried out regular quality assurance audits and had a care improvement plan to ensure that they were continuously seeking to improve the quality of service. We saw that a number of audits had been undertaken regularly, with an action plan to address any identified shortfalls. We also noted that regular audits relating to health and safety had been carried out so that people lived in a safe and comfortable environment. Regular checks were also undertaken by external companies to ensure that all equipment and heating systems were in good working order.