

# **Inspection Report**

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

# **Westgate House Care Centre**

Tower Road, Ware, SG12 7LP Tel: 01920426100

Date of Inspection: 19 August 2014 Date of Publication: September 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Records X Action needed

# **Details about this location**

Westgate Healthcare Limited
Mrs Shiji Mathew
Westgate Care Centre is a purpose built care home providing nursing or personal care to older people. The home has a purpose built unit for people living with dementia and also provides rehabilitation care. The home is registered to provide care for up to 109 older people.
Care home service with nursing
Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

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# **Summary of this inspection**

#### Why we carried out this inspection

We carried out this inspection to check whether Westgate House Care Centre had taken action to meet the following essential standards:

Records

This was an unannounced inspection.

#### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 August 2014 and talked with staff.

## What people told us and what we found

At a previous inspection of Westgate House Care Centre in June 2014 we had found that people were not protected from the risks of unsafe or inappropriate care because accurate and appropriate records were not maintained. Our concerns were such that we issued a Warning Notice to the provider.

We revisited Westgate House Care Centre on 19 August 2014 to assess compliance in this area and found that some improvements had been made.

You can see our judgements on the front page of this report.

#### What we have told the provider to do

We have asked the provider to send us a report by 13 September 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

## More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

# Our judgements for each standard inspected

Records X Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

#### Our judgement

The provider was not meeting this standard.

People were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

#### Reasons for our judgement

At our previous inspection of Westgate House Care Centre on 11 and 12 June 2014 we found that people were not protected from the risks of unsafe or inappropriate care because accurate and appropriate records were not maintained. Our concerns were such that we issued a Warning Notice to the provider.

When we inspected Westgate House Care Centre again on 19 August 2014 we found that some improvements had been made.

We saw that records for people who required the support of a dietician had been reviewed to ensure that they were accurate and provided clear instruction for staff to follow to support people safely. For people that were not assessed as being at risk of poor nutrition the fluid and food charts had been discontinued.

We found that records for people admitted into the intermediate care unit included an assessment of their needs undertaken on the day of their admission. This meant that staff had the information they needed to provide appropriate support.

We found that care plans and risk assessments were regularly reviewed and contained relevant and up to date information. However, we noted that there were no risk assessments in place relating to the management of diabetes. Nursing staff we spoke with confirmed they were aware of the risks associated with this condition however there was no information available for care staff to alert them to the potential risks of high or low blood sugars.

We noted that a person who used the service sometimes demonstrated aggressive behaviours when care staff supported them with their personal hygiene needs. Care staff we spoke with gave us conflicting information about how this person would be supported in this instance. The care plan did not include instruction or guidance for staff to follow to meet the person's needs when they became agitated or aggressive. This meant the person was at risk of receiving inconsistent care that did not meet their needs.

We saw that pressure mattress settings throughout the home were checked daily to ensure they were maintained at the correct pressure to maintain people's skin integrity.

We reviewed cleaning records on individual units and confirmed that daily task allocation schedules had been signed as completed. This included cleaning items such as hoists, over chair tables, dining tables, kitchenettes, cushions, and rails in corridors.

#### This section is primarily information for the provider



## Action we have told the provider to take

#### **Compliance actions**

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010
	Records
Treatment of disease, disorder or injury	How the regulation was not being met:
	The registered person has not ensured that accurate records in relation to the care provided to each service user are maintained.
	Regulation 20 (2)(a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 13 September 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

# **About CQC inspections**

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

# How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

Met this standard

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

Action needed

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

Enforcement action taken

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

# How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

# Glossary of terms we use in this report

#### **Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

#### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

# Glossary of terms we use in this report (continued)

## (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

#### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

#### **Responsive inspection**

This is carried out at any time in relation to identified concerns.

#### **Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

#### Themed inspection

This is targeted to look at specific standards, sectors or types of care.

#### **Contact us**

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