Care Quality Commission

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Westgate House Care Centre

Tower Road
Ware
Hertfordshire
SG12 7LP

Lead Inspector
Claire Farrier

Unannounced Inspection
2nd April 2009 10:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information	
Document Purpose	Inspection Report
Author	Care Quality Commission
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	
Internet address	www.cqc.org.uk

SERVICE INFORMATION

Name of service	Westgate House Care Centre
Address	Tower Road Ware Hertfordshire SG12 7LP
Telephone number	01920 468079
Fax number	01920 469340
Email address	kathy@westgatehc.co.uk
Provider Web address	www.westgatehealthcare.co.uk
Name of registered provider(s)/company (if applicable)	Westgate Healthcare Limited
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	109
Category(ies) of registration, with number of places	Dementia (1), Dementia - over 65 years of age (39), Old age, not falling within any other category (109), Physical disability (75)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 29th October 2008

Brief Description of the Service:

Westgate House is owned and operated by Westgate Healthcare Limited, which is a private organisation. It is registered to provide nursing care and accommodation for 109 older people, of whom 39 may also have dementia.

Westgate House is a purpose built three storey building situated in a residential area of Ware. People with dementia are accommodated on the ground floor, and there is a separate unit for 3 people with dementia on the first floor. The first floor has 20 beds for people who require intermediate care. All the bedrooms are single and all have en-suite facilities. There is a lift to all the floors and the home is accessible for wheelchair use. The home has a large enclosed garden with raised flowerbeds. There is a CCTV camera at the front entrance to the building.

The Statement of Purpose and Service Users Guide provide information about the home for referring social workers and prospective clients. The current accommodation charges range from £554 to £850 per week. A copy of the most recent CSCI inspection report should be made available on request to the home.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is 2 star. This means the people who use this service experience**,** good quality outcomes.

Two inspectors carried out this unannounced inspection over one day. The focus of the inspection was to assess all the key standards. Some additional standards were also assessed.

We talked to as many of the people who live in the home as we were able to. We spent two hours sitting with people in the areas of the home where the most vulnerable people are looked after. This is called a SOFI – Short Observation For Inspectors. The aim of this is to get an impression of what life is like for the people who live there.

We spoke to several people who were visiting the home. We also talked to some of the staff. When we were in the home we looked at the home's records, care plans and staff files, and we made a tour of the premises. We talked to the consultant support manager about what we had seen during the day.

On January 13th and March 3rd 2008 we visited the home to review the requirements made following the last key inspection, for which the compliance date had past. The Commission's pharmacist inspector took part in both of these additional visits. We have included some of the findings from these visits in this inspection report.

What the service does well:

The manager has left since the last inspection, and the home has been managed by the proprietor as acting manager, and a consultant support manager. In the last three months the consultant support manager has completely turned the home around from a service that was performing poorly for the residents, to one with very good outcomes. Following this inspection we were informed that the consultant support manager has accepted the substantive post of manager of Westgate house Care Centre, and that she will submit her application for registration without delay.

There is a stable staff team who are enthusiastic about their work. During the inspection, all the staff we met were very keen to tell us about what they have been doing and the improvements that have been made in the home. The ethos of the home is that the welfare of the residents is everyone's

responsibility, and that all the staff, from the managers and Registered Nurses to the housekeeping and administration staff, work as a team.

The home provides a good programme of training, and the training manager is enthusiastic and proactive in sourcing new courses and information for the staff, so that they have the knowledge and skills to meet the needs of all the people in the home.

The home provides good facilities for intermediate care, including a physiotherapy gym, an occupational therapy kitchen and a team of therapists and therapy assistants, so that people who stay for intermediate care can have good therapy treatment to prepare them to return home. Several of the people who we spoke to said that the care is very good, and the staff do everything they can when they ask for help. During our visit to the home in January 2009 a visiting GP asked to speak to us, and stated that he felt the home provided a very good quality of healthcare for his patients.

In the dementia unit there was a very pleasant and relaxed atmosphere. The staff appeared at ease, and engaged with people very well. No one was distressed, and everyone we saw and spoke to seemed to be aware and involved in what was going on. We met several visitors in the dementia unit, and all expressed how satisfied they are with the care their relatives receive. One person said that there has been a great improvement, and her relative is not so isolated now. Another person said that there has been lots of improvement and the care is good.

The activities coordinators have developed an excellent system for ensuring that everyone is encourage and supported to take part in the things that they want to do. All the staff are involved with enriching the lives of the people who live in the home, and we saw that the care staff have the time to spend on a one to one basis with people who are not able or do not wish to join with group activities. We spoke to several visitors to the home, who also commented on the improvements in the activities and the lives of their relatives.

The staff who we spoke to said that they have had a lot of training in person centred care and in risk assessments, and the results of this are shown in the care plans. The care plans are written in a person centred manner that takes into account the decisions and wishes of each person. They provide accurate and clearly written information on how each person would like their needs to be met. They have been updated when required, and all records and monitoring are fully completed and up to date.

What has improved since the last inspection?

When we visited the home in March 2009 the inspectors who visited the dementia unit commented that it seemed like a different home from the one they saw at the last key inspection in October 2008. As described above, the

dementia care unit now provides an excellent environment and quality of care for the people who live there.

A great deal of work has gone into rewriting all the care plans in the home. The care plans are clearly written in a person centred manner that takes into account the decisions and wishes of each person. The staff who we spoke to said that hey have had a lot of training in person centred care and in risk assessments, and the results of this are shown in the care plans. One person said that they feel comfortable with the new care plan format. It provides a manageable working document that they can use easily and keep up to date.

The Commission's pharmacist inspector visited the home in January and March 2009 and looked at the practices and procedures for the safe handling, use and recording of medicines. In January he found some examples of poor practice. In March he found that records made when medication was received into the home and when it was given to residents were reasonably good and demonstrated that generally people received the medication as prescribed. On this occasion we saw the procedures that are now in place for auditing medication. This will ensure that any errors are picked up and corrected without delay.

When we visited the home in January 2009 we were concerned about the quality of recording and monitoring of people who were at risk of malnutrition. When we visited the home again in March, we found that good procedures were in place for monitoring the people who are at risk of malnutrition, and recording their progress. On this occasion we found that this good practice has continued. The staff who we spoke to fully understood the importance of good nutrition, and the reasons for accurate monitoring and recording.

What they could do better:

The home provides a very good quality of nursing care, personal care and dementia care for the people who live there. We are confident that the new manager and the organisation will continue to be proactive in ensuring that they meet the needs of the people who live in the home, and that the continued good practice will result in excellent outcomes.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 3, 4 and 6

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who are considering moving into the home have sufficient information, and a detailed assessment, to be confident that their needs will be met.

EVIDENCE:

The Statement of Purpose and Service Users Guide have been reviewed and updated. The website for Westgate Healthcare is easily accessible and provides information on the services provided by the home, and on the procedures for moving to the home. The Statement of Purpose states that the philosophy of the home is "based on the belief that all residents are entitled to be treated as individuals." The aims of the home include: "To provide all residents with as normal a life as possible, given their individual health, in homely surroundings.

To provide all residents with a quality of care that will enable them to live as independently as possible with dignity, privacy and the opportunity to make their own choices. To create an experience of well-being for both residents and those who care for them, providing them with a sense of security, significance, belonging, purpose, continuity and achievement." From this inspection we have assessed that the home has gone a long way towards meeting these aspirations, and that the Statement of Purpose provides an accurate account of the services that the home provides. The consultant support manager said that further amendments will be made to the Statement of Purpose to describe how activities are provided for people with dementia. There are also plans to provide a welcome pack for people who come to the home for intermediate care, and to improve the Service Users Guide.

We looked at the contracts for people who are privately funded. They contain details of the home's terms and conditions, and the fees for each person, and signed agreements are kept in the home. Letters are sent out to notify people of any changes to the fees.

The inspectors who visited the dementia unit in March 2009 commented that it seemed like a different home from the one they saw at the last key inspection in October 2008. The carpet had been replaced, and the corridors were decorated with pictures and old advertising posters. There were memory boxes outside each person's room, which were gradually being completed with the aid of each person's relatives, so that they hold items of meaning for each person. A sensory room had been installed in one of the lounges, which provided a relaxing and calm environment. We observed the staff interacting with people well. No one was distressed, and everyone we saw and spoke to seemed to be aware and involved in what was going on. We saw people enjoying the calm atmosphere of the sensory room. This has continued and improved further, and the home now meets the needs of people with dementia very well. (See also Health and Personal Care.)

The home carries out comprehensive assessments before people move to the home. The information form the assessment is used to write the care plans, and these provide the staff with the information that they need in order to provide a good quality of care for each person. The assessments include risk assessments for moving and handling and the risk of falls, for pressure area care and for nutritional needs. Following the last key inspection, the number of people admitted to the home reduced. The Primary Care Trust has now increased the number of people who they admit to the home for intermediate care again. The home obtains good information on the needs of people who are admitted for intermediate care before they are transferred to the home. The home provides good facilities for intermediate care, including a physiotherapy gym, and a team of therapists and therapy assistants. (See Health and Personal Care for further details.)

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 and 10

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The care plans provide clear information on the residents' care needs, and people who live in the home are confident that they will receive a very good quality of personal care and healthcare.

EVIDENCE:

The people who we spoke to on the first and second floors were very pleased with the nursing care and personal care they receive. Several people said that the care is very good, and the staff do everything they can when they ask for help. We met several visitors in the dementia unit, and all expressed how satisfied they are with the care their relatives receive. One person said that there has been a great improvement, and her relative is not so isolated now.

Another person said that there has been lots of improvement and the care is good.

A great deal of work has gone into rewriting all the care plans in the home. When we visited the home in March 2009 we saw a sample of care plans on the first floor and second floor. All the care plans we saw were in the new format. Each person had a Life History that included a social care assessment, their personal history, family and friends, interests and preferred social activities. The care plans, for example for personal care, eating and drinking, were written taking into account the information in the Life History. They were written in a person centred manner that took into account the decisions and wishes of each person. For example, "(Named person) prefers….." "(Named person) wishes…" Each person had risk assessments for nutrition, pressure sores, falls and moving and handling.

On this occasion we looked at care plans on the ground floor and the second floor. The care plans continue to provide accurate and clearly written information on how each person would like their needs to be met. They have been updated when required, and all records and monitoring were fully completed and up to date. The staff who we spoke to said that hey have had a lot of training in person centred care and in risk assessments, and the results of this are shown in the care plans. One person said that they feel comfortable with the new care plan format. It provides a manageable working document that they can use easily and keep up to date.

We saw evidence that of continuing good practice for wound care. People who are at risk of developing pressure sores are monitored, and preventive measures are put in place. There are appropriate procedures for treating and preventing the spread of infections.

When we visited the home in January 2009 we were concerned about the quality of recording and monitoring of people who were at risk of malnutrition. In March we visited the home again, and we looked at a sample of care plans on the first floor and second floor to assess how poor nutrition is monitored and recorded in the home. The care plans for nutrition contained clear guidelines for each person, written in a person centred way (see above). Everyone had a completed MUST nutritional assessment, and weights were monitored regularly. We saw evidence that people are referred to the dietician if they lose a significant amount of weight over one month, and also for a more gradual weight loss that may cause concern. The dietician had started to visit the home on a weekly basis. They completed a report each time they saw each person, and the care plans had been updated as required following changes in each person's nutritional needs. Food and fluid charts were completed when requested by the dietician. There was a new format for the food and fluid charts, which clarified the amounts of food taken, and provided a more consistent record. The charts that we saw were completed appropriately, and the unit manager on the second floor confirmed that the charts are completed

each time the person has something to eat or drink, and are not left until either the end of the shift or the next day as we observed on our previous visit to the home. On this occasion we found that this good practice has continued. The staff who we spoke to fully understood the importance of good nutrition, and the reasons for accurate monitoring and recording. During our visit to the home in January 2009 a visiting GP asked to speak to us, and stated that he felt the home provided a very good quality of healthcare for his patients.

When we visited the home in March 2009 we observed the staff interacting with people in the dementia unit well. No one was distressed, and everyone we saw and spoke to seemed to be aware and involved in what was going on. On this occasion we spent some time sitting with people on the ground floor of the home where the most vulnerable people are looked after. The aim of this was to get an impression of what life is like for the people who live there. There was a very pleasant and relaxed atmosphere. The staff appeared at ease, and engaged with people very well. They talked to people while they were assisting them so that the person understood what was happening. They used respectful but friendly language when talking to people, and spent time with each person, talking to them or using hand massage. Everyone was alert and interested in their surroundings. People who walked around the unit had a sense of purpose, and engaged with others. The staff who we spoke to said that they had had good training and support and that they enjoyed their work and they were dedicated to providing a good quality of care. The dementia care unit now provides an excellent environment and quality of care for the people who live there. There has been a very great change in a short period of time, and the managers and staff now need to ensure that they can maintain the quality of this service.

The Commission's pharmacist inspector visited the home in January and March 2009 and looked at the practices and procedures for the safe handling, use and recording of medicines. In January he found some examples of poor practice. In March he found that records made when medication was received into the home and when it was given to residents were reasonably good and demonstrated that generally people received the medication as prescribed. There were very few discrepancies in the medication and medication records and evidence was seen that the records were audited by staff. Despite this however, some deficiencies were found. A requirement was also made for when people are prescribed medication on a "when required" basis, there must be clear guidelines for their use. Following this inspection the Consultant Support Manager acted immediately to address the concerns. On this occasion we saw the procedures that are now in place for auditing medication. This will ensure that any errors are picked up and corrected without delay. All the nursing staff who administer medication have had training in good practice for administering medication in care homes.

The home has a physiotherapy gym, and an occupational therapy kitchen, so that people who stay for intermediate care can have good therapy treatment to prepare them to return home. The home employs a physiotherapist, occupational therapist, and two therapy assistants. In the intermediate care unit there are now individual medication cabinets in each room, and people are encouraged and supported to administer their own medication whenever possible, in preparation for their return home.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 and 15

People using the service experience excellent quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who live in the home are supported to live full and active lifestyles.

EVIDENCE:

In the report of the last key inspection we found a variable quantity and quality of activities throughout the home, and "Activities" were seen to be the responsibility of the designated activity coordinators, and not part of each person's daily life in the home. We saw very little appropriate interaction and stimulation with people in the ground floor dementia unit. The company's monitoring visit for January 2009 showed that there was a similar situation. "There was a clear lack of activities being attended to by activity staff. Residents in the ground floor lounge room were found asleep and there was no music or stimulation for them taking place. Throughout the home the activity staff were using the activity rooms as storage rooms and these were disorganised/cluttered."

When we visited the dementia unit we saw memory boxes outside each person's room, which were gradually being completed with the aid of each person's relatives, so that they hold items of meaning for each person. A sensory room had been installed in one of the lounges, which provided a relaxing and calm environment. The people we saw and spoke to appeared to be engaged and interested in their environment. We saw people enjoying the calm atmosphere of the sensory room.

On this occasion we met the team of three activities coordinators. They were enthusiastic and full of new ideas for improving people's life experience in the home. Instead of a set schedule of organised activities, people are encouraged to take part in the things that they enjoy, and these are decided according to circumstances each day. All the staff are involved in this, and throughout the home we saw care staff taking time to be with the residents and to involve them in social activities as part of their every day lives. One person prefers to remain in their room and not to join in group activities. This person has helped to prepare a teddy bear for a "Name the Bear" fundraiser. One person wants to plant sweet peas, "So that the ladies can sit and smell perfume." The activities staff have bought compost and seeds for this person to achieve this, and some of the other residents have enjoyed painting large pots to be used for the planting. The staff described how some of the men in the dementia unit have been able to use their skills in this way, and that they have achieved great satisfaction. In the dementia unit we saw a session of parachute games, which involved people in sharing, physical activity, co-ordination, and fun! Following the activity everyone was happy, and several were laughing and talking as a result. People are encouraged to have their own ideas. We saw the staff spend time with each person, talking to them or using hand massage. Everyone was alert and interested in their surroundings. People who walked around the unit had a sense of purpose, and engaged with others. The activities staff spend time reading to people who are very frail and, they have made great efforts to find the books or articles that people would like to hear, with sometimes unexpected outcomes. For example, they thought that one person who has little communication would enjoy readings from the bible. But after talking to their family, they instead preferred Mills and Boon romances!

We also spoke to several visitors to the home, who commented on the improvements in the activities and the lives of their relatives. Visitors are welcomed to the home, and they feel involved in decisions about the care of their relatives.

When we visited the home in March 2009 we looked at the provision of food in the home, due to an anonymous letter that we had received. The menus provide a good choice of meals with a nutritional balance, and we saw supplies of good quality food available in the kitchen. The kitchen appeared to be clean, and good procedures for food hygiene included recording of all food and storing of food samples from each meal for six days. The chef provided hot finger foods at lunchtime so that people who are not happy to sit at the table

could eat while they walked around. Snacks were offered to everyone each time the tea trolley went round between meals, and snacks were available on each unit for people to help themselves to. The chef spoke with the dietician each week, and followed the dietician's guidelines on what each person should eat. The lists that went out each mealtime had clear information for the staff on what each person should have. On this occasion we saw continuing evidence that meals are a sociable time throughout the home, and that suitable foods and snacks re available at all times in order to promote good nutrition.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
17. Service users' legal rights are protected.
18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 and 18

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who live in the home are confident that their concerns are listened to, and that they are safeguarded from the risks of abuse.

EVIDENCE:

The home has a satisfactory complaints procedure in place, which is given to everyone in the Residents' Guide. The record of complaints shows that people's concerns are listened to and investigated properly, and that the people who have made complaints have been satisfied with the outcomes. The consultant support manager has moved the manager's office to the reception area so that it is more easily accessible for people who are visiting the home. She operates an open door policy, and when the office door is open she is happy to talk to anyone at any time.

The home has comprehensive procedures for prevention of abuse. Training in safeguarding vulnerable adults has been provided for all the staff, and the staff who we spoke to were aware of their responsibilities for whistle blowing. A safeguarding investigation was triggered by an anonymous letter to

Hertfordshire Social Services. It was fully investigated, and the changes that have been implemented in the home are seen as addressing all the concerns.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19, 22 and 26

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is generally well maintained and provides a safe and comfortable environment for the people who live there.

EVIDENCE:

Westgate House Care Centre is a purpose built three storey building that was opened in January 2006. It is designed on three floors around an enclosed central courtyard. The dementia unit on the ground floor is arranged so that people can walk around it securely, and there is access to the garden in the centre of the unit. However in the report of the last key inspection we said that there was no environmental differentiation, such as colour coding or pictorial

cues to assist orientation. There was nothing in the lounge or in the corridors for people to connect with and to give them purpose when they walk around. When we visited the home in January and March 2009 we saw that the carpet had been replaced, and the corridors were decorated with pictures and old advertising posters. There were memory boxes outside each person's room, which were gradually being completed with the aid of each person's relatives, so that they hold items of meaning for each person. A sensory room had been installed in one of the lounges, which provided a relaxing and calm environment. The people we saw and spoke to appeared to be engaged and interested in their environment.

On this occasion the environment of the dementia unit has been further improved. The sensory room is now used as a relaxing place for people on a daily basis. The former activity room, which had been no more than a store room, has been converted to a 1950's style lounge, with an old fashioned radio playing, domestic furniture and lights, and books and articles that people who live in the unit may recognise and relate to. In one of the lounges one wall has been papered, and an artificial fire place installed. This makes a great difference to the atmosphere in the room, and provides a focal point for people to enjoy. Work has started on improving the courtyard garden, and creating a sensory garden with raised flower beds and low level hanging baskets.

We have previously raised concerns about the system for entering and leaving the dementia unit, which requires the use of a key fob, which visitors have to request from the staff. This restricts the freedom of people in the home, and may be seen as a deprivation of liberty. New keypads have been ordered, and were due to be fitted on the day following this inspection. This will enable people who are able to enter and leave the unit without restriction.

On each floor there are a variety of assisted baths and showers for people to use, and appropriate equipment, such as hoists, for people with disabilities. The home has a large modern rehabilitation gym that is used primarily for people in the intermediate care unit, but which is available to anyone who wishes to make use of it.

There is a full time maintenance man, who is also responsible for health and safety and fire precautions in the home. There are appropriate procedures for the control of hygiene and for effective management of laundry. The home appeared to be generally clean.

Staffing

The intended outcomes for Standards 27 – 30 are:

27. Service users' needs are met by the numbers and skill mix of staff.
28. Service users are in safe hands at all times.
29. Service users are supported and protected by the home's recruitment policy and practices.
30. Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 and 30

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who live in the home are supported by a stable staff team who have the experience and training to understand and meet their needs.

EVIDENCE:

Following the last key inspection, the number of people admitted to the home reduced. The staffing rotas show that, although there are fewer residents in the home, the number of staff on duty has remained the same. Currently there is a ratio of 1 member of staff to 4/5 residents in dementia care and intermediate care, and 1 member of staff to 5 residents in nursing care. These numbers will moderate when the home is able to admit people to the vacant beds again, but the staffing levels will still be sufficient to meet people's needs. The temporary increase in staff ratios has meant the staff have been able to take advantage of an increased level of training and support, and they have been able to spend additional time with residents on an individual basis. The staff we spoke to are confident that this attitude will not change, and they are all enthusiastic about continuing their current good practices. One person said, "We work together as a team. I feel very supported." The home is currently

recruiting for care staff, and a number of staff have been appointed recently, including Registered Nurses, care staff, activities staff and unit managers. Several of the care staff and nurses have been recruited as bank staff, so that they are available when needed and the home will not need to use agency staff who do not know the service and the residents.

We looked at the files of four of the new members of staff. They contained all the required information, including good references, evidence of work permits where needed and a satisfactory CRB (Criminal Record Bureau) disclosure. The administration staff in the home have had training in checking immigration documents to make sure that people are able to work in this country. They check any queries with the Home Office Work permits Unit.

The training manager, who previously worked as a care assistant as well as organising training, has been enabled to develop the training programme in the home on a full time basis, and she now has a dedicated office next to the manager's office on the ground floor. An external company, Sage Care, provides a good programme of the mandatory health and safety training. Everyone completes this training as part of their induction programme. The induction training may take up to 12 weeks, and each new starter is linked to a more experienced worker as a mentor and support. As well as providing valuable support for the new starter, this provides good experience and responsibilities for the experienced workers, and promotes team work among the staff. All new staff are signed up for NVQ training when they complete their induction. Six people have completed their qualification at level 2 or 3 in the last two months. The housekeeping staff are also encouraged to take appropriate NVQs, and the Head Housekeeper has NVQ level 3 in hospitality and plans to take NVQ level 4 in team leading.

In addition to the mandatory training, the training manager has been very proactive in sourcing training that suits the needs of the staff, and meets the needs of the people in the home, for example in diabetes, nutrition, oral care, and the use of restraint. Everyone completes a half day training in dementia awareness as part of their induction. A distance learning programme is available that consists of four units, and leads to a level 2 certificate in Dementia Awareness. The trainer from Isabella Hospice provides training in end of life care, including pain control and the Liverpool Pathway for end of life care.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 32, 33, 35, 36, 37 and 38

People using the service experience good quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Measures have been put in place to ensure that there is a secure management structure in the home. The new manager of the home leads a team of staff who all place the welfare of the residents as their highest priority. The views of the residents and other involved people are actively sought in order to ensure that a good quality of care is provided.

EVIDENCE:

Westgate House has not had a registered manager for two years. Since the last registered manager left, three managers have been appointed, but have left before they were registered with CSCI. The last manager left in February, and since then the home has been managed by the proprietor as acting manager, and by a consultant support manager. In effect, the consultant support manager has managed the home. In the last three months she has completely turned the home around from a service that was performing poorly for the residents, to one with very good outcomes. As described in other sections of this report, there have been improvements in staff morale, and in their practices in providing a good quality of care and respect to the residents. There is a new format for care plans, and an increase in the amount of training and support that the managers provide to their teams. All the staff who we spoke to were enthusiastic and motivated, and several named the consultant support manager as providing excellent support. New managers have been appointed to each of the three floors, but these are all very recent appointments. Currently the consultant support manager is encouraging them to take on full responsibilities for the practices and staff supervision in their units. We spoke to two of the unit managers. They are both enthusiastic about their roles, and fully support the changes that have been made in the practices in the home.

Following this inspection we were informed that the consultant support manager has accepted the substantive post of manager of Westgate House Care Centre, and that she will submit her application for registration without delay.

All the staff in the home have had a recent appraisal, which several told us that they found a useful and supportive experience. The consultant support manager (now the manager) will supervise the registered nurses, and the unit managers will supervise the care assistants. It is planned that everyone will have a regular one to one formal supervision every two months. The ethos of the home is that the welfare of the residents is everyone's responsibility, and that all the staff, from the managers and Registered Nurses to the housekeeping and administration staff, work as a team. The manager encourages each member of staff to be creative and to think for themselves, and any problems are dealt with in supervision by reflexive practice, that encourages the person to explore for themselves how they could have done something better.

The home's quality assurance system is based on the same principles, that the residents are at the heart of the service, and their views and those of their relatives are vital to inform further developments and improvements. A recent survey was carried out of the residents and their relatives, and the results are displayed in the reception area of the home. Although only a small number of

residents and relatives completed the questionnaires on this occasion, the results show that overwhelmingly they consider that the home provides a good, and in some areas an excellent, service.

There has been no change in the arrangements for management of residents' money. Money is stored safely and adequate records are maintained in order to protect service users from financial abuse.

Appropriate records are maintained for the health and safety of the residents and staff in the home, and the staff follow the home's policies and procedures.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	***Score***
1	3
2	3
3	3
4	3
5	X
6	3

HEALTH AND PERSONAL CARE	
Standard No	***Score***
7	3
8	3
9	3
10	4
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	**Score**
12	4
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	**Score**
16	3
17	X
18	3

ENVIRONMENT	
Standard No	***Score***
19	3
20	X
21	X
22	3
23	X
24	X
25	X
26	3

STAFFING	
Standard No	**Score**
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	**Score**
31	3
32	4
33	3
34	X
35	3
36	3
37	3
38	3

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

Care Quality Commission
Eastern Region
Care Quality Commission
Eastern Regional Contact Team
CPC1, Capital Park
Fulbourn
Cambridge, CB21 5XE

National Enquiry Line:
Telephone: 03000 616161
Email: enquiries@cqc.org.uk
Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.