

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: 26 June 2013

Date of Publication: August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services

✓ Met this standard

Cleanliness and infection control

✓ Met this standard

Records

✓ Met this standard

Details about this location

| | |
|-------------------------|---|
| Registered Provider | Westgate Healthcare Limited |
| Registered Manager | Mrs. Shiji Mathew |
| Overview of the service | 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. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury |

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 26 June 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

During a previous inspection on 23 April 2013 we found that people's dignity was not always maintained and staff did not always treat people with respect. We also found that people who used the service and their relatives did not always feel involved in the planning of care. We followed up with an inspection on 26 June 2013 and found that the provider had made improvements in these areas. People told us that they felt involved in their care, and that staff listened to their requests. One person told us, "My routine is set in stone, and the staff respect that, I know what I want, how I want it done and when. I like things done a certain way and it's important my wishes are followed."

We found that the provider had taken steps to improve the environment that people lived in. During our inspection on 26 June 2013 we found the home was clean, welcoming and free from odours. The provider had recruited further domestic staff, and had reviewed their use of detergents. One person who used the service told us that, "It is much nicer here now, I am happier to have friends and family visit me."

We previously found during our inspection on 23 April 2013 that people's records were not stored securely. We also found that records relating to resuscitation of a person were not completed sufficiently. During our inspection on 26 June 2013 we found that the provider had taken action to remedy these issues. People's records were stored securely and documentation had been completed appropriately.

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

When we inspected this home on 23 April 2013 we found that staff had not upheld and maintained the dignity, independence, and privacy of people who received a service. We also found that that people who received a service and their relatives did not always feel involved in the planning of care.

During our follow up inspection on 26 June 2013, we saw that the provider had taken steps to address these areas.

We spoke with five people who used the service and four people's relatives. People told us that they were happy with the care they received and that they felt involved in making decisions. One person was admitted on the day of our inspection. We spoke with the person and their family who told us what was important to them and their relative and the particulars about their care needs. We later reviewed the care records and spoke with staff. Records confirmed that the person's needs had been incorporated into a plan of care, and that staff were knowledgeable of these. We later spoke with the family who told us, "First impressions, it's a great home. I was really nervous leaving [relative] here, but they have listened to all our concerns and allayed our fears a bit."

We also reviewed five people's care records and saw that people's individual preferences had been recorded. For example we saw that one record contained a detailed care plan for one person's bedtime routine. This included the time the person wished to go to bed, and also noted they liked to wash their own face and apply their own cream. We confirmed this by speaking to the person who told us, "My routine is set in stone, and the staff respect that, I know what I want, how I want it done and when. I like things done a certain way and it's important my wishes are followed."

We reviewed care records for one person who had complex needs. We saw that since our last inspection risk assessments had been completed by senior staff. These were written in a way that took account of the person's changing needs. We saw that the person was not able to be involved in developing their care plan, but that their relative's views had been sought.

This demonstrated to us that people, or those acting on their behalf, expressed their views and were involved in making decisions about their care and treatment.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We previously inspected this home on 2 May 2013 and found that the home had a strong odour in the corridors and around the bathrooms on all three floors. We also saw that not all clinical waste was removed from each floor at the end of the domestic round on the second floor which added to the odour.

During our follow up inspection on 26 June 2013, we saw that the provider had taken steps to address these areas.

We toured the home and noted that on all three floors the home was welcoming, clean and free from unpleasant aromas. The manager told us that the home had changed one of the detergents used to clean their soiled fabrics. We looked in people's rooms and saw that en-suite facilities were clean and presentable. One person who used the service told us, "It is much nicer here now, I am happier to have friends and family visit me." We spoke with one person's relative who told us, "It was never visibly dirty before, but it is a much more pleasant home for them all to live in now."

We spoke with staff and asked them how infection control procedures had altered since our last inspection. Staff told us that the home was now cleaner and free from odour and that the provider had recruited another domestic which allowed for deep cleans to be conducted. We looked at recent recruitment records and saw that the provider had recruited one domestic. They also had a further domestic awaiting confirmation of satisfactory employment checks so they could begin. We looked at the waste management in the home and found that all clinical waste bins we looked at were empty and the waste had been stored appropriately.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe treatment because accurate and appropriate records were maintained and stored securely.

Reasons for our judgement

We previously inspected this home on 23 April 2013 and found that people's care records were not stored securely and also that 'do not attempt resuscitation' forms (DNAR) were not completed correctly.

Following our last inspection the provider sent us an action plan telling us how they would address these issues. This included that the doors to the nurse's station, where people's records were stored, would be closed at all times.

During our inspection on 26 June 2013, we saw that the doors to the nursing stations on all floors were left open and we were able to access people's confidential records without being challenged by staff. We spoke with the manager and operations manager about this. We saw that by the end of our inspection the provider had made interim provision to ensure records were stored securely until secure storage cupboards were delivered. In addition, the visitors signing in sheet was held outside the nurse's station and visitors were not permitted to access without staff being present. This reduced the chance of people's personal information being compromised and meant that records were stored securely but could be located promptly when needed.

We looked at five people's DNAR records and saw that these had been completed appropriately. These had been completed with the person or their family as appropriate and also in consultation with a GP. Notes of the discussions were recorded, and the record was authorised by the appropriate medical professional. Where people lacked capacity to make this decision the appropriate guidance had been followed and recorded. This meant that these records were fit for purpose.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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