

The Orders Of St. John Care Trust

OSJCT Westgate House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westgate House is a residential care home registered to provide personal and nursing care to older people. The service can support up to 61 people. There were 59 people living at the home at the time of the inspection.

People's experience of using this service and what we found

Westgate House's team always sought to improve their care, treatment and support by identifying and implementing best practice. There were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes that led to an outstanding quality of life. For example, the dementia champion ensured the provision of current research-based dementia care was implemented. They were always looking for new research to be involved in and be a part of the changes to good practice guidance.

Links with health and social care services were excellent and resulted in people receiving support in a timely manner. Staff at Westgate House worked effectively with the GP and Care Home Support Service's (CHSS) mental health team and as a result reduced the use of anti-psychotic medicines. Staff were highly skilled to work with people that might display behaviour that challenged. There was no one at the service using antipsychotic medicines.

The registered manager had embraced the new oral health initiative in line with the National Institute for Health and Care Excellence (NICE) guidelines. They had gone above and beyond and ensured people had good access to dental services and had their oral hygiene needs met.

The service had been designed around people's needs and creative ways had been used to help people be as independent as possible. A great deal of time and effort had been spent by the management team and staff in designing and decorating the home. As a result, it provided a stimulating environment, which not only met people's specific needs but also promoted socialising.

The provider had successfully adopted the 'Dignity plus project'. This aimed at adapting the environment by improving lighting and reducing noise levels. There were different areas for people to use for their preferred activities, and private spaces to spend time with their families or visitors. Themed destinations, such as a beach had been created which gave people living with dementia an opportunity to experience different experience.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home

People living at Westgate House told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in

place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines safely and as prescribed.

People told us staff were caring. This ethos consistency enabled people to receive good care from staff who knew them well. Staff did all they could to promote independency and we saw examples of such practices.

The home was well-led by a registered manager who was committed to improving people's quality of life and empowering staff. Significant changes had been implemented to support effective team working and improve people's outcomes. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

Rating at last inspection and update

The last rating for this service was Good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

OSJCT Westgate House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Westgate is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day. One inspector returned the next day to complete the inspection and provide feedback.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We received feedback from the commissioners. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people and five relatives. We looked at five people's care records and six medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the registered manager, the area manager, the head of care and nine staff which included, care staff, kitchen staff and domestic staff. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Westgate House. One person told us, "I feel very safe here. Everyone is very nice."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "We would report abuse to the manager and CQC (Care Quality Commission). We have the information in the office."
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, nutrition and medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. Temporary agency staff were used when needed and only as the last resort to cover unplanned absences.
- People and their relatives told us there were enough staff. One relative said, "They are always staff around, no waiting."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
- People's bedrooms and communal areas were clean and smelt fresh.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People benefitted from staff that built excellent links with health and social care professionals and these resulted in people receiving excellent support to meet their healthcare needs. For example, staff at Westgate House worked effectively with the local GP and Care Home Support Services (CHSS) mental health team to reduce the use of anti-psychotic medicines for people who might display behaviour that may challenge. A lot of time had been spent focusing on understanding people's behaviours and identifying possible triggers. The provider maintained a target time of six weeks to three months to get people off antipsychotic medicines. As a result of regular reviews there was no one using anti-psychotic medicines at the time of our inspection. People's well-being had improved, and they were involved in a lot of activities. Westgate House's team were highly skilled in using non-pharmacological methods of managing people's behaviours, such as distraction techniques, life and work history, verbal distractions and involvement and structuring the daily meaningful activities.
- The registered manager and staff were driven and always sought to improve people's care, treatment and support by identifying and implementing best practice. The registered manager had embraced the new oral health initiative in line with the National Institute for Health and Care Excellence (NICE) guidelines. They had gone above and beyond to secure provision of oral care for people. They initially had found it challenging to find local dentists willing to visit people at the home. They then worked closely with people and their relatives and sourced an out of county dental practice willing to visit people in the home for a charge. People had dental check-ups, treatments and reviews completed. All staff had received training around oral hygiene and felt confident in supporting people with oral health care. Staff had an excellent knowledge of implications of poor oral health and its links to developing infections or suffering weight loss.
- There were champions within the service who actively supported their colleagues to make sure people experienced good healthcare outcomes that led to an outstanding quality of life. These champions were staff that were passionate about their chosen areas of interest. The champions undertook additional training, raised awareness and shared their knowledge with the team. For example, the dementia champion promoted evidence based good practice and made sure that staff were fully educated and trained and had a comprehensive understanding of dementia. They had been nominated for the 'Basmom Award'. This is an international prestigious award for upholding human dignity and caring for people in need. This had been because of their commitment to continuously better people's care. We saw staff showed great skills whilst communicating and working with people living with dementia. Staff were aware of people's unique ways of communicating and complimented the support they had from the dementia champion and recognised the impact it had on people.

Adapting service, design, decoration to meet people's needs

- A huge amount of thought and planning had gone into ensuring the environment met people's needs. The provider had adopted the 'Dignity plus project' throughout the home. This initiative was work in partnership with the Department of Health and aimed at changing both the internal and external environment and making it more homely. This meant adapting the environment by improving lighting and reducing noise levels. As a result, the home's environment had been completely changed. Improved lighting had been introduced and staff had been educated on the importance of reducing noise levels on the dementia unit. The registered manager assessed the effectiveness of the changes and they identified a significant reduction in the number of people falling. On the day of the inspection we saw people navigated through the home with ease and content.

Additionally as another side to this project, themed 'destination areas' were created; a cinema room, a tea room, a quiet library corner and a kitchen area. Themed areas included seaside beach theme, garden and music. These also included tactile areas where people could sit and chat or reminisce. Staff had completed most of this work in their own time and they were proud of the positive impact this had on people. These areas gave people living with dementia a purpose to move with the aim of reaching their chosen destinations. Staff used these also as talking points when supporting people. For example, one sitting area had hats, jewellery and dresses. We saw people and staff engaging in stimulating conversations referring to the props. As a result of these positive interactions people appeared engaged, relaxed and content.

- The provider created opportunities for people to spend quality private time with their families. They had a dedicated dining room with a kitchenette which we saw being continuously used by people and their families. We spoke to one of the families who were having lunch and they said, "We visit very often and have lunch with mum. We get to spend quality time with her, it's priceless. This is the one thing that sold this home for us." The person told us, "I look forward to this very time. I have a lot of friends who visit too. I am really happy here." This meant people had opportunities to spend meaningful time with their loved ones.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to live at Westgate House. The assessments were in line with current evidence-based guidance and standards and achieved effective outcomes. For example, bespoke oral health assessments had been introduced in line with the good practice guidelines. These fed into people's detailed oral health care plans.

- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. The induction was linked to the 'Care Certificate Standards'. The Care Certificate is a set of standards that social care workers are required to work to.

- Staff induction included the training deemed by the provider as mandatory training as well as shadowing an experienced member of staff. All staff had received training in dementia.

- Staff told us they felt supported through regular 'Trust in conversations'. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings, to improve people's experience. This included special diets, individual choices and preferences.

- The home facilitated 'The protected mealtimes initiative' (PMT). This is a national initiative that formed part of the Better Hospital Food Programme which allows people to eat their meals without unnecessary interruption and to focus on providing assistance to people unable to eat independently. This allowed all staff to be at hand to support people who needed to be supported during meal times. We saw people were supported with meals in a dignified way. Staff told us and records showed people's malnutrition risk had significantly reduced.

- People told us they enjoyed the food and said, "Food is very good. If I change my mind they get me something else" and "The food is very good here. Look, it's not doing me much good is it? I look pregnant."

- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to have their meal. The dining experience was a positive social occasion, people were offered to sit where they chose. For example, where majority of people chose to use the dining room we saw when people chose to eat in the lounge that was arranged. We observed all staff and not just care staff were involved in assisting around the meal time to ensure it was a pleasant experience.

- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. The staff were aware of and had fully implemented the International Dysphagia Diet Standardisation Initiative (IDDSI). This is a global standard to describe texture modified foods and thickened drinks for individuals with swallowing difficulties of all ages, in all care settings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.

- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "First thing we always assume people have the capacity to make their own decisions. If in doubt, we will identify the best time to assess their capacity as it may vary between different times of the day." People were given choices as staff worked to the principles of the MCA.

- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process. The registered manager had a good system that ensured DoLS applications were renewed before their expiry date.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and provided compassionate care. One person said, "The carers are fantastic, and they listen to me." One relative told us, "The care here is next to none."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presence of staff and other residents.
- Staff also showed empathy for both people's relatives. For example, one person was admitted urgently from another home that was closing down. The person's relative struggled to cope well with all the changes. Staff quickly recognised the need to signpost this relative for an external, professional support. This was done in a supporting empathetic way and the relative was very grateful.
- Most people living at Westgate House lived with varying levels of dementia. Staff had detailed knowledge of people's histories and how they wished to be supported. On the day of the inspection, we saw interactions were kind and empathetic. For example, staff supported one person who started being anxious, and staff avoided an escalation situation by walking away and returning a few minutes later. This was in line with the person's care plan.
- The service had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. People's care plans

highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.

- People were supported to be as independent as possible. One person told us, "They cut up my food, sit me up in bed and let me eat by myself." Another person said, "I do things for myself and they let me."
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication needs assessments completed as part of the care planning process. For example, one person was registered blind and was hard of hearing. Their care plan guided staff to speak clearly and allow time to respond. We saw staff followed this guidance.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a variety of activities which included individual and group activities such as flower arranging, seated exercises and cinema evenings.
- The provider employed an activities coordinator who was passionate about their role and aimed to provide meaningful activities. They ensured people living with dementia were included and benefited from activities. They told us, "I had dementia training and I focus on reminiscing and use of senses such as smell and touch."
- On the second day of the inspection we saw people participated in pizza making classes which they enjoyed.
- People commented on activities. They said, "I enjoy singalongs and talking", "The activities lady is very good. She offers me to go and join in, at times I do and at times I don't. I enjoy scrabble" and "There is always something to join in on."

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy. Since our last inspection, the

provider had received five minor complaints, and these had been investigated and resolved to the people's satisfaction.

- People and their relatives told us they knew how to make a complaint. One person told us, "The management offices are downstairs. I would raise my concerns with them. They are very good." There were many compliments received regarding excellent care.

End of life care and support:

- The registered manager informed us no people received end of life support at the time of our inspection. The team would occasionally support people with end of life care and the service would work closely with other professionals to ensure people had a dignified and pain free death.

- People's preferences relating to end of life were recorded. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.

- The team at the home had established close links with a local hospice. Staff knew how to support people and families during and after end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us the home was well-led. People commented, "The manager is very good. They are doing a good job" and "This is a big home and they manage it very well. I have met the manager a couple of times, he is good at what he does." One relative commented, "The manager is brilliant. He is always available and we can go to him at any time."
- Staff were complimentary of the support they received from the registered manager. Staff said, "Manager has an open-door policy and is always there. It's a nurturing environment", "Manager is good. His door is always open" and "Manager is firm, reasonably fair and supportive."
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been in post for a year. The registered manager was supported by an area manager and a head of care. The registered manager complimented on how supportive staff and the community had been when they started working at Westgate House. There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place which were used to drive improvement. These included, audits of care plans, medicine records and analysis of accidents and incidents. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to provide feedback through surveys. The information gathered was used to improve the service. For example, concerns had been raised about the main door not being manned after office hours. As a result, a portable video phone had been introduced.
- People and their relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time. For example, people had requested provision of air conditioning units. This had been purchased using the amenities fund and people were very pleased.
- People and relatives told us Westgate House was homely and had a community feel. One person said, "We have made this our home and it feels homely." A relative commented, "The home has a community feel and feels homely. I look forward to visiting mum because of the amazing welcoming feel."
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "I can always make my opinions known and they will be taken on board." During the inspection we observed effective team working. There was a warm and welcoming atmosphere.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.
- The management team and staff strove for excellence through research and reflective practice. They took every opportunity to be part of evidence based best practice and improve people's outcomes. They had just signed up to be involved in a research project exploring the optimal timing of moving into care homes by people with dementia.