

# Owen & Owen Retirement Developments Ltd

## Westcliffe Care Home

### Inspection report

78 Shelford Road  
Radcliffe-on-Trent  
Nottingham  
Nottinghamshire  
NG12 1AW

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19 September 2017  
20 September 2017

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### Ratings

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

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 19 and 21 September 2017. Westcliffe Care Home is a care home in Radcliffe-on-Trent in Nottinghamshire which provides accommodation for up to 19 older people. On the day of our inspection 17 people were using the service and there was a registered manager in place.

At the last inspection, in September 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to feel safe and there were systems in place to reduce the risks to people's health and safety. There were sufficient numbers of staff to meet people's needs in a timely manner and systems were in place to support people to take their medicines.

Staff received relevant training and felt supported. People were asked for their consent and appropriate steps were taken to support people who lacked capacity to make certain decisions. People were supported to eat and drink enough to maintain good health and when people's health changed staff made referrals to external health professionals.

Positive and caring relationships had developed between people who used the service and the staff who supported them. Staff promoted people's choices and valued their privacy and dignity.

People's needs were responded to by staff who had a clear understanding of people's current support needs. Care plans were in place which provided information about the care people required. People felt confident to raise concerns and felt these would be acted on.

There was an open and transparent culture which empowered people and staff to speak up and make suggestions for improvement if they wished to. The management team provided leadership and direction to staff. There were systems in place to monitor the quality and safety of the service.

Further information is in the detailed findings.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Westcliffe Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out on the 19 and 21 September 2017 by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we spoke with or contacted via email two health and social care professionals who gave us their views on the quality of the service provided.

During the inspection we spoke with eight people who used the service, two visiting friends and relatives, the cook, three members of the care staff, the activity co-ordinator, a team leader, the registered manager and the registered provider.

We looked at care records relating to five people living at the home as well as medicine records for four people. We reviewed other records relevant to the running of the service such as, three staff recruitment records, quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

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

# Is the service safe?

## Our findings

People received care and support from a staff team who knew how to protect them from experiencing avoidable harm and took steps to keep them safe. People told us they felt safe in the service and one person we spoke with said, "I feel safe and the front door is kept locked." We observed people appeared comfortable with staff and whilst being supported were smiling and looked at staff with warmth. We observed one person who was going to sit in the garden and the registered manager advised they should wear sunscreen to protect their skin due to the warm sun.

Processes were in place to reduce the risk of people experiencing avoidable harm or abuse. Staff spoke knowledgeably and confidently about what they would do if they thought people were at risk of harm. Records showed the registered manager had made referrals to the appropriate authorities where needed. We noted two incidents which should have been referred to the local authority but had not been. The registered manager acknowledged this and assured us these types of incidents would be referred in the future.

The risks to people's safety and welfare had been assessed and plans put in place to minimise the risks. For example, one person was at risk of falling and there was a risk assessment in place, along with a care plan detailing how staff should support the person to reduce the risk of further falls. We saw this was being adhered to and the equipment to alert staff if the person mobilised independently was in place. Where accidents or incidents had occurred, these were investigated, with changes made to people's care and support needs to reduce the risk of recurrence. Risks to the environment were assessed and there were systems in place to minimise the risks, for example in relation to risks from the water system or fire. External contractors undertook safety checks on equipment and the premises to ensure this was safe.

There were enough staff to meet the needs of people who used the service. People told us they did not have any concerns about staffing levels. We observed there were adequate numbers of staff on duty to respond to people's requests for support and call bells were answered in a timely manner. The registered manager described how they ensured there were enough staff on duty to meet people's needs. She told us that if more staff were required then the provider would be responsive to this. Staff told us they felt there were enough staff to meet the needs of people who used the service and described a consistent number of staff used each day. Records showed that prior to staff being recruited the registered manager carried out checks to ensure applicants were suitable to work with people who used the service.

People told us they were happy with the way their medicines were managed. We observed staff administering the medicines and saw they followed safe practice and respected people's wishes. We observed one person saying, "Can I have five minutes" when offered lunchtime medication and staff carried out this request. One person had complained of back pain and we observed staff offered pain relief for this.

Records showed there were clear medicine management systems in place to ensure people were protected from the risks associated with medicines. People's records showed they received their medicines when they needed them. We found that medicines were stored and administered safely.

# Is the service effective?

## Our findings

People were cared for by a staff team who received appropriate training and felt well supported. One health professional we spoke with told us they had delivered some training in the service and said, "Staff are keen to learn." The staff we spoke with told us that the training they received was relevant and helped them carry out their roles. The records we looked at showed that staff received a wide range of training as well as regular supervision with their line manager. We observed staff to be confident and competent in all areas of their work, for example, we observed staff supporting a person to mobilise using a piece of equipment and they carried this out with confidence and in a safe manner.

We observed staff asking people for their consent before providing any care. Systems were in place to ensure that, where people's capacity to make a decision was in doubt, appropriate assessments were carried out. This ensured that staff were acting in people's best interests should the person not be able to make the decision for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were systems in place to ensure people were not deprived of their liberty unlawfully.

People were supported to eat and drink sufficient amounts to maintain their health. People told us they enjoyed the food and that if they did not like what was on the menu they could ask for something else and this would be given. People had access to hot and cold drinks throughout the day.

Kitchen staff were knowledgeable about people's preferences and any specialists diets and had received training in why and how to provide people with specialist diets. We saw that where people had been assessed as needing food which was cut up or blended these were catered for. Where required we saw there had been appropriate referrals to health professionals such as the Speech and Language Therapy (SALT) team who provide advice on the types of diets people who have swallowing difficulties require.

The people we spoke with confirmed that they had easy access to healthcare support and advice when required. One person told us, "I need regular blood tests for my heart and these are now carried out at the care home. I have access to the GP and dentist regularly." Another person told us, "The nurse visits daily to do my dressings and I see the doctor too." One health professional told us that when they made recommendations for staff to follow they were receptive to this. Another health professional told us they visited each week and said, "The staff are proactive in asking me to see any residents they have concerns about." The records we viewed confirmed that people had regular access to a variety of healthcare services and that staff followed any advice and guidance provided to them.

# Is the service caring?

## Our findings

There were positive and caring relationships between people who used the service and staff. People praised the staff's caring attitude with one person telling us, "Staff couldn't be more helpful, (they) see to your wants" Another person told us, "Staff are genuine, very attentive and kind and will give you a kiss and hug." We observed staff chatting with people about how they were feeling and holding discussions about important people in the person's life such as their family. It was clear from the conversations that staff knew people's friends and relatives well. Staff showed they cared about people's welfare asking questions such as, "Did you sleep well last night?"

Health professionals commented on the caring ethos of the service and one health professional told us, "It is a very personal home, it doesn't feel clinical and the residents appear happy. They are always doing activities and even have a dog." We observed the atmosphere to be calm and relaxed and the staff we spoke with told us they enjoyed working in the service and spoke with warmth about the people they supported. We heard staff giving people positive validation saying things such as, "I love the colour of your nail varnish" and "You have done really well today" (in relation to how much the person had eaten).

Some people who used the service lived with a dementia related illness and we observed staff responded well if people showed anxiety or distress. We observed staff respond to a person with a visual impairment at lunchtime. They gave orientation in relation to their meal and reassurance when the person became upset about what they needed to do. The member of staff told the person, "We are here to look after you, you don't need to worry about anything. I will show you back to your armchair after lunch." A visitor described how their friend, who lived in the service found it difficult to verbally communicate and had become quite distressed and frustrated visiting the hairdresser. To minimise distress the care staff now washed and styled the person's hair. As a result of the care the service provides to people living with dementia it was awarded the local authority's 'Quality Dementia Mark' (QDM). This is awarded to services that have shown that they provide a high standard of care to people with living with dementia.

People told us they were able to choose what they did each day and they got up and went to bed when they wished. Staff asked people what they wanted to do such as, "Do you want to have your hair done?" and "Would you like your nails painting?" Care records showed staff offered people choices they were supporting them with personal care and people's care plans provided information about their likes, dislikes and their life history. We saw people who required the services of an advocate were able to receive this service. An advocate is an independent trained professional who supports people to speak up for themselves

People's religious and cultural needs were assessed and provided for. People's care plans detailed people's religion, any cultural needs and their sexuality. There was a religious service held regularly at the service for those people who wished to attend. The service had a monthly theme celebrating different countries and cultures from around the world and this included tasting different food from the place chosen that month.

People told us they were treated with dignity and respect by staff. One health professional told us, "The residents are always treated with care and dignity when I have visited. " We observed that staff were polite

and respectful when speaking with people and also supported people to retain their independence by giving them time and space to do things for themselves. The staff we spoke with clearly described the ways in which they would ensure a person's privacy was maintained whilst carrying out any personal care. There was also information displayed in the service informing people of the dignity values.



# Is the service responsive?

## Our findings

The people we spoke with told us that they were happy with the care they received and that it was responsive to their needs and we found that people were supported by staff who had a good understanding of their individual needs and preferences. One health professional told us, "The staff always know the residents." The staff we spoke with had a good understanding of the differing care needs of the people who used the service.

Staff had a good understanding of people's current needs and there were care plans in place which detailed people's needs and preferences with all aspects of daily living and included tasks people could carry out independently. We observed staff followed the care plans in practice, ensuring they took into account people's preferences. For example the care plan of one person detailed they liked to be dressed in certain clothing and we saw the person had been supported to dress in the way they liked.

The staff used an electronic care planning and delivery system and this was being utilised as intended and had many benefits such as flagging up if people had not received care and support when they should. People and their relatives had the opportunity to be involved in reviews of the care plan and we saw evidence that relatives were informed when the needs of their loved ones changed.

There were a range of activities provided within the service and there was a designated member of staff to plan and implement activities. One health professional we spoke with told us, "They are always doing activities and they have a dog." On the day of our inspection the planned activities were hand massage and nail painting. People who used the service told us about their daily life in the service and told us about some of the activities they enjoyed.

The activities coordinator developed a programme of activities for individuals to take part in and this was structured to accommodate people who lived with a dementia related illness. The programme was supported by care staff and also community volunteers. People were given the opportunity to complete forms which helped staff to understand individual's likes and dislikes when engaging with activities. A relative of a person who used to live in the service visited and involved people in planting flowers and plants for the garden during the summer months and in the winter ran creative art groups for people to get involved in. There was a wide range of external entertainment organisations who visited the service on a regular basis such as 'move it to mobility and a beer and food festival.'

People, where they chose to, had a plaque on their bedroom door with their photo, preferred name, family relationships and past and present interests. The activity organiser described how this helped the staff provide an individualised activity which was called 'Butterflies' where staff would spend quality one to one time talking to people, or if the person was unable to communicate, staff would engage them in other activity such as colouring or reading the newspaper.

There was a complaints procedure in place and the people and relatives we spoke with felt confident to raise concerns and said they would speak with the registered manager or staff if necessary. One person told

us, "Can go directly to the manager if I need to complain." People were unsure about where the complaints procedure was and so the registered manager said they would discuss this at the next meeting held for people who used the service and their relatives.

## Is the service well-led?

### Our findings

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

The people and relatives we spoke with commented positively on the service. One person told us, "I knew the care home was right for me" and "I was visited in hospital by a friend and they recommended the home to me and my family." Another person told us, "I think it is exceptional really." A third said, "Don't see how they could improve it really." Health professionals also praised the service with one saying, "It is a very nice home" and another saying, "I have no concerns and feel the home is run very efficiently and the residents receive excellent care." All of the people we spoke with felt the manager and provider were approachable and led the team well.

We received positive comments about the registered manager with one member of staff saying, "The manager is very hands on, like a dynamo." Another said, "She is very supportive and listens to what we are saying." All of the staff we spoke with told us that the management team listened to their views and acted on them. The registered manager kept a record of compliments received and we saw there had been a high number of compliments received with relatives praising the service, for example one relative had written, '[Relation] was very well looked after at the Westcliffe and had wonderful engagement with your staff.' Another had written, 'Thank you for the care and love you have given to me [relation]. Best quality care, cannot think of a nicer place.'

Staff understood their roles and what they were accountable for. There were meetings held for staff of different designations such as care staff, kitchen staff and management. The records of these showed that staff had an opportunity to make suggestions for improvement and these were acted on. For example care staff had suggested additional equipment to support people to mobilise and the kitchen staff had requested new commercial equipment. We spoke with staff about these items and were told the provider had purchased them following the meeting. The provider told us they were investing in improvements to the service and we saw some areas of the service had been refurbished and others were in need of refurbishment and there was an on-going programme of redecoration in place.

People and relatives were regularly asked for their views on the quality of the service being provided. Satisfaction surveys were distributed on an annual basis and we saw the results of the survey from January 2017 and saw the results were positive overall. There were meetings for people living at the service and their relatives to discuss planned improvements, activities and to welcome new staff and people who used the service. The management team also carried out audits on a regular basis to assure themselves of the quality of the service. Any issues that were identified were then acted upon, such as addressing maintenance issues in the service.