Westcliff Lodge Limited

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Inspection report

118-120 Crowstone Road,
Westcliff on Sea,
Essex
SS0 8LQ
Tel: 01702 479985
Website: www.westclifflodge.co.uk

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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?	**Requires improvement**

Overall summary

The inspection was completed on 10 and 11 November 2015 and there were 19 people living at the service when we inspected.

Westcliff Lodge provides accommodation and personal care for up to 22 older people and people living with dementia.

At our last inspection to the service on 6 August 2014 we identified a number of concerns that required improvement. These related to poor medicines management, inadequate cleanliness and infection control practices and procedures and poor nutrition and hydration monitoring. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan detailing their progress to meet regulatory requirements. At this inspection we found that the required improvements as stated to us had been made.

A registered manager was not in post at the time of the inspection. The manager confirmed that an application to be formally registered with the Care Quality Commission was to be submitted. A registered manager

Summary of findings

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.

Although suitable arrangements were in place to assess and monitor the quality of the service provided, these had partially identified or highlighted where improvements were required.

Support plans were sufficiently detailed and provided an accurate description of people's care and support needs. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. People were supported to maintain good healthcare and had access to a range of healthcare services. The management of medicines within the service ensured people's safety.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported. Appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected.

There were sufficient numbers of staff available to meet people's needs. Recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us that they felt well supported in their role and received regular supervision and an annual appraisal of their overall performance.

People were supported to be able to eat and drink satisfactory amounts to meet their nutritional needs and the mealtime experience for people was positive.

People were treated with kindness and respected by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship with the people they supported.

An effective system was in place to respond to complaints and concerns.

Summary of 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 was safe.

Staff were supported by appropriate numbers of staff.

People and their relatives told us the service was a safe place to live.

The provider had systems in place to manage safeguarding matters and to ensure that people's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were well cared for by staff that were well trained and had the right knowledge and skills to carry out their roles.

Staff had a basic knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people lacked capacity, decisions had been made in their best interests.

People were supported to access appropriate services for their on-going healthcare needs.

The provider had arrangements in place for people to have their nutritional needs met.

Is the service caring?

Good

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care needs and responded appropriately.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Is the service responsive?

Good

The service was not consistently responsive.

Improvements were needed to enable people to be supported to enjoy and participate in social activities of their choice or abilities.

People's care plans were sufficiently detailed so as to enable staff to deliver care that met people's individual needs.

Staff were responsive to people's care and support needs.

Appropriate systems were in place for people to raise concerns and complaints.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

Although appropriate arrangements were in place to assess and monitor the quality of the service provided, improvements were required to some aspects of records management.

The home was managed well. The manager was highly regarded by staff, people who used the service and visitors.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager and senior management team.

Requires improvement

Westcliff Lodge Limited

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 was planned to check 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 inspection took place on 10 and 11 November 2015 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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.

We spoke with six people who used the service, six relatives, the manager, the deputy manager, three members of care staff and the service's chef. In addition we spoke with one healthcare professional.

We reviewed five people's care plans and care records. We looked at the service's staff support records for six members of staff. We also looked at the service's arrangements for the management of medicines, complaints, compliments and safeguarding information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

At our last inspection on 6 August 2014 we identified concerns relating to poor medicines management. We found that people's medicines were not stored securely and the dedicated fridge used to keep medication cold and the room temperature where the medication trolley was stored was not monitored each day. In addition, the medication administration records (MAR) were not accurately maintained. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan detailing their progress to meet regulatory requirements.

At this inspection we found that the required improvements as stated to us had been made. We found that the arrangements for the management of medicines were safe. The temperature of the area where medicines were stored was monitored and recorded each day and noted to be within recommended guidelines. People received their medication as they should and at the times they needed them. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for seven of the 19 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was followed by staff.

Observation of the medication round showed this was completed with due regard to people's dignity and personal choice. Staff involved in the administration of medication had received appropriate training and competency checks had been completed.

At our last inspection on 6 August 2014 we identified concerns relating to the service's poor cleanliness and infection control practices and procedures. We found that not all areas of the home environment were clean or odour free. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan detailing their progress to meet regulatory requirements.

At this inspection we found that the required improvements as stated to us had been made and all areas of the home environment were clean and odour free. The service had a designated Infection Prevention and Control (IPC) lead that ensured that monthly infection control audits were completed and staff's practices ensured peoples wellbeing and safety. Whilst audits had been completed each month and involved areas for further development and corrective action; evidence that these had been addressed and completed were not always recorded. We discussed this with the manager and they provided an assurance that the actions taken in the future would be identified and recorded.

Staff recruitment records for three members of staff appointed since our last inspection in August 2014 showed that minor improvements were required to ensure that the right staff were employed at the service. We found that satisfactory evidence of conduct in one person's most recent employment, in the form of references, had been sought but references had been accepted from a service not detailed within the person's application form. We found that although one person had received a DBS Adult First check through the Disclosure and Barring Service and this allows a person to start work before a DBS certificate has been obtained, there was no evidence to show that the member of staff had been or was being supervised prior to the certificate being issued. We discussed this with the manager who was able to assure us that they were aware of the fundamental standards relating to safe recruitment procedures. Reassurance was provided that the required improvements would be adopted for the future.

People told us that they felt safe and secure. One person told us, "I feel very safe here. I am not anxious or concerned in any way." Another person told us, "I'm very well looked after. I feel very safe living here." Relatives told us that they had peace of mind knowing that their member of family was well looked after at the service.

People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. One member of staff told us, "If I had any concerns or suspected abuse I would gather all of the information and either tell the

Good

Is the service safe?

manager or the owner." Staff were confident that the provider and the manager would act appropriately on people's behalf. Staff also confirmed they would report and escalate any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, such as poor mobility and falls, poor nutrition and hydration and at risk of developing pressure ulcers; staff were aware of people's individual risks. Risk assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Environmental risks, for example, those relating to the service's fire arrangements and Legionella were in place.

People told us that there was always enough staff available to support them during the week and at weekends. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and care and support was provided in a timely manner.

Good

Is the service effective?

Our findings

At our last inspection on 6 August 2014 we identified concerns relating to poor monitoring of people's food and fluid needs and inadequate screening of people's nutritional needs. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us their action plan detailing their progress to meet regulatory requirements. At this inspection we found that the required improvements as stated to us had been made.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "The meals are very good. Today the meat was beautifully cooked, it was very tender. The chef is great. If you don't like something there is always an alternative available." Another person told us, "Food here is fine. I have no complaints."

Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and positive encouragement to eat and drink was provided. The service was able to show that people's meals could be taken at flexible times of their choosing, for example, one person told us that most days they did not have their main meal at lunchtime, instead this was provided later in the day. Hot and cold drinks, fresh fruit and snacks were available throughout the day, for example, one person told staff during the afternoon that they were still hungry despite having only had their lunch two hours previous. A member of staff was receptive to the person's needs and in conjunction with the chef was provided with a sandwich and a piece of cake.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, such as, dietician or the Speech and Language Team [SALT].

People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff had received mandatory training in line with the provider's policy and procedures. Relatives told us that, in their opinion, staff were appropriately trained and skilled to meet the needs of their family member. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Records confirmed what staff had told us.

The manager was able to tell us about the provider's arrangements for newly employed staff to receive an induction. The manager confirmed that this would include an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. The manager was aware of the new Skills for Care 'Care Certificate' and how this should be applied. The Care Certificate was introduced in March 2015 and replaced the Skills for Care Common Induction Standards. These are industry best practice standards to support staff working in adult social care to gain good basic care skills, and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support over several weeks. Although the records available did not show that staff had received a robust induction, staff spoken with confirmed that this had been appropriate. Additionally, the manager told us that opportunities were given to newly employed staff whereby they had shadowed a more experienced member of staff for several shifts and staff spoken with confirmed this. One member of staff told us, "My induction has been very good and staff have been very helpful."

Staff told us that they received good day-to-day support from work colleagues, formal supervision at regular intervals and an annual appraisal. They told us that supervision was used to help support them to improve their work practices. Staff told us that this was a two-way process and that they felt supported by the manager and senior members of staff. Records confirmed what staff had told us, however improvements were required to show that actions highlighted had been addressed. This was discussed with the manager and an assurance was provided to us that this would be improved and evidenced for the future.

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

Good

Is the service effective?

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. 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 were being met.

Records showed that the majority of staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate a basic knowledge and understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Where people did not have capacity appropriate records to evidence this were in place. People were observed being offered choices throughout the day and these included decisions about their day-to-day care and support needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, where they ate their meals and whether or not they participated in social activities. Appropriate Deprivation of Liberty applications had been made to the local authority for their consideration and authorisation.

We found that the arrangements for the administration of covert medication for one person had been assessed but not agreed in their best interest by the appropriate people involved in their lives, for example, pharmacist and dementia nurse specialist. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink. The manager provided an assurance that the pharmacist and dementia nurse specialist would be contacted.

People's healthcare needs were well managed. People told us that they were supported to attend healthcare appointments and had access to a range of healthcare professionals as and when required. One person told us, "I can see the doctor when I need to." Another person told us, "If you do not feel well the staff will help you. If you need a doctor that can be arranged." Relatives told us they were kept informed of the outcome of healthcare appointments for their member of family. One relative told us, "There is very good communication and as a family we are always kept informed of what is happening." One relative wrote and told us, "During their time at Westcliff Lodge our relative's general health has declined. The fact that they are still alive and doing well, is in our view partly down to the staff in the home and the care and love they provide." People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. One healthcare professional was very complimentary and confirmed that staff were receptive and responsive to advice provided. They advised that communication was good and they were alerted at the earliest opportunity to provide interventions.

Good

Is the service caring?

Our findings

People who used the service and their relatives spoke positively about staff's kindness and caring attitude. One person told us, "The staff are very kind. It's a big step coming into a care home and I am very happy with the care I receive." Another person told us, "The care here is very good. The girls are very kind and caring. I cannot fault the care I receive." Relatives told us that they were very happy with the care and support given to their member of family. One relative wrote and told us, 'Westcliff Lodge is a very caring service, with settled and highly able staff that goes the extra mile to look after their residents. It is a massive reassurance to us that we are able to leave them in such capable hands."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be warm and calm. We saw that staff communicated well with people living at the service, for example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided in an appropriate way. Where people had difficulty communicating their needs, staff in some instances were observed to avoid big open ended questions and provided limited choices, so as to reduce people's confusion and inability to make a decision. In addition, staff rapport with people living at the service was observed to be friendly and cheerful. This was clearly enjoyed by people and there was positive chit-chat between both parties.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. One person told us, "They encourage me to do what I can so that I can maintain my independence. I would not have it any other way. There are few things that I am unable to do." Another person told us that they were enabled to maintain their independence with their personal care needs. However, if they required support by staff this was duly provided. Others were observed to maintain their independence at mealtimes. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance, so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. The manager confirmed that although people living at the service had family members able to advocate on their behalf, information about local advocacy services was readily available.

Good

Is the service responsive?

Our findings

People told us that they had the choice as to whether or not they joined in with the activities provided and some people confirmed that they preferred to spend time in their room. Where people participated, they told us that they enjoyed the activities provided, but that these did not happen every day. The one improvement expressed by relatives spoken with was in relation to an improved programme of activities for people living at the service.

Information relating to suggested activities for staff to undertake with people living at the service was readily available for guidance and direction. During the two days of inspection we found limited evidence to show that people were supported or enabled by staff to take part in either group or individual activities according to their needs, abilities and choice. However, individual activity records for people were viewed and these showed that activities were provided. These showed that people watched television, listened to music, played bingo, played draughts or chequers, received hand manicures or hand massage. In addition, external entertainers were brought in at periodic intervals.

People's care plan included information relating to their specific care needs and how they were to be supported by staff. Care plans were reviewed at regular intervals and where a person's needs had changed the care plan had been updated to reflect the new information. Staff were made aware of changes in people's needs through handover meetings, discussions with senior members of staff and the manager. One member of staff told us, "We have handover meetings each day. Handover meetings are very important in making sure we have up-to-date information about our residents needs before we start our shift." This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Staff told us that there were some people who could become anxious or distressed. The care plans for these people considered individual people's reasons for becoming anxious and the steps staff should take to reassure them. In general guidance and directions on the best ways to support the person were recorded. This meant that staff had the information required to support the person appropriately.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care and support. Where life histories were recorded, there was evidence to show that where appropriate these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing. Relatives confirmed that where possible they attended reviews. Information to support this was recorded within people's care plan documentation.

People and their relatives told us that if they had any concern they would discuss these with either their relatives, staff on duty or the manager. People told us that they felt able to talk freely to staff about any concerns or complaints. One person told us, "I have no concerns and If I was unhappy I would tell someone." Another person told us, "If I had a complaint I would tell the manager, it is as simple as that." One relative told us, "When I have spoken to staff or the manager about any issues, these have been dealt with." Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. The manager confirmed that since our last inspection to the service in August 2015 no complaints had been received. A record of compliments was maintained to record the service's achievements and these were very positive about the care and support provided by staff. One comment recorded, "Everything is still really good. Staff as always are brilliant and my relative is wonderfully well looked after."

Requires improvement

Is the service well-led?

Our findings

Since our last inspection to the service in August 2014, there had been a change of manager. The new manager confirmed that they had been in post since July 2015 and were not yet formally registered with the Care Quality Commission. We discussed this with them and they provided an assurance that their application to be registered with the Care Quality Commission would be submitted as a priority.

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits. Whilst systems were in place to assess and monitor the quality of the service provided, these had not identified where improvements were required in relation to some aspects of records management. For example, although audits had been completed, where actions were highlighted for corrective action, evidence was not always available to show that these had been addressed and the date completed. In addition, improvements relating to staff recruitment records, induction and supervision were also required. This was discussed with the manager and they confirmed that the required improvements would be made for the future.

The manager had an understanding and awareness of our new approach to inspecting adult social care services, which was introduced in October 2014. Information was readily available for staff in relation to the fundamental standards and included was a copy of 'The State of Health Care and Adult Social Care in England' for the period 2014/2015.

People's relatives told us they had a lot of confidence in the manager and staff team to ensure the welfare and safety of their member of family. They also told us that in their opinion the service was well run and managed. Comments about the manager were very complimentary and included, "The manager is lovely." Another relative told us, "I have total confidence in the manager; they are very amicable and approachable."

Staff told us that the overall culture across the service was open and inclusive. Staff told us that they received very good support from the manager and the deputy manager and that they felt valued. One member of staff told us, "The manager is very supportive and they support us very well. They are there when needed, 'hands-on' and assist us with the day-to-day care needs of our residents. The manager is always there to go to if we need them." Another member of staff stated, "This is a really good place to work. The manager is there for you and you can always go to them. The manager will assist staff, for example, help with people's personal care or assist people to eat and drink."

The manager was supported by a deputy manager and other senior members of staff. It was clear from our discussions with the manager, deputy manager and from our observations that all members of the management team were clear about their key roles and responsibilities. The manager told us that they had delegated specific responsibilities to the deputy manager according to their strengths and abilities; for example, the deputy manager was responsible for overseeing medication. The manager advised that they had a weekly teleconference with the provider. In addition, the provider visited the service at least once monthly.

The manager confirmed that the views of people who used the service and those acting on their behalf had been sought in June 2015. All of the comments received were noted to be positive and very complementary about the service. Comments included, "[Relative] always says how well they [staff] look after her whenever we visit" and, "We're all very very happy with the service they've given us."

The manager told us that since their appointment two meetings with staff had been undertaken to facilitate effective communication and to understand what was happening within the service. Staff confirmed this and records were maintained of the topics discussed and actions agreed. The manager confirmed that during the first staff meeting they had discussed their 'core' beliefs and values and their expectations of the care to be provided to the people living at the service. The manager advised that staff had been receptive and that they had noticed a positive change in staffs practice.