

# Hartford Care (5) Limited

# West Cliff Hall

## Inspection report

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Southampton  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

West Cliff Hall is a care home that provides accommodation and personal care for up to 59 older people, some of whom live with dementia. At the time of our inspection there were 39 people accommodated and one person receiving respite care. Accommodation is arranged over three floors with stair and lift access to all areas.

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

The service had systems and processes in place for the safe storage, administration and use of medicines. However, these processes were not always followed. Infection control procedures were not always effectively implemented. We received mixed views on the level of staffing but the manager reported that agency staff were block booked to help manage shortfalls. People were safeguarded from abuse. The majority of comments from people using the service and relatives were positive. People felt safe and that they were well looked after.

Improvements were needed in record keeping around staff training and competency to administer medication. Regular quality audits were carried out which identified improvements needed but these were not always actioned effectively. Staff were aware of their roles and responsibilities and were positive about working at West Cliff Hall. The new manager was working to improve communication and working practices with other agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good (published 25 January 2018)

### Why we inspected

We looked at infection prevention and control measures. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation to medicines, person centred care and infection control practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for West Cliff Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified one breach in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

## 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# West Cliff Hall

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a medicines inspector 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.

#### Service and service type

West Cliff Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. There were plans to register the current manager. A registered manager and 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with the manager and the deputy manager, the quality support manager, head housekeeper, maintenance person and six members of care staff.

We reviewed a range of records. This included multiple medication records and a variety of records relating to the management of the service, including policies and procedures, staff training records, a sample of audits and incident reports, care plans, risk assessments and correspondence from healthcare professionals.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 now changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Staff did not always follow processes for transcribing changes to medicines on people's individual Medicines Administration Records (MAR) charts in line with national guidance. This increased the risk of error.
- Individuals allergies were not consistently recorded. This increased the risk of people receiving medicines which they were known to be allergic to.
- Medicines, including controlled drugs were not always managed according to guidance and legislation.
- People's medicines care files included additional information about prescribed medicines and how people liked to take their medicines. However additional information for people with long term conditions or high-risk medicines was not consistent. For example, care planning was variable for those with swallowing difficulties, some had no planning or review documented for the swallowing of solid dose forms.
- Person centred protocols for PRN medicines were not always in place to ensure staff had appropriate guidance for when and how to administer them, or when to seek advice from the prescriber.
- The service had a medicines policy, although staff did not always follow this.
- Staff carried out regular medicines' audits, but issues identified were not always addressed.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Individuals were supported to take their medicines in a way that met their needs.
- Senior care staff followed processes and systems for ordering medicines which were effective and well managed between the service, GP practice and community pharmacy.
- Daily meetings took place which included the sharing of medicines related information, incidents, learning and training.

### Preventing and controlling infection

- We were not fully assured that the provider was admitting people safely to the service.
- The provider's policy is for testing to take place before people are admitted from hospital or their own home and residents are isolated for 14 days.

However, a provider audit carried out on 21/09/2020 identified actions needing to be taken in relation to a lack of recording/evidencing of test results regarding admission of three people, one from hospital and two from the community. The provider subsequently informed us that action had been taken following this audit to rectify this.

- The provider's policy is for new residents to be checked for Coronavirus symptoms and have their

temperature taken twice daily. A provider audit on 21/09/2020 identified that this was not being done or recorded consistently by staff. However, the provider subsequently advised us that this was now in place.

- There was a persistent malodour on one of the units and we asked the head house keeper and the manager about this. The manager confirmed the service had tried a range of cleaning products and said replacing carpets, which had been done in other areas, was part of the refurbishment plan which had been put on hold. The provider informed us that an ozone machine had been obtained to help remove the odour whilst waiting for the refurbishment to start. Following the inspection visit we directed the service to the Clinical Commissioning Group (CCG) for advice on the matter.

- We were not fully assured that the provider was using PPE effectively and safely.

- We did not observe donning and doffing of full PPE as no personal care was observed. Staff did not all confirm they had received training or knew the up to date procedures. A member of staff told us, "It came to light yesterday (day before the inspection) that Public Health England (PHE) have changed the guidance. We now have to take our gloves off and wash our hands, then take our apron off and wash our hands". We pointed out it had always been that way and to the poster in the unit providing the guidance on donning and doffing PPE.

- There were well stocked and covered PPE stations visible and accessible throughout the building and in each unit.

- Posters and charts showing appropriate and up to date PPE guidance and donning and doffing instructions were on display throughout the home.

- Cleaning and laundry staff wore aprons, gloves and face mask.

- We were informed some people did not like staff wearing masks. Staff reassured people and looked for ways to improve communication/interaction.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

There were policies and procedures in place to support staff to respond to safeguarding allegations.

- Staff were clear about their responsibilities in relation to safeguarding procedures. They told us, "If I saw anything that concerned me, I would say. There's a safeguarding and whistleblowing policy" and, "I would go to a senior member of staff who would raise any concerns on our behalf." They told us senior staff were approachable.

- People told us they felt safe. One person said "I feel very safe here because staff are very good and check on me and will talk to me." Another said "I feel safe here, I am well looked after, and staff are very kind to me."

Assessing risk, safety monitoring and management

- Covid-19 risk assessments had been updated in relation to visitors to the home, including a separate risk assessment for external trainers coming into the home.



- The provider was in the process of updating the risk assessment for staff from Black, Asian and Minority Ethnic (BAME) backgrounds.
- Risk assessments had been carried out for staff who were self-isolating.
- Individual risk assessments were carried out for areas such as swallowing, falls and pressure areas.

#### Staffing and recruitment

- We received some mixed feedback from staff about staffing. One told us there were enough staff, including for example when two staff were required to support individuals with personal care. They commented, "Two people get up early in the mornings, so waking night staff help them get up, which reduces the workload for day staff." Another member of staff said staffing could be inconsistent. For example, there were two staff on duty that morning in one of the units and, "All residents are in their rooms today but normally, if residents are out and about, it can be hard with two staff. There were four staff in the other day in the morning."
- There was also some mixed feedback about staffing from people's relatives, although all commented positively about the overall care provided. There were some concerns that staffing levels were sometimes stretched and agency staff did not get to know the individual residents. People using the service were also positive overall in their comments about staffing. They told us staff responded when they used the call bell system. One felt agency staff did not provide the same level or quality of personal care as regular staff.
- The managers told us staffing had been a challenge due to fifteen staff self-isolating after a member of staff had tested positive for coronavirus. To cover the shifts, agency staff were block booked to work only at West Cliff Hall and received an induction into the home. This was reflected in the staff rota.

#### Learning lessons when things go wrong

- Monitoring of accidents, pressure areas and analysis of falls takes place. The provider's own audit tool shows that these were not always completed. The provider informed us that the impact of Covid on staff time had affected their ability to do this as regularly as usual.

# 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 Requires Improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managerial staff told us that all staff were trained, and competency assessed to make sure they gave medicines safely. However, for a number of individuals, records were not available to evidence this.
- The provider carried out 'snap shot audits' to monitor the quality and safety of services. The criteria for compliance were based on CQC's five Key Lines of Enquiry (KLOE's). An audit that took place in January 2020 rated the service as requiring improvement in the safe domain, as the service fell just below expectations in percentage scoring for staff training and staff were not consistently aware of the provider's vision and values. Another provider audit carried out in June 2020 rated the service as requiring improvement in the safe, effective and responsive domains. A further audit in September 2020 rated the service overall good in line with the KLOE's, but still below provider expectations in percentage scoring for staff training, although this figure had improved on the previous audit.
- Issues identified from internal audits were also identified upon inspection. This indicated that whilst audits were being undertaken, issues were not always being addressed, for example lack of topical creams application training, second transcription checks being completed (for example, when medicines information such as a doctor's prescription is copied from an original source to another form), lack of PRN protocols.

We recommend that the provider reviews the system for record keeping to ensure records are available and demonstrate that staff administering medicines were all trained, and competency assessed in line with national guidance and the services policy.

- The service had been without a registered manager since March 2019. A manager had recently taken up post and there were plans in place for them to apply to register with CQC following their probation period.
- Staff were aware of their responsibilities. One member of staff said; "I love my job and I'm happy."
- Staff meetings for all roles took place and were recorded. These included discussion about safeguarding, incidents, call bell responses, the importance of staff maintaining social distancing in the communal areas and discussion about recent audits.

Continuous learning and improving care; Working in partnership with others

- A health professional told us the service "Has struggled for a while as there has not been a permanent manager until recently. Medication has been a long-standing issue." There had been several meetings

between the managers of the home and the GP practice, as well as meetings with the Clinical Commissioning Group (CCG) medicine management team and adult services, to try and resolve the issues. Things had improved but then the same issues arose.

- The new manager told us that they now dealt with only one GP practice, so communication had improved as there was now a weekly visit to the home by the same GP
- In relation to responding to the needs of people with a mental health diagnosis, a health professional said, "Staff may not have received the right level of training in recognising the resident's soft signs of deterioration in their mental health, using the residents care plan to de-escalate situations and how to communicate this with the mental health team to ensure that the resident is seen in a timely manner." However, multi-disciplinary team meetings were now happening regularly to help with this.
- There was a complaints policy and procedure and records were kept showing the procedure was followed in response to complaints received. The provider undertook an annual analysis of complaints received, to monitor for any themes and areas for further learning and improvement.
- The most recent of these records was for the period January to December 2019 when three complaints had been received. The report stated that complaints had significantly reduced compared to the number received in 2018 and this showed learning had taken place. An area for further improvement identified in the most recent report was for all parts of the procedure to be consistently recorded.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- This year's survey for residents and relatives was due early this year but had been delayed because of Covid-19.
- The provider had carried out a staff survey in March 2020. However, the results were not sent to the home as a result of the Covid-19 pandemic and subsequent changed priorities. The provider sent us a copy of the raw datasheet for the survey, which showed some mixed staff feedback, positive and negative, across a range of areas including, for example, training and support. The provider pointed out that the survey did show an improvement in score from the previous year across each area as well as overall.
- Care plans overall were person-centred. The care planning system included detailed templates for behavioural care planning, which were used for some individuals.
- Staff explained the strategies that were used to support people whose behaviour occasionally challenged the service. One person had one-to-one staff support and staff kept records to monitor for any patterns in or triggers for the person's behaviours. Some people who were living with various stages of dementia could become anxious and staff would spend time engaging them in activities or chatting to them to distract and calm them. Prompt cards were used to assist communication with some people.

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 was aware of their responsibilities under the duty of candour and told us that they had kept relatives informed when incidents had occurred.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not have effective systems in place for the proper and safe management of medicines. Regulation 12 (2) (g).