

# Balcombe Care Homes Limited

## West Cliff Hall Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

West Cliff Hall Care Home provides residential, nursing and dementia care to older people. At the time of our inspection there were 30 people living there.

There was a registered manager at the home. 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 and associated Regulations about how the service is run.

Documentation relating to people's care and treatment was not always accurate and did not always reflect the care they received.

At our previous inspection on 4 April 2014 records did not show staff had assessed people's capacity to consent to care in line with the requirements of the Mental Capacity Act 2005. At this inspection we found the provider had made improvements and implemented MCA assessments which detailed the risks, benefits and alternative options

# Summary of findings

when making decisions. The matron told us some improvements were still required as some people were yet to be assessed using the MCA toolkit they had implemented.

Improvements were required in respect of the environment and layout. People with dementia can often become confused and may misinterpret some things they see. The layout of West Cliff Hall and the environment did not support people to maintain their independence. Healthcare professionals and staff told us the service needed to implement a dementia framework to ensure people independence was maintained.

People were at risk of receiving inappropriate care or treatment as food and fluid records and repositioning records were not always completed once care has been delivered.

Improvements are required in respect of the services leadership. Records showed management had changes on four times in a period of three years. Staff told us the regular change in management was disruptive and did not create a culture of strong leadership. At the time of our inspection the matron had responsibility for managing the service with the support of the registered manager. After the inspection we were notified the current registered manager with us resumed their responsibilities as the manager of West Cliff Hall.

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities.

The registered manager and matron assessed and monitored the quality of care by involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs. Each person and every

relative told us they were asked for feedback and encouraged to voice their opinions about the quality of care provided. They told us they were satisfied with the care provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. One person living at the home was currently subject to a DoLS. The manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

Staff talked to people in a friendly and respectful manner. People told us staff had developed good relationships with them and were attentive to their individual needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring and professional manner. People told us they felt staff were always kind and respectful to them.

Referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people's changing health needs.

Staff were encouraged to raise any concerns about possible abuse. People and relatives knew how to make a complaint if they needed to. The complaints procedure was displayed in the home. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC).

The provider had made some improvements from our last inspection, however at this inspection we identified one breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the provider to take at the back of this report.

# 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?

Staff were appropriately deployed to be able to meet people's needs.

People received their medicines when they needed them. Medicines were stored and managed safely. The provider had suitable arrangements in place to assess and monitor risk.

Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Good



### Is the service effective?

The service was not always effective. The environment was not suitably adapted to support people who were living with dementia.

Documentation did not always show the provider had followed the requirements of the Mental Capacity Act 2005.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Requires improvement



### Is the service caring?

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Good



### Is the service responsive?

The service was not always responsive. Records were not always completed once care and treatment had been delivered.

Staff were knowledgeable about people's support needs, interests and preferences.

Information about how to make a complaint was clearly displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

Requires improvement



### Is the service well-led?

The service was not always well-led. Staff and relatives told us leadership and management of the home needed to improve.

Requires improvement



# Summary of findings

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

The provider had good arrangements in place to regularly assess and monitor the quality of the service.

# West Cliff Hall 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 inspection took place on 28, 29 April and 7 May 2015

The inspection was unannounced and was undertaken by of two inspectors.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We pathway tracked seven people using the service. This is when we follow a person's experience through the service

and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, eight staff files, feedback questionnaires from relatives and checked the homes internal quality assurance auditing systems.

We spoke with the registered manager, eight care staff, four nurses, the matron, nine people, the provider and nine relatives. We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 28 April 2014 and found the provider did not have suitable arrangements in place to obtain people's consent to receive care.

# Is the service safe?

## Our findings

Healthcare professionals and relatives told us they felt people were safe. One relative told us they were pleased with the progress the service had made since our last inspection. They said: “I know there was a lot of work to get done but I have always felt people were not at risk of neglect”. One person said: “They look after me just fine, they make sure I get my medicine when I need it and they are always there for me when I press the buzzer”.

Staff received training in protecting people from the risk of abuse. Staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.

Risks had been assessed and actions had been taken to minimise any risks identified. Assessments were carried out based on people’s individual needs. For example, a range of assessments were carried out, such as to determine the risk of people falling or developing pressure sores. Staff handover meetings were held regularly to share information and to monitor risk. One care worker said: “We talk at handover about loads of things. We say if people have had a fall and what has been done about it and we also talk about any risks where people may not have eaten much. We speak about everything really”. Handover records showed the staff shared information about pressure area care, nutrition, mobility and visits from healthcare professionals.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure they were safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member told us it was important to know how to move people safely and they felt confident that they and their colleagues were fully competent with this. Training records showed staff had received appropriate training to move people safely.

Recruitment practices were robust. Application forms had been completed and recorded the applicant’s employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Checks took place to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC). All nurses who practise in the UK must be on the NMC register.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People’s medicine was stored in a locked medicine trolley. Regular checks and audits had been carried out by the matron to make sure medicines were given and recorded correctly. People told us their medicine was given to them on time. One person said, “They never forget and I always get my medication the way I need it”. At lunchtime we saw people being given their medicines. This was done safely and people were provided with their medicine in a polite manner by staff. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medication administration records were appropriately completed and identified staff had signed to show that people had been given their medicines.

The service planned for emergency situations and maintained important equipment to ensure people would be safe. There were regular checks on the passenger lift and the fire detection system to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. The home’s emergency procedure provided guidance to staff on what actions they should take to safeguard people if an emergency arose, including fire, gas leak or if the service needed to be evacuated. Fire exits and evacuation routes out of the building were clearly visible and accessible. Fire fighting equipment was checked regularly by staff and also checked annually by a local contractor.

# Is the service effective?

## Our findings

The environment did not support people living with dementia. Relatives, healthcare professionals and staff consistently told us the environment and decoration at West Cliff Hall was not always effective for people living with dementia. A healthcare professional said: “It is such a beautiful building with huge potential but they need to make sure the layout, the signage and the colours are environmentally friendly and support people with dementia”. A relative said: “They could probably do with improving the atmosphere in the place”. A care worker told us most people received care in their rooms as they had limited mobility. They said: “Some people can move around with their frame so I think good handrails in the hallways would help them stay more independent”. We observed two people ask where their room was after they had eaten lunch. One person told us they could not remember where they needed to go. **We recommend the registered manager and the provider researches and implements best practice guidance in relation to caring for people with dementia in a care home environment.**

Our last inspection identified the provider did not have suitable arrangements in place to properly assess people’s capacity to make decisions. The Mental Capacity Act 2005 aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Whilst most people were able to chat about their daily lives, some people were not able to understand and make important decisions about their care and support. The provider had made improvements, for example, we saw a document in place for three people which was used to assess and to make decisions about people’s care. The document contained detail about the risks, alternative options and possible outcomes when making a decision on behalf of a person. One relative said: “I was part of the assessment”. The matron and the registered manager told us they felt further improvements could be made. The registered manager said: “We have implemented a MCA toolkit and they are in people’s files but we need to remove the old ones so staff don’t get confused. I also think we could improve things even more by reviewing the documents more regularly.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLS and understood their responsibilities in relation to using least restrictive practices to keep people safe. One person living at the home was currently subject to a DoLS. The matron understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The said: “We are going through the process at the moment of getting people assessed by the DoLS team”. Records confirmed this.

People who were at risk of dehydration or malnutrition had been identified and were encouraged and supported to eat and drink sufficient amounts. We observed some people drinking squash, tea and coffee whilst others were frequently offered various drinks. One relative said: “I always see people having drinks and good food”. One person said: “They know what I like and I enjoy the food”. Staff accurately described people’s dietary requirements. They had good knowledge of people’s nutritional needs and were able to tell us the different types of diet people had. A care worker said: “We know and the chef knows what people’s food choices are and any allergies because it’s in their care plan and in the kitchen”. Each of the dietary care plans we looked at accurately reflected what staff told us. These plans outlined the likes, dislikes and preferences of each person and the staff were aware of each individual’s preference. We observed people received the correct consistency of food to meet their assessed needs.

People were able to access appropriate health, social and medical support when they needed it. Visits from doctors and other health professionals, for example, Tissue Viability Nurse (TVN), Occupational Therapist (OT) and Community Psychiatric Nurse (CPN) were requested promptly when people became unwell or their condition had changed. Local GP’s attended the service regularly. One GP said: “I am a regular visitor here and I do feel things have improved. The nurses and care staff call us whenever they need to and they don’t hesitate to ask for advice”.

There was an on-going programme of development to make sure that all staff were kept up to date with required training subjects. These included health and safety, fire

## Is the service effective?

awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to most staff in communication, continence management, dementia awareness, diabetes awareness, and people with swallowing difficulties. Staff had the training and specialist skills and knowledge that they needed to support people effectively. New staff shadowed a more experienced

member of staff before they provided care on their own. Support for staff was achieved through individual supervision sessions, an annual appraisal and team meetings. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Staff told us they felt supported effectively by their line manager.



# Is the service caring?

## Our findings

Relatives, people and healthcare professionals told us staff treated people with kindness and compassion. One relative said: “I come here all the time and the staff are fantastic, they treat people so well. One person said: “They are polite, they sing with me and they smile”. Another person said: “They look after my wife like she is their own mother, I can’t ask for any more than that”.

Staff were respectful to people at all times during our visits and ensured people’s dignity and privacy was maintained. One staff member explained that if someone was receiving personal care in they would speak with them and ask for their permission before they provided care and would talk them through what they were going to do. They said: “If I go to wash their leg I ask them first and do that with each part of their body. We need to make sure people feel looked after and comfortable”. A staff member told us they tried to treat people as they themselves would like to be treated. They said: “It cannot be easy for people who have lived a full and active life to find themselves needing help with simple things like putting on a shirt. I treat people the way I would like to be cared for and I would like to think my own standards are very high”. Staff had undertaken a training programme about how to provide people with dignity in a residential care setting.

People were involved in decisions about their care and support. We saw one staff member ask a person if they wanted assistance with their meal which the person accepted. Another person who had not eaten their pudding was offered an alternative. Staff knocked on people’s doors before entering rooms and staff took the time to talk with people. People’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. People told us they could spend time in their room if they did not want to join other people in the communal areas. One person said: “The staff never do anything without asking me first and they always talk to me in a nice way. I have been here a long time and anytime I have asked for something I have got it. They involve me in everything that is going on”.

Records contained information about what was important to each person living at the home. People’s likes, dislikes and preferences had been recorded. There was a section on people’s life history which detailed previous employment, religious beliefs and important events. Staff explained information was used to support them to have a better understanding of the people they were supporting and to engage people in conversation. Staff were able to demonstrate an in depth knowledge of people they cared for. People’s preferences on how they wished to receive their daily care and support were recorded.

# Is the service responsive?

## Our findings

We could not be assured people had consistently received care and treatment when they needed it. Records such as repositioning charts and food and fluid charts not were always updated. One member of staff told us care and nursing staff used a communication book to highlight any actions required. Staff comments included: “Fluid chart not filled in all day” and when talking about one person’s nutritional record it said: “Found loads of gaps” Quality assurance records identified a number of records not completed properly. One person’s repositioning record was not updated after they had been moved. The care plan stated the person needed to be moved every two hours, however the record did not support this care had been delivered. One member of staff said: “We do give the care we just sometimes forget to record it”. This is a breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Good governance

Improvements are required in respect of activities. The provider did have a programme of upcoming events and activities but some people were not able to participate. Activities included various games, puzzles, bingo and live music. A member of staff said: “A lot of people here have dementia so some of them are not able to take part in the activities. They need stimulation and I think we need to find ways to get them more involved”. We recommend the provider researches best practice to ensure people are not at risk from social isolation and develops, based on best practice, activities which promote social contact and companionship.

People’s needs were assessed before they moved into the home so that a decision could be made about how their individual needs could be met. These assessments formed the basis of each person’s plan of care. Care plans contained detailed information and clear directions of all aspects of a person’s health, social and personal care needs to enable staff to care for each person. They

included guidance about people’s daily routines, communication, well-being, continence, skin care, eating and drinking, health, medication and activities that they enjoyed. Care plans were relevant and up to date. Each care plan demonstrated a clear commitment to promoting, as far as possible, each person’s independence.

People’s needs were evaluated, monitored and reviewed each month. Each care plan was centred on people’s personal preferences, individual needs and choices. Staff were given clear guidance on how to care for each person as they wished and how to provide the appropriate level of support. A staff handover also took place at each shift change so everyone was made aware of any change in care and support people needed. A visiting GP said, “The home are proactive in calling us rather than re-active. We are contacted by the home in a timely way for advice and guidance and it works very well”. Staff explained some people were able to tell them if something was upsetting them, and they would try and resolve things for the person straight away. If they could not do so, they would report it to the registered manager. Staff said that other people could not verbalise their concerns and that changes in their mood and / or body language would identify to them that something was not right and needed to be investigated further.

The complaints procedure was displayed on the notice board in the home. A complaints procedure for visitors and relatives was displayed also. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. There was also information about how to contact the Care Quality Commission (CQC). The complaints log showed that there had not been any complaints about the home during the last year. Feedback from people and relatives in the home’s quality assurance survey showed any concerns raised were dealt with in reasonable time and to their satisfaction.

# Is the service well-led?

## Our findings

The home had not had consistent management in place and requires improvement. There had been four managers at West Cliff Hall from 23 December 2011. Staff told us the continual change in management did not support a well led service and had created confusion in what they were expected to do. One care worker said: “The manager’s change all the time, it’s daft. We get used to one thing and then it changes again”. Another care worker said: “How can we get better as a team if we have a new manager every five minutes”.

Staff told us that there was an open culture at the service and they would not hesitate to raise any concerns if they were witness to poor practice taking place. The service had a whistle blowing policy in place which staff confirmed they knew about. All the staff spoken with said they were confident that the matron would deal with any concerns they had and told us they felt able to raise any issues at their team meetings. We read team meeting minutes and these confirmed that staff members contributed to discussions being held. Staff were complimentary about the matron and told us they could access support when needed. One care worker said: “The senior staff are good, if we have any problems they always help us.

As part of the matron and the registered manager’s drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments,

care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans for improvement, when improvements were required. Action set from one audit stated: “Please make sure you fill in all the care notes and repositioning charts”. A resident’s meeting dated 4 February 2015 said some people were unhappy with night staff using a certain toilet in the evening as it woke them up. Staff told us they were now using a different toilet to avoid any disturbance.

The matron’s was able to demonstrate they understood people’s individual needs, knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by care staff

and reviewed by one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service.

The provider told us they were working on a service development plan which detailed areas of improvement identified through their internal quality assurance checks. At the end of our inspection we provided feedback and told the provider and the matron the areas they needed to improve. After the inspection we received an email from the provider telling us a dementia care project management review and development meeting had been scheduled for 13 May 2015. The provider told us the purpose of this review was to identify areas the home could make improvements on in respect of providing dementia care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Diagnostic and screening procedures	<b>Documentation relating to the care and treatment people received was not always accurate.</b>
Treatment of disease, disorder or injury	