

Westcliff Lodge Limited

# Westcliff Lodge Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Westcliff Lodge is a residential care home that provides personal and nursing care for up to 22 older people aged 65 and over. At the time of the inspection there were 22 people living at the service.

### People's experience of using this service:

Not all risks for people were allayed for their safety and wellbeing as these were not consistently identified or addressed quickly enough. The service does not always follow relevant national guidelines relating to medicines.

Not all care records fully reflected or accurately detailed people's care and support needs. People received inconsistent opportunities to participate in social activities.

Quality assurance arrangements were not as robust as they should be. Improvements were required to ensure these arrangements were effective to monitor performance, risk and quality.

Staff knew how to keep people safe from harm and people told us they were safe. The registered provider had a system in place to recruit staff to ensure people would be supported safely. There were enough staff to meet people's care and support needs in a timely manner. People were protected by the registered provider's infection control practices and procedures.

Staff had the skills and knowledge to support people how they wanted. People received enough to eat and drink throughout the day. People were supported to access healthcare services and receive ongoing healthcare support as needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received care from staff who were kind and caring; and their comments about the care they received was positive. People's dignity and privacy was respected, and their independence promoted and encouraged according to their capabilities and abilities.

The registered provider had a complaint process which people were aware of to share any concerns. People told us they felt confident to raise issues.

We have made recommendations about risk and medicines management. We have made further recommendations about care planning and social activities.

### Rating at last inspection:

Following the last inspection, the rating of the service was 'Requires Improvement' (Last report published March 2018). This service has been rated 'Requires Improvement' at the last two inspections.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received, we may inspect sooner. A meeting will be arranged to meet with the registered provider and manager.

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 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 and remained Requires Improvement

Details are in our Safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective and improved to Good

Details are in our Effective findings below.

Good 

### Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was not always responsive and remained Requires Improvement

Details are in our Responsive findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led and remained Requires Improvement

Details are in our Well-Led findings below.

Requires Improvement 

# Westcliff Lodge Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was completed by one inspector.

#### Service and service type:

Westcliff Lodge 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 had a manager in place, but they were not yet formally registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on the 26 and 29 March 2019 and was unannounced.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service.

We observed the support provided throughout the service. We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff, the service's chef and the manager. We reviewed four people's care files and two staff member's recruitment files. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing

medication, staff training records, staff duty rotas and complaint records.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- The registered provider did not ensure all risks for people were mitigated for their safety and wellbeing. An inspection of the service's fire doors was conducted on 12 April 2018 by an external company. The report submitted to the registered provider highlighted improvements were required to several internal doors. For example, not all doors were fitted with appropriate hinges or intumescent strips and cold smoke seals. At this inspection not all works had been completed. This did not provide assurance that people would be safe in the event of a fire. It was unclear as to why this had not been addressed and progressed by the registered provider or previous registered manager. The current manager confirmed on the second day of inspection that following a discussion with the registered provider, works would be completed during April 2019. Further notification was received at the beginning of May 2019 advising all works were now completed.
- A Personal Emergency Evacuation Plan [PEEP] was not completed for each person. This is a bespoke 'escape plan' for people who may not be able to reach a place of safety in the event of an emergency. The manager confirmed they were aware this was outstanding and the importance of completing this as soon as possible.
- Risks for people were identified by staff to demonstrate how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe. However, not all risks had been reviewed and therefore did not provide assurance these remained accurate and reflected people's current needs.
- Improvements were required to ensure the proper and safe use of medicines. There were gaps on the Medication Administration Records [MAR] for three people as staff had failed to sign to confirm the person had been given their medicine. This was a recording issue as we found the medicines had been dispensed.
- Two people's medicine was not given in line with the prescriber's instructions. The manager confirmed that an internal review would be conducted.
- PRN 'as required' protocols were not completed for all medicines prescribed in this way to detail the specific circumstances when this should be given.

We recommend that the registered provider implements a proactive approach to managing risk and seeks out current best practice to drive improvement for people who use the service relating to medicines management.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Oh yes, I feel safe, I have no worries or concerns." Relatives told us they had no concerns about their family member's safety and wellbeing. One relative stated, "[Relative] is safe and I have peace of mind when I am not here, I know they are safe and well looked

after."

- Staff demonstrated a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to a senior member of staff, the manager and external agencies, such as the Local Authority or Care Quality Commission. Staff had achieved up-to-date safeguarding training.

#### Staffing and recruitment

- People and their relatives told us there were enough numbers of staff available to meet their or their family member's needs. People confirmed their care and support needs were attended to in a timely manner.
- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff were seen providing care and support to people promptly, with call alarm facilities answered in good time.
- Prospective employee's equality and human rights characteristics were recorded and considered when recruiting staff. This referred to age, gender, ethnicity, religion and disability.
- Two new staff were due to commence in post in April 2019. Most records as required by regulation had been sought, however the manager had not made a record of the discussion had as part of the interview process. This showed robust measures had not been undertaken to make an assessment as to the applicant's relevant skills, competence and experience for the role and if they remained suitable. The manager confirmed this was their oversight as they knew both applicants.

#### Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staffs' practice was suitable with staff following the service's policies and procedures to maintain a reasonable standard of cleanliness and hygiene within the service.
- The service was clean and odour free. Staff had access to personal protective equipment to help prevent the spread of infection.



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the service prior to admission to ensure the service could meet these. The assessment was regularly reviewed, and this included people's physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.

Staff support: induction, training, skills and experience

- Since their appointment to Westcliff Lodge, the manager had commenced a review of staff training records. This was to assure themselves that staff had the skills and competencies to deliver effective care to the people they supported. Because of the review a revised training matrix had been devised and this demonstrated most staff had achieved mandatory training in 2018.
- Although two new members of staff had recently been appointed, they had not yet commenced in post. Therefore, we were unable to ascertain if their induction was robust and comprehensive. However, the manager was able to verbalise the induction to be provided to both members of staff. This was robust and included an opportunity to 'shadow' others who had been employed at Westcliff Lodge for a long time and who knew people well.
- Staff told us they felt valued and supported by the manager and received supervision at regular intervals.

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

- People's comments about the food were positive. Comments included, "The food is very nice" and, "I really enjoyed my dinner today, it was lovely."
- People had access to food and drink throughout the day and the overall dining experience for people was positive. People could choose where to have their meal, for example, in the dining room, sitting in a comfortable chair within the communal lounge or in the comfort of their bedroom.
- Where people were at risk of poor nutrition, their needs were assessed, and appropriate healthcare professionals were consulted for support and advice.

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

- The service worked with other organisations to ensure they delivered joined-up care and support. People had access to healthcare services when they needed it and confirmed their healthcare needs were met. One person told us, "The staff would get me a doctor if I was unwell." Two people's relatives confirmed they were kept up-to-date by staff about their relative's healthcare needs, including the outcome of appointments.
- The service was part of the 'Red Bag Care Home Scheme'. This is a new national initiative. The aim is to

promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

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

- Westcliff Lodge is a detached house within a residential area in Westcliff on Sea. People had access to two large communal lounges and a separate dining area.
- People could access the ground floor safely and had access to secure outdoor areas.
- People had personalised rooms which supported and suited their individual needs and preferences.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff asked for people's consent before providing care and support. People were supported to make their own decisions and choices wherever possible.
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS and how this impacted on the people they supported.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Comments made by people and those acting on their behalf about the quality of care received was positive. One person told us, "The staff are very good, they treat me well and are kind." Another person stated, "The staff are lovely, I think they do a great job." One relative told us, "I am very happy with the care my relative receives. The staff know their care needs well and are kind and caring. A second relative stated, "I am very happy with the care [name of relative] receives, they get excellent care, the staff are wonderful, and I cannot fault them."
- People were supported and cared for by a consistent team of staff. Observations showed people received a good level of care and had a good rapport and relationship with the staff who supported them.
- People and staff were relaxed in each other's company and it was clear staff knew people well.
- Staff understood people's communication needs and how to communicate with them. Where people were unable to communicate their needs and choices, staff used their knowledge about the person to understand their way of communicating. Staff confirmed no-one at the time of the inspection required specialist assistive technology. However, improvements were required to ensure the service complied with the Accessible Information Standard. For example, menus and the service's activity programme were not written in an appropriate format which people could easily understand.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People, relatives and healthcare professionals were given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to use the bathroom or to have their comfort needs met.
- People's independence was promoted and encouraged according to their capabilities and abilities. People told us they could manage aspects of their personal care independently or with limited staff support. Most people were able to eat and drink independently.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome by the management team and staff.

# Is the service responsive?

## Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- Not all care records viewed fully reflected or accurately detailed people's care and support needs or provided enough guidance for staff as to how people's needs were to be met.
- Two people did not have a care plan in place detailing their care and support needs and the delivery of care to be provided by staff. However, staff intuitively provided care and support to both people despite a lack of information being readily available to depict their care and support needs.
- Information recorded was not person-centred or include people's preferences and wishes. We discussed this with the manager and they agreed with our findings. The manager advised that a discussion had already been held with the registered provider and it was agreed that a new care planning system would be implemented during April and May 2019.
- People were not always supported to follow their interests or encouraged to take part in social activities relevant to their interests and hobbies or to access the local community. Records showed people received limited opportunities to participate in meaningful social activities and during the inspection there was an over reliance on the television within the main communal lounge areas.

Effective arrangements were not in place to ensure all of a person's care and support needs were recorded and their social care needs met. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise issues with the service. One person told us, "If I had any concerns, I would speak to my family and they would talk to staff or the manager."
- Relatives told us they were confident to raise any concerns or complaints with the manager and stated they were assured these would be taken seriously and acted upon.
- A record of compliments was maintained to evidence the service's achievements.

End of life care and support

- The manager confirmed no one was currently requiring end of life care. However, the manager was aware how to access local palliative care support and healthcare services if needed.
- Training records showed several members of staff had received end of life care training in 2018.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Quality assurance arrangements were in place to monitor the quality of the service provided. However, these arrangements required improvement as they had not identified the issues found during our inspection. For example, not all risks for people were mitigated for their safety and wellbeing and improvements were required to the service's medication practices. It was unclear as to why action had not been taken sooner by the registered provider to address issues relating to the service's fire doors and to respond without delay. Improvements were also required to the service's care planning arrangements and to ensure people consistently had their social care needs met. This demonstrated a lack of oversight by the registered provider to effectively monitor and improve the quality and safety of the service for people living at Westcliff Lodge.

Effective arrangements were not in place to ensure compliance with regulatory requirements and to monitor the service. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered provider had appointed a new manager since our last inspection in January 2018. At the time of this inspection, the manager had been in post for approximately seven weeks. Although the manager had previous management experience, they received no formal induction to their role from the previous manager or the registered provider.
- People knew there was a new manager at the service. People using the service, relatives and staff were consistently complimentary regarding the manager and described them as supportive and approachable. Staff were positive about working at Westcliff Lodge and one member of staff told us, "I love my job and working here."
- The manager was present on both days of inspection. Feedback of the inspection findings was completed by us with the manager and they were receptive to our findings.

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

- Arrangements were in place for gathering people's and relative's views of the service. This was completed by an independent person and included an analysis of the results. Comments recorded were mostly positive and suggested people found staff employed at the service to be kind and caring and the quality of care

received to be good. Negative comments related to the previous registered manager.

- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Continuous learning and improving care

- The newly appointed manager was passionate and committed to make the required improvements. The manager had an open and positive approach to feedback and to service improvement.
- Following our inspection to the service the manager provided the Care Quality Commission with a written action plan detailing the proactive actions taken by them to make the required improvements.
- The action plan confirmed a review of people's care plans and risk assessments had taken place. These were now rewritten within the new care planning document. This was to include additional training for staff.
- The manager had relocated the office from an outbuilding to within the main hub of the service. This was to ensure they were visible and accessible to people living at Westcliff Lodge, relatives and staff.

Working in partnership with others

- The manager worked closely with others to ensure the quality of the service for people. For example, they worked closely with the Local Authority quality improvement teams, to look at ways best practice could be incorporated into the day to day running of the service.
- The manager and staff team shared information and worked with other professionals to ensure positive outcomes for people using the service.

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 9 HSCA RA Regulations 2014 Person-centred care  People must have a care plan depicting all of their care and support needs. People must receive regular opportunities to have their social care needs met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective arrangements must be in place to assess and monitor the quality of the service provided and improve the safety of people using the service.