Hartford Care (5) Limited

West Cliff Hall

Inspection report

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Date of inspection visit:
18 December 2017

Date of publication:
25 January 2018

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

Summary of findings

Overall summary

We undertook an unannounced comprehensive inspection of this home on 18 December 2017 following concerns we had received from the local authority and commissioners about the standards of clinical care provided at the home. We found these concerns had been addressed and a new management structure had been implemented in the home to improve the clinical support and management available. Following our inspection a further matter was raised about the way in which a clinical incident was dealt with in the home. This was being dealt with by the local authority and commissioners at the time of our report.

This home was last inspected in March 2017 when we found the registered provider was in breach of one Regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered provider had failed to ensure there was sufficient staff available to meet the needs of people. At this inspection we found the registered provider had taken action to address this concern and was compliant with this Regulation.

West Cliff Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home provides accommodation, nursing and personal care for up to 59 older people, some of whom live with dementia. Accommodation is arranged over three floors with stair and lift access to all areas. At the time of our inspection 49 people lived in the home.

There was not a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The newly appointed general manager had been in post for five weeks at the time of our inspection and they had started the application process to be the registered manager for West Cliff Hall. They had taken steps to improve the overall leadership in the home; however this needed time to become established in the home and provide an effective network of support for people and staff.

Whilst steps had been taken to address the clinical leadership in the home, the registered provider and general manager required time to ensure these roles were effective in the management of clinical incidents.

People mostly received care which was person centred and individual to their specific nursing needs, although daily care records were not always person centred. Steps were being taken to address this.

West Cliff Hall provided care for people at the end of their life although there were no people in the home

receiving end of life care at the time of our inspection. We saw feedback from families of people who had passed away at the home thanking staff for the support and kindness they had been offered at this difficult time.

Risks associated with people's care, including the safe administration of medicines, had been identified and actions identified to mitigate these.

Staff knew how to keep people safe and understood how to report any concerns they may have about the care people received.

There were sufficient staff deployed to meet people's needs and ensure their safety and welfare. Staff recruited to the home had been assessed as to their suitability to work with people.

Where people could not consent to their care, staff sought appropriate guidance and followed legislation designed to protect people's rights and freedom.

People mostly received nutritious food in line with their needs, likes and preferences.

People were cared for in a kind and compassionate way and were encouraged to interact with each other and participate in a wide variety of stimulating activities and events.

There was a system in place to allow people to express any concerns or complaints they may have, and people and staff had the opportunity to express their views on the quality and effectiveness of the service provided at the home.

At the last inspection in March 2017 we rated the service Requires Improvement with one breach of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. At this inspection we found the service was Good and further work to develop leadership in the home was in 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?

Good

The service was now rated Good.

There were sufficient staff deployed to meet people's needs and ensure their safety and welfare. Staff recruited to the home had been assessed as to their suitability to work with people

Risks associated with people's care had been identified and actions identified to mitigate these.

People were protected against the risks associated with medicines. The provider had appropriate arrangements in place to consistently manage people's medicines safely.

Staff had an understanding of safeguarding policies and procedures.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service remains requires improvement.

There was not a registered manager in post. The general manager had been in post for five weeks at the time of our inspection and had taken steps to improve the overall leadership in the home. This needed time to establish and provide an effective network of support for people and staff at the home.

Whilst steps had been taken to address the clinical leadership in the home, the registered provider required time to ensure these roles were effective in the management of clinical incidents.

The registered provider had systems in place to monitor and review the quality and effectiveness of the service provided. Audits had been used effectively to identify areas of improvement required in the home such as clinical leadership and records.

There was an open and transparent culture within the home and staff felt supported by the registered manager.

West Cliff Hall

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 18 December 2017 and was unannounced. The inspection was prompted by information provided to CQC from the local safeguarding authority and clinical commissioning group which identified concerns about the clinical oversight and management of nursing care needs in the home.

West Cliff Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home provides accommodation, nursing and personal care for up to 59 older people, some of whom live with dementia. Accommodation is arranged over three floors with stair and lift access to all areas.

Three inspectors and an expert by experience completed this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous reports and notifications of incidents the registered provider has sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. A Provider Information Return (PIR) had not been requested from the registered provider as this inspection was in response to concerns which had been raised. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with eight people who lived in the home and 2 relatives or visitors. We used the Short Observation Framework for Inspection (SOFI) to observe care and support being delivered by staff in the home. SOFI is a way of observing care to help us understand the experiences of people who cannot talk with us.

We spoke with 12 members of staff, including; the nominated individual for the registered provider, the general manager, the deputy manager, the clinical lead, a registered nurse, four members of care staff, an activities coordinator, the head chef and the maintenance manager. During and after our inspection we received feedback from five health and social care professionals about the care people received in the home.

We looked at care plans and associated records for six people and reviewed the medicines administration system in the home. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, six recruitment files and policies and procedures.

Good

Is the service safe?

Our findings

People felt they were safe in the home. One person told us, "I am much safer here than I was at home. There are lots of people around to help me if I need it." Another person expressed their contentment in the home where they felt safe and well cared for. A third told us, "My medications are managed for me and given to me four times a day." Relatives felt their loved ones were safe in the home and were cared for by staff who knew them well. One told us their relative was safe, "We've got peace of mind."

At our inspection in March 2017 we found there was insufficient staff available to meet people's needs. The registered provider sent us an action plan on 15 June 2017 stating they had completed all actions to address this concern. At this inspection we found the registered provider had taken appropriate actions to be compliant with this Regulation.

During our inspection there were sufficient numbers of staff deployed to support people and meet their needs safely. Staff had time to interact and support people in an unhurried and calm way. Staff responded promptly to call bells and were observed interacting informally with people when time allowed. Rotas showed there were consistent numbers of staff deployed each day and although external agency staff worked in the home, there were systems in place to ensure these staff were inducted to the home and worked alongside staff who knew people well.

However, we received mixed views on staffing levels at the home. One person told us, "They are always there for me when I need them," whilst another person told us, "It's ok here. The only complaint is the time it takes to go to the toilet. You press the buzzer but nobody comes. Sometimes it's about quarter of an hour." A member of staff said, "It's very busy in the mornings and I do feel we have been set up to fail sometimes. There are two of us looking after nine people who require both of us. I've spoken with the management but nothing has happened yet." However, another member of staff told us, "Things have really improved with the new manager and we are working differently. Yes there are enough of us but things will take time to settle." A relative told us, "There is always someone around to help us and [person] can call for help if she needs it." Two health care professionals told us staff were always available to support them when they visited, although another health care professional said staff did not always accompany them during their visits. The general manager acknowledged that new ways of working for staff would take time to settle, but that they felt confident there was sufficient staff available to meet the needs of people.

People were protected from abuse, neglect or harassment and the service had policies and procedures in place concerning safeguarding and whistleblowing. Staff members described types of abuse and told us some signs and symptoms that may indicate someone has been abused. Members of staff were familiar with the process they would use to report any concerns including those of abuse and were aware that they could approach outside agencies with concerns if they needed to. One member of staff told us, "I would speak to a staff member if I had concerns about them and let the manager know." Another told us, "I would go straight to CQC if I thought abuse wasn't managed right. It would be [dealt with properly] here though."

Risks associated with people's nursing and care needs had been assessed and informed plans of care to

ensure their safety. These included risk assessments for; maintenance of skin integrity, moving and handling, falls, choking, nutrition and specific health conditions such as diabetes and weight loss. Plans of care were in place to mitigate these risks. For example, one person lived with diabetes and their blood glucose levels were taken regularly and recorded appropriately. There were guidance in the care plan to aid staff in the management of possible emergencies. The care plan described the symptoms and management of both hypoglycaemia [low blood sugar levels] and hyperglycaemia [high blood sugar levels]; it also clearly identified other potential risk of diabetes, such as poor circulation and the risk of pressure sores developing, and how to mitigate these.

The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans were in place which provided information on how people should be supported to evacuate the home in the event of an emergency. A robust business continuity plan and home emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

The home was well maintained. Electrical, gas, and water checks were completed routinely in the home to ensure this equipment was safe to use. There were effective systems in place to identify maintenance issues in the home and how or when these were addressed. Equipment in use in the home such as a hoist, wheelchairs and lifts was well maintained.

The registered provider had safe recruitment practices which were consistently applied. Staff files contained all the evidence required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full employment histories, right to work in the United Kingdom and professional references were on file along with evidence of photographic identity documents and proofs of address.

Disclosure and Barring checks had been obtained by the provider before people commenced working in the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults to help employers recruit staff safely. All nurses and midwives who practice in the UK must be registered with the Nursing and Midwifery Council (NMC). The service had checked registrations for nurses employed in the home which helped protect people from being looked after by unsuitable carers.

People received their medicines in a safe and effective way from staff who had received appropriate training. There was a robust system of audit and review in place for the safe administration of medicines. Medicines were stored and administered safely. For medicines which were prescribed as required (PRN) a protocol was in place to support staff in the safe administration of these. For people who required medicines to reduce anxiety or agitation we saw staff monitored the use and effectiveness of these medicines. They worked closely with health care professionals to ensure people received adequate doses of these medicines without reducing people's independence.

We looked at documentation related to falls, accidents and incidents in care plans and management records. They contained detailed information concerning the frequency, time and place of incidents, in addition to staff actions. They enabled the provider to identify the potential cause of these incidents and any patterns in these for people and across the home, with a view to reduction or prevention. We noted there was also detailed action planning in the documents, outlining a decided course of action. For example, one person suffered from postural hypotension (a sudden lowering of blood pressure when standing up).This made them at much increased risk of falling; their care plan contained guidance for staff about its prevention or management.

The home was clean and well maintained. Staff had received training on infection control and had a good understanding of the need to use personal protective equipment such as gloves and aprons when supporting people with personal care and serving meals.

Good

Is the service effective?

Our findings

People were able to move around the home independently as they wished and staff supported them to remain independent and make choices in line with their needs and preferences. One person said, "I like to sit here [in a communal area] as I can see the ships coming in and out of the port. I choose what I want to do." Another told us, "I get a bit muddled but the staff can help me choose what I like to do." Health and social care professionals said staff knew people well and supported people to live as independently as possible whilst promoting their safety.

People's physical, mental health and social needs had been holistically assessed to ensure the care they received was in line with their individual needs. Care records were held electronically and provided plans of care which were individualised and respectful of people's personal, cultural and medical needs. During our inspection one person was admitted to the home. An assessment of their needs had been carried out prior to their admission and a brief summary provided to all staff on the day of their admission to ensure they had immediate access to information of importance for the person including how they could communicate and their abilities to mobilise. Staff we spoke with had a good awareness of this person and their needs on the day of admission.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Staff had a good understanding of the processes required to ensure decisions were made in the best interests of people. Care records held clear information on how staff should support people to make decisions they were able to, such as selecting clothing, food choices and when to participate in activity. Decisions made in people's best interests were clearly recorded and showed who had been involved in these.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. These safeguards were well documented and staff could tell us when these were in place and the implications of these for the people they were supporting.

We had mixed feedback from people about the food available in the home. One person said, "I am funny about food but I can't find anything to complain about." Another said "The food's good. There are two choices of a main meal. They do a lot of fish and I'm glad they do." However a third person told us, "The food is occasionally not up to the standard I would like. I'm going on the committee for the residents for the food." For a fourth person who preferred soft foods, we saw they had not been provided with a meal which had been pureed sufficiently for them to eat as they had requested. They told us they were not happy with

this and that they were going to discuss this with the cook at a planned meeting. We asked the manager and deputy manager why a pureed meal had not been provided for this person as they had requested and they assured us this would be looked into.

Care plans identified specific dietary needs, likes and preferences for people. A four week rolling menu of meals was provided and the cook was able to prepare other options for people if they did not want the daily selections. All food was freshly prepared, although one person told us they would like more fresh fruit to be available for desserts. Staff had a good understanding of people's preferences and specific dietary needs. They were aware of the importance of good nutrition and if they became concerned that a person had lost their appetite, was losing weight or had other difficulties around food and drink they were able to approach the manager or clinical lead and these concerns would be acted upon. For example, following a review of people's dietary and fluid intake in the week before our inspection, a new record for food and fluids had been introduced in the home and staff were completing this for people identified as at possible risk of poor nutrition or hydration.

Mealtimes were unhurried and people could take their meals in an area of the home of their choosing. The dining room provided a bright and relaxed environment for mealtimes and tables were well presented with napkins and table decorations. Some people were supported with their meals in a lounge area or their own rooms. Staff were attentive to people's needs and supported people when it was required without hurrying them or reducing their independence.

The home environment had been adapted to provide a safe place for people to mobilise around independently. Corridors were wide and clear and allowed people to walk around the home independently and with walking aids without hindrance. Signage around the home was clear and bold allowing people to maintain their independence as they moved around the home. There were level access areas all around the home for people who required the use of wheelchairs and walking aids and lifts in place to provide easy access to the two upper floors of the home. Outdoor areas were easily accessible and level to provide safe areas for people to enjoy. One person told us, "I am just going to go out for a little walk to see the birds. It's very lovely out there." They told us how much they enjoyed the freedom this allowed them.

A program of appraisal and supervision sessions, induction and training was in place for staff. This ensured people received care and support from staff with the appropriate training and skills to meet their needs. The registered provider had an induction programme which included face-to-face, online and practical training sessions alongside a two week period of shadowing experienced staff members. The induction covered competencies set out in the Care Certificate. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision sessions; these offered them support with their practice issues, an opportunity for feedback and learning to aid development. One staff member told us, 'It [supervision] definitely helps boost my confidence and gives me constructive criticism so I can make effective changes.' Staff also participated in their annual appraisal reviews identifying areas of good practice and training needs. Training was also arranged in response to appraisals and newly identified areas of needs such as epilepsy, managing diabetes and, recently, specialist training on behaviours that challenge in people living with dementia.

Staff were encouraged to develop their skills through the use of external qualifications such as nationally accredited diplomas and other qualifications. Registered nurses were supported to develop skills and ensure they were up to date with practice to meet the requirements of their registration with the Nursing

and Midwifery Council (NMC).

Staff worked closely with health and social care professionals to ensure people received effective care in line with their needs. People were able to access a wide variety of health and social care professionals; this included access to GP's, specialist nurses, dieticians and speech and language therapists. Care records reflected these visits and actions were taken to follow advice given from these professionals. The community nursing team visited people who lived at West Cliff Hall for personal care only, whilst registered nurses in the home provided general nursing support for those who had been identified as requiring this level of care.

Good

Is the service caring?

Our findings

People and their relatives told us staff were always kind and caring. One person told us, "It's lovely to feel you are well taken care of," whilst another told us the staff were very kind and caring and, "I'd recommend here to anyone." A relative said, "Nothing is too much trouble," and described how their loved one was well looked after and supported in the home. They said, "It's really good here [care]. As a family we are very pleased." One professional told us staff provided care in a "pleasant and professional manner," whilst another professional told us staff were always very caring and supportive of the people they visited. Staff felt they offered good care for people. One told us, "It's a very warm and friendly place." Another staff member said, "The care is very good. We work really well as a team".

People were supported in a kind and caring manner. There was a calm and inclusive atmosphere in the home. Staff took time to allow people to express themselves and participate in their care and activities as they preferred. As people walked around the home staff interacted with them and encouraged them to remain independent whilst ensuring their safety. For example, for one person who walked with a walking aid and became muddled as to where they were going, staff spoke quietly and kindly with them to understand what they wanted to do and guided them to a communal area to join in an activity.

We saw people responded well to staff who knew them and understood how to meet their needs; for example, staff knew people's food preferences without referring to documentation and recognised how to support people with their mobility without reducing their independence. Staff consistently took care to ask permission before supporting or assisting people. There was a high level of engagement between people and staff who responded to people's needs promptly and courteously.

Staff had a good understanding of people's personal history, likes and preferences including religious and cultural beliefs. Staff we spoke with understood how important it was to embrace people's previous experiences in their daily lives and allow them to reflect on these. For example, for one person who was an avid football team supporter, their room had been decorated to reflect this and staff spoke of this passion with them. For another person who loved to watch cruise ships coming into the local port staff chatted to them about the next planned arrivals and departures which were clearly displayed in the home. This person told us, "The staff always tell me when the ships are due 'cause I don't always remember even though it's up there [on a display sign]. They know what I am like."

People and their relatives felt staff were respectful of their privacy and dignity. For example, as we spoke with one person a member of staff knocked on the door to their room and waited to be permitted entry. The staff member spoke calmly and respectfully to the person to ask when they would like to have a shower and then made arrangements to return at the time the person requested. Doors remained closed when people were being supported with personal care and when one person was being visited by a health care professional staff ensured they were offered privacy to attend to this person. Staff asked permission before supporting people to move or participate in any activity and were courteous and respectful at all times.

Staff understood the need for information about people to be stored confidentially and not shared

unnecessarily. The registered provider had introduced a computerised system of care records which provided a more robust and timely system of record keeping in the home.

People and their relatives were able to express their views and be actively involved in making decisions about their care. One person told us, "I know they write plans for me and my daughter deals with all that. I trust them." Care plans for people showed staff involved people and their families with their care as much as possible. Care plans and risk assessments were discussed and agreed with people or their representatives. These were reviewed regularly by staff; however, these did not appear to be regularly reviewed with people. The manager assured us care records, and people's involvement in these, was under review with the new management staff in post.

Good

Is the service responsive?

Our findings

People and their relatives said staff were responsive to their needs. One person told us, "They [staff] do a lovely job." Another said, "Absolutely no complaints. The staff are wonderful." A relative told us their loved on was well looked after by staff who knew them well. Another relative told us how staff kept them informed of any concerns or changes in care for their loved one. They said, "Yes, [I am kept informed] they find the time. At the weekend [relative] hadn't been so well but was good on Sunday. The deputy manager rang my sister to update her."

Computerised plans of care in place were securely stored and were individualised, person centred and up to date. They held clear information on people's personal history, preferences, likes and dislikes and staff had a good understanding of these. Each care record entry was made as and when staff provided care and alerts on the computer system gave staff clear information on any risks or specific person centred needs associated with their care. For example, for one person a message continuously scrolled across their record to identify they preferred female carers to support them.

Whilst some daily care records gave an insight into people's daily lives, others were staff focused or task orientated and not person centred. This issue had been identified by the manager who acknowledged the computerised care record did not always lend itself to person centred information in daily records. This was being addressed at the time of our inspection.

West Cliff Hall provided care for people at the end of their life although there were no people in the home receiving end of life care at the time of our inspection. We saw feedback from families of people who had passed away at the home thanking staff for the support and kindness they had been offered at this difficult time. A health care professional told us they had identified an area of learning for staff about end of life care and that this was being addressed.

Staff communication was effective in meeting people's needs. Senior staff including the general manager, the clinical lead, the deputy manager, head of maintenance and head chef held a meeting each day at 10 am. This '10 at 10' gathering was a brief meeting to discuss and share concerns, accidents and incidents from the previous 24 hours and to talk about matters that may arise over the next 24 hours. For example, on the day of our inspection information about a new person arriving at the home was shared. Staff told us they received prompt feedback from these meetings that enabled them to stay current about peoples care needs and learn from incidents in order to reduce future risks.

Care plans gave clear information for staff to meet the needs of people with specific health needs such as diabetes, recurrent falls infection and weight loss. Information clearly demonstrated how people's independence may be reduced with these conditions, how they present and what support staff should offer people. For example, for one person who had complex health needs and was at high risk of falls this had been investigated by staff who noted falls were more prevalent when the person was suffering from urinary tract infections. A detailed and person centred management plan was in place to prevent falls during these vulnerable periods. They also lived with diabetes and had problems with their blood pressure. We noted

there was detailed information for staff about the management of each condition and how differently each may affect them, particularly related to emergency situations where diabetes or blood pressure concerns may be the cause.

An activities coordinator told us about activities and meaningful occupations in the home. A weekly activities programme was displayed in the home and offered the opportunity for people to participate in a wide range of games, entertainment, trips and individual activities in the home. Displays around the home showed pictures of events which had taken place or posters for planned activities such as a Christmas party and a trip to the pantomime Creative works completed by people who lived at West Cliff Hall were displayed such as a 'West Cliff Friendship Tree' and a birthday board. We saw people were able to participate in activities of their choice. For example during the morning of our inspection four people enjoyed armchair exercises, whilst others did a jigsaw, read the paper or enjoyed some knitting.

People told us they enjoyed the activities in the home. One said, "There are plenty of things to keep us interested. Quizzes and things. There are lots of things getting ready for Christmas; carol singing and a Christmas party which was excellent." Another said, "There are three people to entertain us. They like taking you out….tomorrow they are going to a garden centre."

The general manager displayed information about the home, how to make complaints and other documents such as menus and activity schedules in a format which people could easily access and view. This meant people had access to the information they needed in a way they could understand it and the home was complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

There had been 23 complaints in the home between January 2017 and November 2017; all had been received before the general manager had come to West Cliff Hall. Whilst these complaints had been responded to in line with the registered provider's policies and procedures, further actions were planned by the registered provider to identify patterns and trends in these events.

For example, they had identified that in one month a higher number of complaints had been recorded and this coincided with a high number of new people being admitted to the home. This information was being used to inform new admission planning to the home. They had also identified the need for improved communication and involvement of family members when concerns were raised. A copy of the complaints policy was clearly displayed in the home. The staff at the home had received many compliments from people, their families, friends and other visitors to the home, some of which were displayed in the home.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in May 2017 we found that West Cliff Hall was not always well led and a frequent change in leadership and management in the home had led to poor staff morale. Staff had not always been eager to share their experiences of working in the home and relatives were unclear about the management structure in the home. At this inspection we found there had been further changes in the management structure in the home; however staff felt confident in these changes and were motivated to work closely with the new management team.

It is a condition of the registered provider's registration that a registered manager is in post at West cliff Hall. There was no registered manager in post at the time of our inspection although the general manager had started the application process to be the Registered Manager for West Cliff Hall. The nominated individual for the registered provider acknowledged the changes in management had not helped provide stability in the home but that they were confident in the recent changes made to management in the home.

We had received concerns from the local authority and commissioning group about the lack of clinical support and leadership in the home at times to ensure people's nursing and care needs could be met safely. We had received notifications from the registered provider to advise us of incidents when there had been a lack of a registered nurse working in the home on two separate occasions in August and October 2017. Following these events, the registered provider had implemented a robust contingency plan to ensure a registered nurse was always working in the home.

The general manager acknowledged that when they had joined the home the lack of clinical leadership in the home had been a concern. They told us how they and the registered provider had identified and implemented a staffing structure in the home which outlined clear responsibilities for all staff including the deputy manager and a new clinical lead. The new clinical lead had been in role for three weeks at the time of our inspection to provide clinical support and oversight of people's nursing and care needs. They were working closely with the general manager, registered nurses and other staff to ensure they received clinical support and leadership. One member of staff said, "It's much better now that we have a clinical lead in place. They're very good and made a point of getting to know the residents personally to find out for themselves what they need." Another told us, "What a difference they [clinical lead] make. It means we always have someone to go to; as long as they stay we will be fine."

The general manager acknowledged it would take time to develop good working relationships with all staff and to implement some new ways of working but were confident this could be achieved quickly. They and the clinical lead had embraced support and training from the local commissioning group to improve the standards of care at the home.

Following our inspection, a further concern was raised about the way in which a clinical matter was dealt with in the home and this was reported by the local authority. This was being investigated at the time of our report and the general manager had taken all appropriate actions to ensure the safety and welfare of people. Whilst steps had been taken to address the clinical leadership in the home, the registered provider

required time to ensure these roles were effective in the management of clinical incidents.

Staff spoke confidently of the general manager, the deputy manager and clinical lead and felt they would be able to support them well and improve the working culture in the home. One member of staff said, "Things have definitely improved. We have someone to go to now who listens. She [clinical lead] is very good and really listens. I really hope they stay and are supported by the provider." Another said, "There's a new manager I know and he's already said his door is always open. The same with the new clinical lead." A third member of staff said, "I do feel supported day to day. There's always someone I can ask and I don't feel I can't ask." A fourth member of staff told us, "I think the atmosphere [in the home] is the best it's been since I've worked here."

People and their relatives were aware of the changes in management and spoke confidently of the changes. One relative told us, "There have been a number of managers in the time that [person] has been here. Now we have got [general manager] and he's brilliant. He's turned this place around. Thank God he's here. It's a different world here now. The staff seem happier." One person said, "[General manager], he's only been here a couple of months. We don't see him very often. [Deputy manager] is always around." One person told us, "Yes there is a new manager and I see him around the home, he did come to see me; she [deputy manager] is really the person I would go to, I know her."

The general manager was clearly visible in the home and they communicated in an open and transparent way, encouraging others to do the same. This promoted an environment where people who lived in the home, their relatives and staff felt able to express any concerns they had and know they would be dealt with fairly and promptly. There was an effective staffing structure in place which provided a good network of support for people who lived and worked at the home. Staff members we spoke with felt valued in their roles and were keen to develop further. One told us, "This is the third care home I have worked in, it's the best, a lovely house and staff and a good manager. I hope we can improve this home as I want to achieve excellent."

The registered provider's mission statement was displayed prominently in the home. "Our mission is to provide care, comfort and companionship in an environment that is safe and happy for all." Care provided in the home reflected this mission. Staff understood the organisations values and told us how they put them in to practice in their day to day duties. They told us they would ensure they would keep the environment safe, ensure people were comfortable and help them 'to live life how they want to and be happy, safe and clean'.

The registered provider had robust policies, procedures and audit systems in place to ensure the safety and welfare of people. This included audits on infection control in the home, maintenance, health and safety, medicines, care plans and incidents and accidents. The general manager had begun to review audits which had been completed in the home before he had been employed and ensure all identified actions were being completed or were reviewed.

For example, the general manager had identified that the standard of daily care records and some plans of care needed to be addressed to ensure they held clear, accurate and person centred information about the care people received. They explained how they were reviewing different areas of people's care records to review the standard of record keeping and identified how this could be improved. They told us, "We have taken some areas of documentation back to basic paperwork so that we can be sure electronic care plans and records are accurate reflections of what people need." They identified changes in the way staff recorded food and fluid intake for people as an example of changes which were being implemented. They acknowledged there was some work to do to make sure daily recording through the use of electronic records was improved and was not just, "A tick box exercise, as electronic records can sometimes encourage

this."

People, their relatives and staff were encouraged to feedback on the quality of the service provided at the home through a variety of means of communication. Regular meetings were held with residents and their relatives and minutes for these meetings showed actions were implemented following any concerns raised. Some people used social media to provide feedback to the registered provider and manager. We saw this feedback was mostly very positive.

Daily handover sessions provided staff with up to date information on people's needs and were also used to share any learning from investigations or safeguarding matters. Monthly staff meetings were held with management where staff were given opportunities to discuss any matters of concern they may have in the home and receive updates on new concerns, incidents or changes in the service. A twice yearly staff survey was completed in February and November 2017 and showed staff were generally happy in their roles. Feedback was given to all staff on the outcome of concerns they had raised through the survey using a "Your feedback matters to us," poster. For example, staff had raised concerns about the number of staff available to support people and meet their needs. Action had been taken to provide additional staff. Staff had identified they did not always feel appreciated and the registered provider had ensured they highlighted ways in which good working practices could be celebrated through the use of "Star of the week awards" and "Hartford Heroes" awards.