

Mrs Christine Dodge

Westcliff House

Inspection report

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Dawlish
Devon
EX7 9DN

Tel: 01626867349

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Westcliff House is operated by the registered provider Mrs Christine Dodge. It is registered as a care home without nursing to provide accommodation for up to 34 people living with learning disabilities and/or mental health needs. The service is divided into two wings. The Sidborough Wing provides a more traditional care home setting substantially for people with learning disabilities, some of whom are older people who have lived there for many years. The Roborough wing is set up as individual flats for people living with learning disabilities or long term mental health needs. At the time of our visit there were 29 people living at the service.

People's experience of using this service:

People told us they felt safe living at Westcliff House. People had close and respectful relationships with the staff, registered manager and provider. People's independence and rights to make choices about their care were respected. People were happy with their accommodation and we saw improvements to the décor and furnishings of the building had been made and these were on-going.

Since the previous inspection, the registered manager and provider had worked with the local authority's quality assurance and improvement team (QAIT) to address the improvements identified at that inspection. These included improvements to care plans and risk assessments, both individual and environmental, as well the systems used to monitor the quality and safety of the home. The home had developed a service improvement plan and while progress had been made, the required improvements had not been fully completed. Some improvements were still required with risk assessments and care planning as well as how the home monitored one person's behaviour and how they responded to another person's health condition.

Staff were able to tell us about people's care needs; however, some people's care plans and risk assessments did not describe these needs or provide staff with guidance about how to support people while keeping them safe from harm. The registered manager reported further progress had been made on these since the inspection.

Medicines were managed safely. The home sought guidance from health care specialist such as learning disability, epilepsy and diabetes nurses.

People gave mixed views about the quality of the food provided. Some people said they enjoyed the food and it was very good while others said they felt the quality was poor. Some people asked for the evening meal choice to be reviewed. In response, the registered manager had provided each person with a questionnaire to allow them to give their individual views about the food and what meals they would like to see on the menus.

Recruitment practices were safe and staff received the training they required to undertake their role. Staff

were supported through regular supervisions, appraisals and meetings. There were sufficient staff employed to meet people's care needs, but some people indicated they wished to spend more time with staff in leisure and social activities.

We found one breach of the regulations in relation to safe care and treatment. More information is in the detailed findings below.

Rating at last inspection: Requires improvement. Four of the key questions were rated 'requires improvement', with the key question of 'well-led' rated 'inadequate'. The last inspection was undertaken in March and April 2018 and the report was published on 25 June 2018.

Why we inspected: This was a planned, scheduled inspection based on the previous rating.

Enforcement: The provider is required to send us an action plan regarding the breach of regulation and how the home is going to achieve a rating of good.

Follow up: This is the third time Westcliff House has been rated requires improvement. We will meet with the provider after an action plan has been sent to us to discuss the improvements they are going to make.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

Some aspects of the service were not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Westcliff House

Detailed findings

Background to this inspection

The 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 was 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.

Inspection team: The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this inspection the area of expertise for the expert by experience was learning difficulties.

Service and service type: Westcliff House 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 service had a manager 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: The first day of the inspection was unannounced.

What we did:

Before the inspection we gathered information about the home, including notifications sent to us, by and about the home, which told us of important events. We also asked for feedback from the local authority's quality assurance and improvement team who had been working with the home following the previous inspection.

During the inspection we spoke with 12 people, the provider and registered manager, two care staff and the cook.

We looked at care records for three people, including risk assessments, care plans and daily notes which

recorded the support given. We reviewed how the home supported people with their medicines. We also looked at records relating to the management of the service, including three staff personnel files, staff training records, complaints records and quality assurance audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of safety management were not consistent enough to protect people from risk and avoidable harm.

Assessing risk, safety monitoring and management:

- At the previous inspection in March and April 2018, we found risk assessments were not always in place to support staffs' understanding of mitigating risks to people's health and safety. At this inspection, in December 2018, we found the control measures put in place to protect people were either not identified in people's risk assessments, or where they were, had not been followed.
- For example, one person was at risk of developing pressure ulcers due to their immobility. The home had provided the person with pressure relieving cushions for their armchair and wheelchair. However, this person did not have a care plan or risk assessment relating to pressure area care. No records were maintained of how often this person should have their position changed or when staff had supported them with this.
- Other people had risks in relation to managing diabetes. Guidance for staff had been provided about what action to take if people's blood glucose levels were over a certain level, which included retesting and seeking medical advice. Records showed one person had persistent high blood glucose levels. The provider told us the person's GP and diabetes specialist nurse were aware of this. We found the guidance had not been amended to reflect this or the action required by staff when the person's blood glucose levels remained persistent high. This meant staff had not sought medical advice when this person's blood glucose levels remained high for a period of time.

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

- Risks to people's health were currently being reviewed with people's GP to identify if historical information about people's healthcare conditions was accurate. Once this review was complete, the registered manager said they would tailor any additional training to people's needs. For example, some people were taking medicines for epilepsy, but had not had any seizure activity since moving into the home, which for some people was many years ago.
- Environmental risks, such as scalds from hot water and burns from prolonged contact with hot radiators, had been assessed. The provider told us that no one currently living at the home was at risk. They said no one was at risk of falls and people were able to manage the hot water supply to their bedrooms. However, people's risk assessments did not fully describe people's abilities, any associated risks and whether any control measures were required. Since the inspection, the registered manager confirmed that these risk assessments had been fully reviewed and updated and action was being taken to ensure the environment remained safe. For example, some radiators were to be fitted with covers.
- Hot water temperatures were controlled to the baths in line with the Health and Safety Executive's guidance for care homes, which requires the temperature of the hot water to be controlled where there is

full body emersion.

- Carpets identified at the previous inspection in March and April 2018 as being in a poor state of repair and posing a trip hazard had been replaced.
- Fire safety systems were managed well. The registered manager told us, and records showed, people were involved in fire safety drills and were aware of the need to evacuate the home in the event of a fire.

Safeguarding systems and processes:

- At the previous inspection we identified the home was not doing enough to protect people from abusive behaviour from others. We observed one person exposing himself to other people living in the home.
- At this inspection we found the home had taken steps to reduce the likelihood that this person would engaged in this behaviour. The home also had sought guidance from the community learning disability team and a review from a community psychiatric nurse had been undertaken on 18 September 2018. The home had received positive feedback about the support provided for this person. However, records were not being maintained of how often, and under what circumstances, this person engaged in this behaviour. This meant it was not possible to properly review whether there were any triggers for this behaviour, the frequency of the behaviour and whether the behaviour served a purpose for this person.

We recommend the home seeks advice about how to assess, monitor and review the nature and purpose of one person's behaviour.

- People told us they felt safe living at Westcliff House. One person told us how the provider had listened to them and supported them at a time when they had felt unsafe. They said "Yes, I feel safe now." Another person said, "I feel safe, yes, it's one of the best homes in Dawlish."
- Staff recruitment practices were safe and pre-employment checks, including a disclosure and barring (police) check were undertaken to ensure the suitability of staff to work at the home.
- Staff had received training in safeguarding adults and said any concerns over people's safety and welfare would be reported to, and dealt with promptly, by the provider and registered manager.

Staffing levels:

- Most people living at Westcliff House were independent with their personal care. The provider told us only three of the 29 people living in the home required support with their personal care and that all were independent with going out of the home.
- At the time of our inspection, in addition to the registered manager and provider who were both at the home each weekday, four staff were on duty: two care staff, a cook and a cleaner. At weekends this number reduced to three staff. Overnight the home was staffed by two waking staff.
- People and staff told us there were enough staff on duty to meet their needs. One person said, "The staff are always about, and we've got night staff and day staff, they come in and check on you."
- Some people said they would like the opportunity to spend more time with staff in social and leisure activities.
- The provider told us they would review the staffing arrangements and discuss with people their request for more social and leisure time with staff.

Using medicines safely:

- People's medicines were managed safely. Systems were in place to ensure medicines were received, administered, stored and returned safely. Medicine administration records and the balance of each person's medicines were checked twice a day to ensure people received their medicines as prescribed. This meant any errors were quickly identified and rectified.
- Where people were prescribed medicines to take 'as and when required', such as pain relief, protocols were in place to guide staff about when to administer these.

- Only staff who had received training and had their competence checked by the registered manager administered medicines.

Preventing and controlling infection:

- People were responsible for managing the cleanliness of their own bedrooms. People were proud to show us their rooms and flats. However, we found some were in a better state of cleanliness than others. The provider said the staff supported people sensitively to address this but they were aware this was an area some people required more support with.
- Communal lounge and dining areas, and the kitchens and bathrooms were found to be clean and tidy.
- Staff were provided with protective clothing such as gloves and aprons when undertaking personal care tasks and cleaning duties. This reduced the risk of cross infection.

Learning lessons when things go wrong:

- The provider and registered manager reviewed accidents and incidents at the time of the events as well as monthly to identify themes or increased risks.
- Feedback from people and staff was also used to learn when something had gone wrong or when people weren't happy.

Is the service effective?

Our findings

Effective – this means 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.

Supporting people to eat and drink enough with choice in a balanced diet:

- We received mixed views about the quality of the food. Some people told us they liked it, while other said they thought the quality could be improved. One person said, "The food's not bad at all" and another person said, "It's very good, the food, you don't get any rubbish here, like at other homes." However, some people said they felt the food, as well as the tea and coffee, was cheap and of poor quality.
- Several people also told us they would like to see changes to the evening meals as only soup and sandwiches were available. One person said, "Occasionally it would be nice to have something other than sandwiches, something different" and another person said, "It's been soup and sandwiches since summer, it's getting beyond a joke now."
- The provider told us menus were planned with people at residents' meetings and evidence of this was in the records of recent meetings. They said meal times were flexible and we saw people chose to have their main meal put aside for them to have later in the day. They said people had requested soup and sandwiches in the evening as this provided more flexibility as people did not know when they would choose to eat. However, they would discuss people's preferences with them and adjust the menus accordingly. Following the inspection, the registered manager confirmed that each person had been asked to share their views about what food they would like to see on the menus.
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.

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 confirmed they were involved in decisions about their care and the support they received. Staff were aware of people's rights to make choices about how they wished to live their lives.
- Where staff had doubts about a person's capacity to make complex decisions, they involved healthcare professionals and independent mental capacity advocates, as well other people who knew the person well to help assess their capacity and to make decisions in their best interests. This was demonstrated by the support two people had received to make decisions about whether to undergo medical treatment.

Staff skills, knowledge and experience:

- New care staff were supported to complete the care certificate which is a standardised set of training in line with best practise for staff new to working in care.
- Care staff were provided with training that enabled them to effectively meet people's needs. Staff had received training in health and safety topics as well as those relating to people's care needs.
- Staff had opportunities for regular supervision and appraisal of their work performance. The registered manager had a good system to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported by the registered manager and the provider.

Assessing people's needs and choices; delivering care in line with standards; healthcare support:

- Periodic reviews and assessments meant that people's care needs were known and understood by staff, albeit that some records didn't reflect this level of knowledge.
- Specialist guidance and support was provided by health and social care professionals, such as the community learning disability nurses as well as diabetes and epilepsy nurses.
- The majority of people attended to their own healthcare appointments such as GP, dentist and optician check-ups. Where people required encouragement or support to attend this was provided.

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

- The home had been designed to provide people with as much independent living space as possible. Accommodation was provided in self-contained flats, either one or two bedroomed, or in small groups of bedrooms, no more than three, sharing a communal bathroom.
- People's accommodation was personalised and people had their own furniture and items that were important to them. People were pleased to show us around their home. .
- Both areas of the home, the Sidborough wing and the Roborough wing, had their own communal lounge rooms and dining rooms.
- Since the previous inspection, the home had commenced a programme of refurbishment and redecoration, which was on-going. One person told us, "I've got a new room and a new bed."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

The service involves and treats people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported:

- People told us the staff were kind and caring. People said they had a good relationship with staff and felt well supported. One person said, "Yeah they're not bad" and another person said, "They're the best team of staff here."
- There was a relaxed atmosphere between people and staff, with friendly conversation. Our observations showed people were treated with kindness and respect. Staff showed an interest in what people were doing.
- Staff spoke positively about the people living at Westcliff House and were pleased how well people had settled into the home and, as a result, become more confident in themselves. Some people had lived in the home for many years and had developed strong friendships with other people and the staff.

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

- People told us they were involved in making decisions about their care and regularly discussed their support with their keyworker.
- Staff knew people well and what was important to them. Records showed people's decisions about their care were respected.
- One person visiting the home said they were very much looking forward to moving in and they had been fully involved in writing their care plan.

Respecting and promoting people's privacy, dignity and independence:

- Most people living at Westcliff House were independent with their care needs and we saw them coming and going freely from the home. One person told us, "I have travelled around a bit but I am settled here now, it's good, you can do what you want to do, you can please yourself."
- Our observations showed people's privacy and dignity was respected. People had a key to their own accommodation which was kept locked when they were not present. Staff respected people's accommodation as being the person's own home and sought permission before entering.
- Important information about people was kept confidential and was securely stored.

Is the service responsive?

Our findings

Responsive – this means that services meet people's needs.

People's needs were met through good organisation and delivery.

Personalised care:

- At the previous inspection in March and April 2018, we found people's care plans did not always reflect a person-centred approach, or follow the principles of positive behavioural support for people with a learning disability.
- Since then, the home had been working with the local authority's quality assurance and improvement team (QAIT). QAIT had provided guidance about developing and completing person-centred care plans. While the home was making good progress reviewing and updating people's care plans, at the time of this inspection, this process had not been completed. We found some care plans had been completed with more detail, and better reflected people's needs, than others. Some care plans did not describe what people could do for themselves or provide detailed information about how staff should provide support.
- For example, one person's care plan did not include information about their pressure area care. Another person's care plan described they needed support with their personal care, but the plan gave no further detail about what this support was, or how staff should support this person in a consistent way.
- However, the registered manager and staff knew people well and could tell us in detail what people liked and did not like. This was in much more detail than was described in the care plans. Following the inspection, the registered manager confirmed each person's care plan had been reviewed by their keyworker and re-written.
- Most people were able to communicate their needs verbally to staff. For those people with a sensory impairment, the home had sought guidance from specialist services. For example, one person had received specialist equipment to aid their hearing after a referral to an audiologist.
- Staff told us people would not be discriminated against, including in relation to protected equality characteristics, such as sexuality or religion.
- At the previous inspection, and at this inspection, we found people wished to have more social engagement with staff. One person said, "We'd like to go out more, we never go out on a trip anywhere together."
- The registered manager told us they organised activities for people to engage with in the home as most people were independent with going out of the home. These included arts and crafts sessions once a week, with three people also enjoying 1:1 sessions afterwards; musical entertainment twice a month which people enjoyed and joined in with; fitness and exercise classes twice a month, as well as staff spending time playing board games. The daily care records for those people whose care plans we reviewed did not describe people's engagement in social and leisure activities. The provider and registered manager said they would review people's preferences and ensure people's engagement was recorded in their care records.
- One person told us how much they were looking forward to Christmas; they said, "We'll have a good Christmas, ladies come in and sing carols and one lady plays the organ." Another person told us they were looking forward to decorating the Christmas trees.

Improving care quality in response to complaints or concerns:

- People told us that if they felt unhappy about anything they would speak to the registered manager or the provider. The home maintained a record of any complaints received. These showed people's complaints were taken seriously and the home acted upon these to resolve issues.
- People were also able to raise concerns or make complaints through their regular keyworker and residents' meetings.

End of life care and support:

- If people wished to remain at Westcliff House, staff were able to support their end of life care with advice and guidance from the community nurses. Where people's wishes were known, these were recoded.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Some aspects of leadership and management did not consistently assure person-centred, high quality care and a fair and open culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care:

- Since the previous inspection in March and April 2018, the provider and registered manager have been working with the local authority's quality assurance and improvement team (QAIT). The team had supported them to write a service improvement plan and develop a number of internal audits to monitor and improve the quality and safety of the service, including how to write more person-centred care plans. While the provider and registered manager demonstrated willingness to learn from QAIT and to follow their guidance, the improvements identified at the previous inspection had not yet been fully completed and, at this inspection, we found a breach in the regulations.
- Both the provider and registered manager were aware of the areas that required further development and improvement. They had included the staff team in understanding the improvements required and were supporting each keyworker to write the care plans for the people they were responsible for.
- Staff said they felt well supported by the provider and registered manager, and said they all worked well as a team. One member of staff said, "It's the best place to work" and another said, "I love it here." Some staff were involved in the management of the home and had additional responsibilities, such as ordering medicines and health and safety checks.

Engaging and involving people using the service, the public and staff:

- The provider and registered manager were present in the home each weekday and we observed them engaging people in conversation and it was clear they knew people well.
- Records showed people were invited to share their views about the home at residents' meetings and through the use of questionnaires. For example, the notes made at the residents' meeting in July 2018, showed people discussed the role of the keyworker and were asked to share their views about how well they were supported by staff.
- Staff meetings, as well as supervisions and appraisals, provided staff with the opportunity to discuss their role and to make suggestions for improvements.

Working in partnership with others:

- Records showed the home sought guidance from health and social care professionals with their support of people. The home had received positive feedback from one healthcare professional following one person's recent review.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. Risks to some people's health and safety had not been assessed and individualised management plans were not in place to guide staff about how to mitigate risks. Regulation 12 (1) (2)(a)(b)