

Mrs Christine Dodge

# Westcliff House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

Westcliff House is an old property divided into two wings called Roborough and Sidborough. The Roborough wing is for people who have minimal care needs and the Sidborough wing is for people who need more support. It is registered to provide accommodation and personal care for up to 34 adults of all ages with learning disabilities and / or mental health needs. At the time of our inspection there were 31 people living at the service.

We carried out this inspection on 10 January 2017. The service was last inspected in August 2014 and was found to be meeting the regulations.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Each person was allocated a key worker who knew and understood their care and support needs. However, care records did not reflect the knowledge staff had about people's needs. Care plans lacked detail about personal history, daily routines and personal preferences. Where people could display behaviour that might be challenging to others there was no information in their care plan to provide guidance for staff. When staff worked with people, they were not so familiar with, information about people's care needs was mostly communicated to them verbally. This meant there was a risk that staff would not know how to provide the right care for people, if key staff were not available, because care records had insufficient detail.

Staff demonstrated they knew the type of decisions each individual person could make and when they might need support to make decisions. However, where people lacked capacity, there was no documentary evidence that people's capacity to make particular decisions had been assessed or records of best interest decisions made. Staff were unaware of the Mental Capacity Act (MCA) 2005 and did not understand how the legislation related to the way they provided care and support for people.

Staff were not consistently supervised, supported and trained to carry out their roles. Staff training was not being updated to ensure staff had the skills and knowledge to provide effective care to people. The registered manager and deputy manager were visible in the service and regularly worked alongside staff to provide care and support for people. However, formal individual supervision with staff had not taken place for some time, with some newer members of staff not having had any formal supervision. This meant staff did not have the opportunity to discuss their development and identify any training or support needs they might have.

People told us they felt safe living at Westcliff House and with the staff who supported them. Comments from people included, "I am very happy here, yes it's nice here", "Yes, I do feel safe." A relative told us,

"[Person's name] is very happy living here."

On the day of our inspection there was a relaxed and friendly atmosphere at the service. People were encouraged and felt confident to make decisions about their daily living. We observed people had a good relationship with staff and each other. There was plenty of friendly and respectful chatter between people and with staff. The staff team had developed kind and supportive relationships with people using the service. People commented about staff, "I am happy with the care, everyone here is really nice" and "Really really lovely people here and very caring, nothing seems too much trouble."

People were supported to access the local community and take part in a range of activities of their choice. People went out shopping and to local attractions and some had paid and volunteering work. Activities were provided for people to take part in within the service and these included puzzles, board games and art therapy. People were supported by staff to manage their finances so they could purchase personal items and pay for outings.

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Staff supported people to maintain good health, have access to healthcare services and receive on-going healthcare support. People had access to an annual health screening to maintain their health.

People were supported to eat and drink enough and to maintain a balanced diet within which they were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made about their food. People told us they were happy with the meals provided.

People and their families were given information about how to complain. People and their families were involved in the running of the service and were regularly asked for their views through continuing conversations with staff and surveys.

The management provided strong leadership and led by example. There was a positive culture within the staff team and with an emphasis on providing a good service for people. Staff told us they felt supported by the management commenting, "It's a nice environment to work in", "Yes it's well run, I have nothing but respect for the manager, he's brilliant" and "Best place I have ever worked, it's down to the manager. If there's a problem he is on it."

The registered manager worked alongside staff, regularly providing care for people and this enabled him to check if people were happy and safe living at Westcliff House. People spoke well of the registered manager and clearly felt comfortable approaching him. One person told us, "The manager is great, he's amazing." The owner was also visible in the service and regularly checked if people were happy and safe living at Westcliff House.

We identified three breaches of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

## 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 safe. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Medicines were managed, stored and administered safely.

### Is the service effective?

Requires Improvement ●

The service was not entirely effective. People received care from staff who knew people well. However, staff training was not being updated to ensure staff had the skills and knowledge to provide effective care to people.

People's legal rights were not fully protected because staff did not have an understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People were supported to access healthcare professionals as they needed.

### Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and could make choices about their daily living.

Staff respected people's wishes and provided care and support in line with those wishes.

### Is the service responsive?

Requires Improvement ●

The service was not entirely responsive. People received personalised care and support from staff who could respond to their needs. However, people's care plans did not contain enough detail about their care needs.

Staff supported people to access the community and extend their social networks.

People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally.

**Is the service well-led?**

**Good** ●

The service was well-led. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team and with an emphasis on providing a good service for people.

People told us the management were very approachable and they were included in decisions about the running of the service.

# Westcliff House

## **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 unannounced inspection took place on 10 January 2017. The inspection was conducted by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The expert's area of expertise was care and support for adults of all ages with complex physical and mental health conditions.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 14 people living in the service, the registered manager, the deputy manager and four care staff. We met a visiting relative and a visiting art therapist. We looked around the premises and observed care practices on the day of our visit.

We looked at three records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Westcliff House and with the staff who supported them. Comments from people included, "I am very happy here, yes it's nice here", "Yes, I do feel safe." A relative told us, "[Person's name] is very happy living here."

People were protected from the risk of abuse because staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

The service held money for people to enable them to make purchases for personal items and to pay for appointments such as the visiting hairdresser and chiropodist. We looked at the records and checked the monies held for three people and found these to be correct.

Care records included risk assessments. These documents provided staff with guidance and direction on how people should be supported in relation to each specific identified risk. For example, one person was at risk of choking and they did not eat alone so staff could respond if they started to choke. The risk assessment had been updated as certain foods were identified as presenting a risk of choking.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

There were enough skilled and experienced staff to ensure the safety of people who lived at Westcliff House. On the day of the inspection there were four care workers and the deputy manager on duty. In addition the registered manager, the owner and a cleaner were working in the service. The registered manager told us staffing levels would vary sometimes less than four care staff and other times more. The numbers of staff on duty depended on how many people were at home as some people went out to carry out paid and volunteering work.

Accidents were recorded. Records showed that appropriate action had been taken and where necessary changes made to learn from the events.

Medicines were managed safely at Westcliff House. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for.

Some people had been prescribed creams and these had not been dated upon opening to guide staff as to

when creams would no longer be safe to use. However, creams were re-ordered each month and any partially used containers were returned to the pharmacy. This meant creams were only in use for a period of four weeks and for the creams used in the service this was an acceptable period of time. Staff, who administered medicines, had received appropriate training in administering and managing medicines and the stock of medicines was checked twice daily at the start of each shift.

The environment was clean and well maintained. People told us their rooms and bathrooms were kept clean. Repairs and maintenance work to the premises were carried out when necessary. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There was a system of health and safety risk assessment and water temperature were checked monthly. There were smoke detectors and fire extinguishers in the premises. There was a record of regular fire drills.

## Is the service effective?

### Our findings

People's legal rights were not fully protected because staff did not have an understanding of the requirements of the Mental Capacity Act (MCA) 2005. The 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. We checked whether the service was working within the principles of the MCA.

We observed throughout the inspection that staff asked people for their consent before assisting them with any care or support. We saw staff supported people to make their own decisions and offered people choices in a way that was appropriate to each person's communication needs. However, staff were unaware of the MCA and did not understand how the legislation related to the way they provided care and support for people. Staff had not completed any MCA training. The registered manager had completed MCA training, although as he told us, "I had it years ago". The service had a copy of the MCA code of practice. However, a policy to provide guidance for staff about how to apply the principles of the MCA when providing care and support for people had not been developed by the service.

Staff demonstrated they knew the type of decisions each individual person could make and when they may need support to make decisions. However, where people lacked capacity, there was no documentary evidence that people's capacity to make particular decisions had been assessed or records of best interest decisions made.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There had been no applications for any DoLS authorisations for anyone living at the service. The registered manager was unaware of a supreme court ruling in March 2014. This ruling defined the basic test of when an individual is deprived of their liberty, for example if they were not free to leave or they were under constant supervision. This meant the registered manager had assessed whether or not people were being deprived of their liberty without taking the supreme court criteria into account.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff were not consistently supervised, supported and trained to carry out their roles. The service identified training necessary for staff to complete. However, not all of the 17 staff employed by the service had received all of the agreed training and some training was out-of-date. For example, 10 staff had completed first aid training in 2013 and seven had not completed any. Safeguarding adults training for all staff was out of date, having been completed between 2012 and 2014. Fire training had been completed for one member of staff in 2011, nine in 2013 and one in 2015. None of these staff had received update training. Six staff had not received any fire training. Five staff had completed training for epilepsy. However, there was no other

specialist training to meet the needs of the people using the service.

Staff told us they felt supported by the management. However, staff were not consistently supervised, supported and trained to carry out their roles. Staff training was not being updated to ensure staff had the skills and knowledge to provide effective care to people. The registered manager and deputy manager were visible in the service and regularly worked alongside staff to provide care and support for people. However, formal individual supervision with staff had not taken place for some time, with some newer staff not having had any formal supervision. This meant staff did not have the opportunity to discuss their professional development and identify any training or support needs.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector.

Staff supported people to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff supported people to see their GP and other necessary healthcare appointments. For example, staff had assisted one person to go to hospital for an operation. When the operation was cancelled staff had supported the person to arrange another appointment. People told us staff arranged appointments with their GP whenever they needed them. One person said, "If I need to go and see my GP staff sort it all." People had access to an annual health screening to maintain their health.

People were supported to eat and drink enough and maintain a balanced diet. A four weekly menu was in place and this was agreed with people at regular meetings. Menu planning was done in a way which combined healthy eating with the choices people made about their food. We observed the support people received during the lunchtime period in all three of the dining rooms available for people to eat in. Lunch in all three of the dining rooms was a social occasion and people told us they enjoyed their meal.

# Is the service caring?

## Our findings

On the day of our inspection there was a relaxed and friendly atmosphere at the service. People were encouraged and felt confident to make decisions about their daily living. We observed people had a good relationship with staff and each other. There was plenty of friendly and respectful chatter between people and with staff. The staff team had developed kind and supportive relationships with people using the service. People commented about staff, "I am happy with the care, everyone here is really nice" and "Really really lovely people here and very caring, nothing seems too much trouble."

Staff were committed to providing the best and most suitable support for people. The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with people. Staff were patient and discreet when providing care for people. We observed many positive interactions that supported people's wellbeing. For example, staff helped one person to eat their meal independently by cutting up their food for them. We observed another member of staff discreetly pull up one person's trousers to protect their dignity.

People who lived at Westcliff House told us they could choose where to spend their time and were able to participate in activities as they wished. Staff encouraged people to make decisions about their daily living and we observed that people had the confidence to make their own choices. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink. One person said, "If I don't go down stairs for tea the manager brings my tablets and tea up for me and to check if I am alright. I choose when to get up and when to go to bed."

The service promoted people's independence and encouraged people to maintain their skills. On the day of the inspection the registered manager told us they had noticed that one person, who washed and dressed independently, had been wearing the same clothes for three days. The registered manager had encouraged them to shower and put on clean clothes. During the inspection we meet this person and they were clearly very proud of how they looked and the prompting for them to change their clothes had been beneficial to their self-esteem. Another person, who lived in their own flat, had managed to keep their room tidy and live more independently since moving at Westcliff House. They told us, "I really love it here, I think my mum would be proud of what I have achieved"

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom and flat doors and waited for a response before entering. People were able to have a key to their room and some people had chosen to do this and keep their room or flat locked.

People were supported to maintain contact with friends and family. Staff helped people to arrange visits home to their families and regular telephone calls. People and their families had the opportunity to be involved in decisions about their care and the running of the service through regular meetings.

## Is the service responsive?

### Our findings

Each person was allocated a key worker who knew and understood their care and support needs. However, care records did not reflect the knowledge staff had about people's needs. Care plans lacked detail about personal history, daily routines and personal preferences. Where people might display behaviour that could be challenging to others there was no information in their care plan to provide guidance for staff. There was a lack of written instructions for staff about how possible triggers for changes in behaviour and how to respond when situations occurred.

One example of this was for a person who was at risk of self harming when they became anxious. Their key worker explained that the person would often ask if they could go out when they became anxious. The key worker knew that if this request was responded to promptly then going out for a walk would defuse the situation. However, the person's care plan did not contain any information about what might trigger their mood to change and what action staff should take if the person needed support. This meant staff did not have clear instructions about how to meet the person's needs. If a particular incident occurred details of this would be written by staff in the person's daily records. For example, details of an incident when the person had attempted to harm themselves and the action staff had taken was recorded in the daily notes on the day the incident occurred. However, this information had not been updated into their care plan. This meant there was no central place for staff to access information about any changes needed in how the person should be cared for. Staff would not necessarily know the date of the incident and where to find details of it in the daily records.

Another example was for a person who could display behaviour that might be challenging to staff and other people living at the service. Some people living at the service spoke to us about this person and how they sometimes upset them and other people. Their care plan contained no details at all about what might trigger them to become upset and behave in a way that was upsetting to others. There was also no information about how staff should deal with situations if they occurred.

There were handovers at every shift to pass on information about people's needs and staff told us handovers were helpful. However, vital information about people's care needs was mostly communicated to staff verbally. Daily records were kept to evidence the care provided to people each day so staff could read these when starting their shift or returning from a period not working at the service. However, we found there were several days when daily records had not been completed in all of the care files we looked at. This meant there was a risk that when staff worked with people, they were not so familiar with, staff would not know how to provide the right care for people. The reliance on key staff to pass on information verbally, because care plans had insufficient detail and there were gaps in daily records, meant staff would not know how to care for people if certain key staff were not available.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were supported to access the local community and take part in a range of activities of their choice. People went out shopping and to local attractions and some had paid and volunteering work. One person

said, "I go out sometimes with a member of staff into the town." Another person told us about how they enjoyed working in a garden centre and proudly showed us the work they had completed in the garden of the service.

Activities were provided for people to take part in within the service and these included puzzles, board games and art therapy. On the day of the inspection some people took part in art therapy sessions. These took place, both in small groups and on a one-to-one basis, depending on each person's needs and preferences. One person told us they liked to watch sport on the television and we saw staff supported them to access the particular programme they were interested in watching.

There was sense of community with the service, especially for people who lived in their own flats. It was clear people valued the independence having their own flat gave them but also enjoyed living with other people. One person told us, "We all meet up several times a day in the lounge and get together during meal times."

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The management were knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Westcliff House.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so because the management were very approachable. However, people said they had not found the need to raise a complaint or concern.

## Is the service well-led?

### Our findings

There was a management structure which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was supported by a deputy manager. The owner worked in the service most days was known to people who lived at the service and their relatives.

The management provided strong leadership and led by example. There was a positive culture within the staff team and with an emphasis on providing a good service for people. Staff said they were supported by management and were aware of their responsibility to share any concerns about the running of the service and the people living there. Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered by the service. They did this through informal conversations with management and regular staff meetings.

Comments made by staff about working at the service included, "It's a nice environment to work in", "Yes it's well run, I have nothing but respect for the manager, he's brilliant" and "Best place I have ever worked, it's down to the manager. If there's a problem he is on it."

The registered manager and owner were both visible in the service. We observed a relaxed, friendly atmosphere amongst people, staff and management. People appeared to be happy and at ease with staff who supported them and approached management without hesitation. People were particularly complimentary about the registered manager with one person commenting, "The manager is great, he's amazing."

There were systems in place to monitor the quality of the service provided. The registered manager and deputy manager regularly worked alongside staff providing care for people. This enabled them to check if people were happy and safe living at Westcliff House and to monitor the quality of the care provided by staff. The owner carried out monthly quality assurance checks by looking at care records, the environment, medicines and talking to people to ask their views of the service provided.

People and their families were involved in decisions about the running of the service as well as their care. The service gave out annual questionnaires to people and their families to ask for their views. We looked at the results of the most recent surveys and saw people had made positive comments about 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 11 HSCA RA Regulations 2014 Need for consent  Where people lacked mental capacity the provider had not acted in accordance with the requirements of the Mental Capacity Act 2005. Regulation 11(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not maintain accurate records of the care and treatment provided to people and decisions taken in relation to the care and treatment provided. Regulation 17(2).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not received appropriate training, professional development, supervision and appraisal as necessary to enable them to carry out their duties. Regulation 18(2).