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Westcliffe Manor

Inspection report

21 Westcliffe Road
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05 April 2017

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20 April 2017

Ratings

Overall rating for this service	Good ●
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Is the service effective?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service in November 2016 when two breaches of legal requirements were found. We found a breach in regulation regarding people's care planning as there was a lack of recorded detail to help ensure people's health care needs were met. There was also a breach in respect of the home's governance arrangements to monitor and improve the quality of the service.

After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 5 April 2017 to check that they had they now met legal requirements.

This report only covers our findings in relation to the specific area / breach of regulation. This covered two questions we normally asked of services; whether they are 'effective' and 'well led'. The question 'was the service safe', 'was the service responsive' and 'was the service caring' were not assessed at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westcliffe Manor on our website at www.cqc.org.uk.

There was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

Westcliffe Manor provides accommodation for people who require nursing care. This may be on a permanent basis or for respite. Westcliffe Manor is situated in a quiet residential area of Southport with good transport links to the town centre, the sea front and other local amenities. The accommodation comprises of 27 single rooms and three double rooms. Bedrooms are situated on three floors with lift access. There are gardens to the rear of the property and parking at the front.

At this inspection the care plans and associated care records we viewed recorded sufficient information to enable staff to provide safe and effective care. This breach had been met.

At this inspection we found systems and processes in place to assure the service provision. This included a number of internal audits including senior management audits which looked at different aspects of the service. For example, care plans, medicines, maintenance, catering, dining experience and laundry. This breach had been met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

We found action had been taken to improve the content of care records.

Care plans and associated care records we viewed recorded sufficient information to enable staff to provide safe and effective care.

Is the service well-led?

Good ●

The service was well-led.

We found action had been taken to improve the monitoring of the service.

There was a series of ongoing audits, quality checks and feedback sought from people/relatives to ensure standards were being maintained. This helped monitor performance and to drive continuous improvement.

Westcliffe Manor

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.

The inspection team consisted of an adult social care inspector.

Before our inspection we looked at the notifications and other intelligence the Care Quality Commission had received about the home.

During the inspection we spent time with registered manager, a regional manager and compliance manager for the provider. We reviewed a number of care planning documents for people living at the home and the service's systems and processes to monitor how the service was operating.

Is the service effective?

Our findings

We previously visited this home in November 2016 and found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning people's plan of care lacking detail to help ensure their health and care needs were met.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with the registered manager, a regional manager and compliance manager. We also reviewed a number of care plans and supporting care documents which showed staff had the information they needed to provide care and support in accordance with people's individual needs. This breach had been.

We looked at specific care documents for three people who were living at the home. This included advanced care planning (whereby discussions are held with people and their family/carers about their wishes and thoughts for their future care) and end of life care. Information recorded showed shared decision making between the person and all those involved with supporting the person with their care needs and wishes at this time.

For two people we looked at the care required for medical conditions that needed clinical intervention and close monitoring by the staff. For a person who had a tube for enteral feeding staff were following a detailed plan of care, recording the care given for a PEG site/tube and also recording the feed given via this route. Enteral feeding refers to the delivery of a nutritionally balanced feed via a percutaneous endoscopic gastrostomy tube (PEG). The PEG is passed into a patient's stomach to provide a means of feeding when their oral intake is not adequate.

For a person who had an indwelling catheter there was a detailed plan of care and a urinary catheter passport; a document which has been developed as a mean of ensuring good communication between health professionals and services to monitor urinary care. The person's output was recorded and was being monitored by the staff. Clinical care records were kept up to date so that staff could monitor people's conditions effectively.

Is the service well-led?

Our findings

We previously visited this home in November 2016 and found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was concerning people's plan of care lacking detail to help ensure their health and care needs were met.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. At this inspection we checked the progress of the action plan by speaking with the registered manager, a regional manager and compliance manager for the provider. We also reviewed some of the quality assurance systems in place to monitor performance and to drive continuous improvement. This included a number of internal audits completed by the registered manager, regional manager and compliance manager. We found governance arrangements were now more robust to assure the service. This breach had been met.

The registered manager informed us that following the previous inspection work had been carried out by the organisation to improve systems and processes for assuring the service provision. This included a more structured approach for completing audits (checks) on various aspects of the service. An audit calendar recorded the audits to be undertaken and those responsible for their completion. Audits undertaken included, residents' finances, catering, dining experience, staff files, maintenance, care plans, medicines, laundry nutrition and 'fire walk' around'.

We looked at the March 2017 care plan audit which showed four care files had been reviewed and the medicine audit also completed that month. These audits were detailed and showed compliance in all areas. Where actions had been required following completion of other audits these had been acted on promptly or work was in progress to ensure target dates were met.

Following the inspection we were provided with a copy of the organisation's SCREW audit for Westcliffe Manor (so called in respect of the five questions we ask; is the service 'safe', 'caring', 'responsive', 'effective' and 'well led'?). The audit was completed in February 2017 by the compliance manager and the scores overview recorded 89% compliance. The audit included management, dignity and respect, person centred care, safe care, safeguarding, nutrition and hydration, premises and equipment, complaints, governance, duty of candour and staffing. The registered manager and compliance manager told us about actions undertaken in accordance with the findings of the audit. These were clearly recorded and had been shared with the staff, signed off by a regional manager and shared at provider level. The service's auditing systems ensured any required actions were acted on promptly to provide a safe effective service.

Feedback was sought from people/relatives to ensure standards were being maintained. We saw the results of recent satisfactions surveys and the findings were complimentary regarding the service provision.

We saw there was a clear management structure in place. The home had a registered manager and they were supported by a regional manager, compliance manager and the provider; the registered manager informed us they received good support from the senior management team.

The registered manager was aware of incidents in the home that required the Care Quality Commission to be notified of.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Westcliffe Manor was displayed in the lounge for people to see.