

Westcliff Lodge Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection was completed on 20 December 2017 and 9 January 2018 and was unannounced.

Westcliff Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 22 older people and people living with dementia in one adapted building. At the time of the inspection, there were 20 people living at Westcliff Lodge.

Westcliff Lodge is a large detached house situated in a quiet residential area in Westcliff on Sea and close to all amenities. The premises is set out on two floors and each person has their own individual bedroom and adequate communal facilities are available for people to make use of within the service.

At the last inspection on the 10 and 11 November 2015, the service was rated 'Good'. At this inspection, we found the service was rated 'Requires Improvement'. This is the first time the service has been rated 'Requires Improvement'.

Our key findings across all the areas we inspected were as follows:

An effective robust system was not in place to assess and monitor the quality of the service. Quality assurance systems had failed to identify the issues we found during our inspection to help drive and make all of the necessary improvements.

Some aspects of medicines management required further development. Not all risks to people were identified and improvements were required to record how these were to be mitigated to ensure people's safety and wellbeing. Improvements were required to ensure that people's care plans reflected all of their care and support needs and how the care was to be delivered by staff. People received limited opportunities to participate in meaningful social activities throughout the day.

Training for staff was not as up-to-date as it should be. Specifically improvements were needed to ensure staff received appropriate training relating to medication, moving and handling, and to ensure this was embedded in their everyday practice. Staff recruitment practices required strengthening as these were not

robust or in line with regulatory requirements. 'In-house' inductions were not always completed at the earliest opportunity and not all staff had received a robust induction.

The deployment of staff was not always appropriate and staffing levels not always maintained. There was no systematic approach linking people's dependency needs to staffing levels.

People's capacity to make day-to-day decisions had been considered and assessed. Staff demonstrated an understanding and knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act (MCA) 2005. The Care Quality Commission had been notified where [DoLS] had been authorised by the Local Authority.

People were protected from abuse and avoidable harm and people living at the service had no concerns about their safety and wellbeing. Staff described the registered manager and management team as supportive and approachable. Arrangements were in place for staff to receive formal supervision at regular intervals and an annual appraisal.

People received sufficient food and drink throughout the day and the dining experience was positive. People's healthcare needs were supported and people had access to a range of healthcare services and professionals as required. Staff had a good relationship with the people they supported. People were treated with dignity and supported to maintain their independence where appropriate.

The cleanliness of the service was maintained to a good standard and people had access to comfortable communal facilities and their bedrooms were personalised.

We have made recommendations about the management of risk and care planning and, linking people's dependency needs to staffing levels.

You can see what action we 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?

The service was not consistently safe.

Medication practices required improvement. Not all staff had their competency assessed at regular intervals or received up-dated medication training.

Not all risks to people were identified. Improvements were required to record how these were to be mitigated to ensure people's safety and wellbeing.

Improvements were required to ensure staff were recruited safely and in line with regulatory requirements. The deployment of staff was not always suitable to meet people's care and support needs.

The provider's systems to safeguard people from abuse were safe and people told us they had no concerns for their safety.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

Training for staff was not as up-to-date as it should be and not all training was embedded in their everyday practice. Not all staff had received a robust induction.

Staff felt valued and supported and had received regular supervision and an annual appraisal.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and how to apply these principles.

People had their nutritional and hydration needs met, and the dining experience for people was positive. People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

Requires Improvement 

Is the service caring?

Good 

The service remained caring.

People were positive about the care and support provided by staff. People told us staff were caring and kind.

Staff demonstrated an understanding and awareness of how to support people to maintain their dignity, respect and independence.

Is the service responsive?

The service was not consistently responsive.

Some people's care plans provided sufficient detail, others were not as fully reflective or accurate of people's care and support needs as they should be and improvements were required.

People were not always supported to participate in a range of social activities.

People using the service and those acting on their behalf were confident about raising concerns and knew how to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Improvements were required to the quality assurance arrangements as these measures were not as robust as they should be.

The service involved people in a meaningful way and worked in partnership with other agencies.

Requires Improvement ●

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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 the 20 December 2017 and 9 January 2018 and was unannounced. The inspection team consisted of one inspector.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people, three visiting relatives, three members of staff, the deputy manager and the registered manager. We reviewed five people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.



Our findings

Safe was rated as 'Good' at our last inspection on the 10 and 11 November 2015. At this inspection, we found that safe was now rated as 'Requires Improvement.'

Although people told us, they received their medication as they should and at the times they needed them, the provider's arrangements for the safe management of medicines required improvement. We looked at the records for 10 of the 20 people who used the service and found a number of discrepancies relating to staff's practice and medication records.

The Medication Administration Record [MAR] for three people showed they had not always received their prescribed medicines. The MAR form recorded staff's rationale for the medication being omitted as 'asleep'. No information was available or provided to demonstrate staff had discussed this with the person's GP so that the times of the administration could be reviewed to ensure they received their medication, as they should. For another person, staff did not give their medication in line with the prescriber's instructions. The MAR form recorded one of their medicines should be administered for up to seven days only, however on the second day of inspection, this had been given for 11 consecutive days. The registered manager told us they were unaware of this and could not provide a rationale for staff's practice. Where people required a once weekly medication, the instruction on the MAR form stated this was not to be given at the same time as other prescribed medications. Staff did not follow this instruction and the MAR form showed it was given at the same time as other medications at 07.00. Staff spoken with confirmed this as accurate.

People were prescribed medicines to be taken as PRN [when required]. PRN protocols as part of good practice procedures were not always completed. The purpose of this document is to provide clear guidance to enable staff to understand when to administer 'when required' medication and how to record their administration.

Suitable arrangements were not in place to ensure all staff who administered medication were trained and competent to undertake this task safely. Three out of eight members of staff did not have evidence of up to date medication training and only one member of staff had had their competency assessed within the last 12 months. On the second day of the inspection, records showed and the registered manager told us, only two members of staff's competency assessments remained outstanding. An assurance was provided by the registered manager that staff would receive appropriate updated medication training as soon as it could be sourced.

We observed an incident whereby a member of staff assisted one person with their moving and handling needs. The member of staff placed their hands under the person's armpit and assisted the person to a standing position. Although the person did not show any obvious signs of pain or discomfort, this technique is unsafe as it can hurt and cause injury because the person's armpits have too much pressure on them. The Local Authority assessment for one person recorded them as being unable to weight bear and requiring assistance of two staff and a hoist for their moving and handling needs. Staff told us that this information was accurate. Two members of staff assisted the person to move in a way that was unsafe and put them at risk of harm by using an item of equipment that was not appropriate. We discussed this with the registered manager and they told us they would look into the matter following the inspection.

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

The registered provider's recruitment practices required improvement, as they were not in line with regulatory requirements. Staff recruitment records for four members of staff appointed since our last inspection in November 2015 were viewed. The registered manager sought only verbal references for one member of staff after they commenced employment at the service. The registered manager had not pursued written references for another member of staff. Dates relating to previous employment and the reason for the applicant having left that employment were not recorded for one member of staff. The Disclosure and Barring Checks [DBS] for three out of four members of staff were received after they started their employment at the service. The registered manager told us they had risk assessed each member of staff so that they could work at the service prior to receiving their DBS check. Evidence to demonstrate this was not available at the time of the inspection.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The way that the service assessed risks to people and the actions taken to reduce the risks required improvement to provide people with safe care at all times. For example, some care plans made reference to people being at risk of developing pressure ulcers, being at nutritional and hydration risk and at risk of falls. However, specific guidance on the actions the service should take to minimise these were not always recorded in order to mitigate future risk. We discussed this with the registered manager and they told us they were aware that improvements to the service's risk management arrangements were required.

We recommend that the provider seek support and training for the management team, in order to better assess and record the risks to people's wellbeing.

Relatives and people using the service told us there were always enough staff available to provide the support required. Our observations showed that although people were happy with the care and support they received from staff, the deployment of staff on the first day of inspection within one communal lounge required improvement. Seven people were seated within the communal lounge and over a 90-minute period, we saw that the only engagement staff had with people was when undertaking a task. This referred specifically when a staff member administered medication for one person, when providing moving and handling support for another person and while mid-morning refreshments were being given. We discussed this with the registered manager and, on the second day of inspection, found the deployment of staff within the service had improved.

The registered manager told us that a dependency tool was used to assess people's level of needs. However, this information was not used to determine and support decisions on the overall staffing of the service. The

service's daily reports recorded there had been three occasions since 1 January 2018 whereby staffing levels as told to us by the registered manager had not been maintained. Staff told us agency staff were not utilised at the service at these times. The registered manager confirmed that senior staff on duty had attempted to contact staff from within the service to try to cover the staffing shortfall; however, this had not proved successful. Staff told us that although they did their utmost to provide the best care and support to people at these times, care could be compromised. This referred specifically to people receiving personal care later than usual, having a 'strip wash' rather than a shower or a bath and having a much later breakfast. Staff rosters over a five-week period showed there were 10 occasions when staffing levels were not maintained. Although the above was noted, no one living at the service or those acting on their behalf raised concerns about staffing levels.

We recommend that the service consider a systematic approach linking people's dependency needs to staffing levels.

We asked people whether they felt safe living at the service. People told us staff looked after them well and they had no anxieties or worries. One person told us, "I feel safe living here." Another person told us, "Safe, yes I think so." Two relatives told us they had no concerns about their family member's safety at Westcliff Lodge.

Staff employed at the service had received safeguarding training. Staff demonstrated an awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that all members of the management team would act appropriately on people's behalf. Staff told us they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or provider were not receptive or responsive.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and records confirmed that staff received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

The registered manager operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these.



Our findings

Effective was rated as 'Good' at our last inspection on the 10 and 11 November 2015. At this inspection, we found that effective was now rated as 'Requires Improvement.'

The registered manager understood the importance of staff receiving appropriate training and development. Suitable arrangements were not in place to ensure training was up to date and at regular intervals in order to meet people's needs effectively.

Prior to our inspection, we looked at information received about the service. At their visit to the service in May 2016, the Local Authority found just over half of staff employed at the service had received up to date moving and handling training. At this inspection, the staff training records viewed showed not all staff had received mandatory training in line with the provider's expectations in key areas. This specifically referred to medication and moving and handling training. Although staff had received moving and handling theory training in 2017, the practical training had yet to be provided. Following the first day of our inspection, the registered manager told us that two staff had undertaken their moving and handling practical training with more planned during January 2018. As already stated staff did not always apply their learning effectively or in line with best practice.

The registered manager confirmed that all newly employed staff received a comprehensive induction. Records were available to show that newly employed staff had completed an 'in-house' orientation induction; but in some cases, this was between one and two months after they had commenced employment. Not all staff had commenced a more robust induction such as the 'Care Certificate' or equivalent. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. This was a particular concern where staff had no previous experience of working within a care setting and had not attained a National Vocational Qualification [NVQ] at Level 2 or above or undertaken the Qualification and Credit Framework [QCF].

Staff told us they felt supported. Supervisions were completed at regular intervals, allowing staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development. Staff employed longer than 12 months had received an annual appraisal of their overall performance.

People told us they were happy with the meals provided. One person told us, "The food here is very nice, you certainly get plenty of it." Another person told us, "I like the meals provided, they are lovely." People received

sufficient food and drink of their choice throughout the day. The dining experience within the service was relaxed, friendly and unhurried; with staff conversing with people using the service.

People were able to choose where they ate their meal, either at the dining table, remaining in their lounge chairs with tables placed in front of them or in the comfort of their room. Where people required assistance and support from staff to eat and drink, with the exception of one observation, this was provided in a sensitive and dignified manner. People were not rushed to eat their meal and were able to enjoy the dining experience at their own pace.

People told us their healthcare needs were well managed. Relatives confirmed they were kept informed of their member of family's needs and the outcome of any healthcare appointments. People's needs relating to their health were recorded and included evidence of staff interventions and the outcomes of healthcare appointments.

People lived in a safe and well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were nicely decorated and included their personal possessions. People had access to comfortable communal facilities, comprising of a large lounge and separate dining area. Adaptations and equipment were in place in order to meet people's assessed needs.

The Mental Capacity Act [MCA] 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff demonstrated a good knowledge and understanding of the MCA and DoLS. Staff were observed to uphold people's rights to make decisions and choices. Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and, where these had been authorised, the registered manager had notified the Care Quality Commission.



Our findings

Caring was rated as 'Good' at our last inspection on the 10 and 11 November 2015. At this inspection, we found that caring remained 'Good'.

People and those acting on their behalf told us they were treated with care and kindness by staff. One person told us, "The staff are very nice and they look after me well." Another person told us, "The staff provide good care and support. If you want anything, all you have to do is ask." Relatives confirmed they were happy with the care and support their family member received at Westcliff Lodge. One relative told us, "I am very happy with the care provided for [name of person using the service]. The staff know their needs really well and do what they can to ensure they are safe."

Observations showed that people received good person-centred care. People told us they had a good relationship with the staff who supported them, including newer members of staff. People appreciated this relationship and spoke positively about individual staff members. During the inspection, we saw that people and staff were relaxed in each other's company and it was clear that staff knew people well and how they liked their care to be provided. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. Staff addressed people by their preferred names and interacted with them in a kind and compassionate way. Staff confirmed that no one at the time of the inspection required specific technology or communication aids to help them to communicate.

People said their personal care and support was provided in a way that maintained their privacy and dignity. They told us the care and support by staff was provided in the least intrusive way and that they were treated with dignity and respect. People were supported to be as independent as possible. Staff encouraged people to do as much as they could for themselves according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could maintain some aspects of their personal care without and/or limited staff support.



Our findings

Responsive was rated as 'Good' at our last inspection on the 10 and 11 November 2015. At this inspection, we found that responsive was now rated as 'Requires Improvement.'

People using the service and those acting on their behalf told us they received good personalised care and support that was responsive to their needs. Recommendations and referrals to the service were made through the Local Authority. The Local Authority completed an initial assessment and together with the service's assessment; this was used to inform the person's care plan.

Whilst some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs, others were not as fully reflective or accurate. For example, the care plan for one person stated that the person had a catheter fitted to manage their urinary incontinence. No other information in relation to their continence needs was recorded. When we discussed this with the registered manager, they told us the person's catheter was not required and the information recorded was no longer accurate or up-to-date. This meant there was a risk that relevant information was not captured for use by care staff and professionals. It did not provide sufficient evidence to show appropriate care was being provided and delivered. Not all care plans viewed were person centred and improvements were required to ensure the holistic needs of people were identified and taken into account, including people's care preferences. Although the above was noted, we did not find or observe any impact on people's care during our inspection because of the improvements required pertaining to the service's care planning documentation.

We recommend that the service seek advice, guidance and training from a reputable source, about care planning.

People told us they could spend their time throughout the day as they wished and wanted. One person told us, "I can join in with what is going on if I want, but I don't have to." Our observations showed there was an over reliance on the use of the television in both communal lounge areas throughout the day. Staff did not routinely encourage people to take part in social activities and, where these did take place, the time span was fleeting. We discussed this with the registered manager and they told us the deputy manager was responsible for coordinating social activities for people using the service. However, it was the registered manager's expectation that all staff were responsible for supporting people to participate in meaningful social and leisure activities. Limited information was recorded to evidence the social activities undertaken by people using the service. The registered manager confirmed they were aware of the recording shortfalls

and this was an area for further development. Where records were completed, these showed between November 2017 and December 2017 a variety of activities revolving around Halloween and Christmas.

People were able to maintain relationships that mattered to them, such as family members and others and they were able to visit when they wanted. One person told us, "My family pop in whenever they can."

We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. The service had received two complaints since our last inspection in November 2015. Information relating to each complaint and the actions taken were recorded. Staff were aware of the complaints procedure and knew how to respond to people's concerns and complaints. People told us they would speak to their family or a member of staff if they had any worries or concerns. Relatives told us they felt able to express their views about the service. A record of compliments to record the service's achievements was captured.

Although no one living at the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The registered manager confirmed they would work closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families and staff as necessary.



Our findings

Well led was rated as 'Requires Improvement' at our last inspection on the 10 and 11 November 2015. At this inspection, we found that well led remained rated as 'Requires Improvement.'

A registered manager was in post. 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. A change to the management team had occurred since our last inspection to the service in December 2015. In 2016, a new manager was appointed to manage Westcliff Lodge.

We asked the registered manager about the quality assurance arrangements in place to gather, document and evaluate information about the quality and safety of the care and support provided at the service. A large number of audits and checks were undertaken and in place to inform the registered manager's monthly report. The registered manager confirmed this report was subsequently forwarded to the registered provider to keep them updated as to what was happening in the service.

However, these checks had not consistently identified those areas requiring improvement as highlighted during this inspection. For example, maintaining an accurate and complete record of people using the service in relation to the care and support to be provided. People's care plans required review as these did not fully reflect all of a person's current needs and the care and support to be provided by staff. Risks to people and the actions taken to reduce these risks required further development. This also referred to maintaining records for people employed at the service that were relevant to their employment, including a more rigorous and effective induction and training programme for staff. The checks had also not addressed all of the issues raised following the Local Authority visit to the service in May 2016. This coincided with our findings in relation to a lack of practical manual handling training for staff and the deployment of staff within communal lounge areas not being as effective as they should be at all times. Where shortfalls were identified as part of the inspection process, the registered manager told us they were aware of these and were doing their best to address the gaps.

Staff meetings were held to enable staff and the registered manager to discuss topics relating to the service or to discuss care related matters. Meetings were also conducted with people using the service. This showed that staff and people using the service were encouraged to have a 'voice' and to express their views about the service. Records were available to confirm the above. Action plans from these meetings were evident,

however these provided little evidence to show how actions were to be addressed, for example, issues relating to the service's laundry and how social activities at the service were to be improved.

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

People using the service and relatives had completed an annual satisfaction survey in September and October 2017. The results of these told us that people using the service and relatives were happy and satisfied with the overall quality of the service provided.

Relatives told us the service was well run and managed. They knew who the registered manager and deputy managers were. They told us that they found them to be very amiable and approachable. Staff spoke positively about the registered manager and senior management team and told us they received good support.

The registered manager understood the legal responsibilities of their registration with the Care Quality Commission and the requirement to keep us informed about important events that took place at the service through the statutory notifications process.

People benefitted from the service's collaborative approach to other organisations. The service worked in partnership with Local Authorities and Clinical Commissioning Groups when placing people, meeting their needs and reviewing their care. Staff employed at the service worked alongside healthcare professionals to meet people's healthcare needs. The registered manager told us the service was part of a joint local pilot scheme with local GP surgeries for the management of nutrition. Additionally, a clinical nurse practitioner had been assigned to work with the service to look at a range of healthcare needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Not all care and treatment was provided in a safe way for people using the service. Risks were not always mitigated to ensure people's safety.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People who use services were not effectively supported by the providers systems and processes to assess and monitor the quality of service provided. The arrangements in place were not as robust as they should be in identifying where quality or safety were compromised and required improvement.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Improvements were required to ensure effective recruitment and selection procedures for staff were in place.</p>

