

Hazelwood Care Limited

The Westcliff Care Home

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 responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Westcliff Care Home is a residential care home providing accommodation and personal care to up to 33 people. The service provides support to older people in one adapted building. At the time of our inspection there were 22 people using the service, some people were living with dementia.

People's experience of using this service and what we found

The governance systems in place were not robust and fully established to support the management team to independently identify and address shortfalls.

Infection control processes and procedures were not always thorough enough to reduce the risks of cross contamination. The systems in place to assess and mitigate risks to people were not always effective. We observed unsafe moving and handling practice when staff were supporting one person to mobilise. This practice did not support the person's dignity.

People's records did not always identify the most up to date risks to people and how they were reduced. People's care plans were not always dated to show they were up to date and reflected people's current needs. Some care plans which were dated were written in 2020 and 2021, therefore they were not always up to date. People's records did not always include their decisions, such as where they wished to be cared for if they were unwell or needed end of life care.

People's were supported to access health professionals, where required and the service worked with other professionals to achieve good outcomes for people. People received enough to eat and drink and they were complimentary about the choices of food they were provided with.

People were generally supported to have maximum choice and control of their lives and staff sometimes supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we observed a person having a lap belt placed on them whilst in a wheelchair. It was not clear if other less restrictive methods had been explored.

The environment was accessible and people had access to shared spaces. We identified some areas in the service which required action, following our visit, we were told these had been addressed.

There was a system in place to provide staff with training and support. Staff meetings updated staff on the requirements of their role and any changes in the service.

People received their medicines when they needed them. There were staff available to support people where needed. Recruitment processes were safe. There were systems in place designed to reduce the risks of abuse. Checks were in place on the safety of the environment, including fire safety and equipment used.

There was a complaints procedure in place and complaints were being responded to.

People told us they were happy with the service. The atmosphere in the service was fun and there was lots of laughter. People were provided with the opportunity to participate in social activities. People received visitors from their relatives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 March 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to safety, visiting and care provided. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led. We inspected and found there was a concern with Deprivation of Liberty Safeguards, so we widened the inspection and included the key question effective.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Westcliff Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safety, infection control and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have recommended that the provider considers reviewing and updating their policy relating to COVID-19 to reflect the most current government guidance and to provide staff with updated training in moving and handling.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service is not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Westcliff Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

The Westcliff Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Westcliff Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The last registered manager was deregistered in January 2021. There was a manager in post who has submitted a registered manager application to CQC which is being processed.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 17 May 2022 to help plan the inspection and inform our judgements. We received feedback from five people using the service and two relatives in May 2022, about their experiences of the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service. We reviewed the feedback we had received from people using the service and relatives received prior to our inspection visit. We observed the interactions between staff and people using the service, including during social activities, lunchtime and when a staff provided people with their medicines. We spoke with four staff members including the manager, care services manager, activities and administrator.

We looked around the building to check for any risks and if the service was clean and hygienic. We reviewed records including three staff recruitment records, training records, the care plans and risk assessments of five people using the service, medicines records and records relating to the governance of the service, including audits.

Following our visit, we received electronic feedback from three staff members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises and that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We found areas in the service which were an infection control risk. This included an extractor fan in a bathroom which was dirty and full of dust, the surfaces in the first floor sluice had a white residue over them, the passenger lift was dirty with debris on the floor, the lid of a commode in a person's bedroom had a torn cover and none of the toilet rolls were in enclosed dispensers.
- A ground floor bathroom, as well as for people to bath, was used to store hoists, wheelchairs and privacy screens. There was a cardboard box of slings in the bathroom. The care service manager told us these were spare slings and if used they would be washed.
- The care service manager told us each person, where required, had their own sling to use when being supported to mobilise using a hoist. We found a hoist in a lounge which had two slings used for different people draped over it, which was a risk of cross contamination. These were removed by the care service manager to be laundered.
- A shower had tape on the floor designed to reduce slipping, however, this was coming away from the floor which reduced effective cleaning. The corners of the shower needed cleaning.
- There was a rinsing jug on the side of the bath in one bathroom, when we pointed this out the care service manager, it was put in the bin. It was not clear if this had been used for multiple people.

Infection control systems were not robust to reduce the risks to people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visit, the care service manager told us the issues with infection control identified had been addressed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The policy referred to government guidance from 2020, rather than the most up to date guidance.

We recommend the provider reviews the policies in place to ensure they reflect the most up to date government guidance.

Visiting in care homes

- The care services manager explained the process for relatives to visit their family members in the service.

- People told us they received visits from their relatives.

Assessing risk, safety monitoring and management

- We observed an unsafe and undignified method of moving and handling being used, including pulling a person up by their waistband. We reported this to the management team, who informed us they had spoken with the staff member. Although staff had received training in moving and handling this had not been effective.

We recommend the provider considers further training for staff in moving and handling to ensure unsafe and undignified support is not being provided.

- People's care records included risk assessments in areas including moving and handling, falls and pressure ulcers. However, the records were not always up to date. For example, one person was observed to be using a wheelchair to mobilise, their care records stated they used a different aid and only used a wheelchair for short distances.
- One person's records identified they had diabetes, there was a lack of information in the care plan to support staff to identify any signs and indicators they should be aware of to identify if a person was becoming unwell due to this condition.

The systems in place to assess, monitor and mitigate risks to people using the service were not robust. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The care service manager showed us a template for a diabetes care plan which they told us they had already identified as needing doing. Following our inspection visit they told us these care plans were now in place.
- We observed staff respond quickly when a person was walking without using their aid, to reduce the risk of falls.
- There were systems in place to reduce risks in the environment, this included regular checks on fire safety, mobility equipment and legionella checks.

Using medicines safely

- Medicine audits were undertaken; however, these were checks on individual people's medicines stock and records relating to administration. There was not an overall audit in place, which reviewed the safety of the medicine's management processes.
- Medicines were stored safely and regular temperature checks were undertaken. However, medicines were not always labelled when they were opened, this was despite there being labels available for staff to use.
- We observed part of the lunch medicines round which was done safely by a staff member. Staff were trained and had their competency assessed in relation to medicines. Records showed people had received their medicines when needed.
- Where people had been prescribed to receive medicines 'as required' (PRN), there were protocols in place to guide staff when these should be given.
- Medicines which required specific storage and recording, known as controlled medicines, were managed safely. Risk assessments were in place relating to the storage and use of creams which may be flammable.

Learning lessons when things go wrong

- There were documents which recorded falls and incidents which tallied the number of events and actions taken to reduce risks to individual people, including the provision of technology and referrals to the falls

team. However, these lacked detailed analysis to identify of any potential patterns and trends.

- As a result of a concern received, the care services manager told us how they had learned lessons and improved in keeping people's relatives up to date, for example with visiting arrangements and what was happening in the service.

Staffing and recruitment

- Staffing levels were calculated in line with people's dependency needs.
- People told us the staff were available when they needed them, and we saw staff responded to requests for assistance promptly.
- The care services manager told us that the service had recently received Home Office approval to employ staff from overseas to ensure sufficient staff were employed.
- Staff recruitment records showed that systems were in place to undertake checks to reduce the risk of employing staff who were not suitable to work in the service. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place designed to reduce the risk of abuse, including staff training and policies and procedures.
- Staff confirmed they had received training and understood how to report concerns.
- Where concerns had been raised, the management team had reported these to appropriate professionals and taken disciplinary action, where required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- We found the service was generally working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. We saw staff asking for people's consent before providing any support.
- However, we observed one person who used a wheelchair, and staff assisted them to put on a lap belt. This person was living with dementia. We reviewed this person's records and there was no information about the use of a lap belt or if this had been considered as a form of restraint. There had been a DoLS application for this person in 2020 and there was no mention of the use of the lap belt. This was addressed by the management team when we pointed it out.
- There was a document in place which showed when DoLS had been applied for and this was kept under review.
- Other people's records included information about if people had capacity to make their own decisions and documents which were signed to show they had consented to their care. Where people lacked capacity and an individual had been appointed to make decisions, this was documented, as well as any best interest decisions with the input of professionals and people's representatives, where required.

Staff support: induction, training, skills and experience

- Staff confirmed they had received the training they needed to meet people's needs. This was confirmed in records. However, we have recommended the provider provide staff with updated moving and handling training due to us observing an unsafe technique used.
- Staff received an induction when they first started working in the service which incorporated The Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of

specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff told us they felt supported in their role and received one to one supervision meetings which provided a forum to discuss their role, receive feedback and identify any training needs.

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

- We identified some areas in the environment which needed attention including damage to a wooden area above the skirting board in a toilet and to the wall in the passenger lift. Following our inspection visit the care service manager advised these had been addressed.

- People told us they liked their bedrooms and could move freely around the home. One person said, "My bedroom is very comfortable, and I can go between there and the communal areas as I like."

- The service was accessible with a passenger lift and access for people who used a wheelchair to mobilise. Signage assisted people to find their own bedrooms and, for example, bathrooms.

- People had access to shared areas including lounges and dining room and an attractive garden.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the service, a member of the management team undertook an assessment of their needs with the person and their representative, where required. This was used to inform the care plan.

- The provider's policies and procedures referred to regulation and best practice guidance, including government guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- Without exception, we received positive feedback from people using the service about the food and choices of food they were provided with. One person said, "The food is excellent, and I have my meals in the dining room so I can chat to the other residents."

- People's records identified their specific needs relating to eating and drinking. We saw people had access to drinks throughout our visit.

- We observed lunch time and saw that this was a social occasion, with people sitting where they wanted to and chatting with each other. Where people required assistance to eat, this was provided at the person's own pace.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to health care professionals where required, including the GP.

- The management team told us they had good relationships with health professionals and made referrals where appropriate, this included to district nurses, GP, dieticians, Speech and Language Team (SALT) and falls team.

- Records showed when guidance had been received from health professionals, this was incorporated into people's care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us the staff were responsive to their needs and they received the care and support they needed. They were complimentary about the staff and their caring interactions. One person told us, "The Westcliff is a very happy home... I find the home such a happy environment and the staff are very pleasant and polite." Another person said, "I feel very well looked after by all the staff here and I feel there is a very happy atmosphere."
- We saw staff were responsive to people's needs and any requests for assistance were responded to promptly, including call bells.
- People told us they felt their independence was respected. This was confirmed by a relative who told us, "My [family member] didn't want all [their] independence taken away so didn't really want to go into residential care. They have worked with [family member] to allow [their] freedom while continuing to ensure [their] safety is always met."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there was a range of social and one to one activity which reduced isolation and boredom. One person told us, "There are lots of activities going on which I enjoy."
- There was a new activities staff member in post. They told us they were listening to people's choices about what they wanted to do. We saw them walk around the garden with a person when they had requested this.
- There was an attractive garden area with raised beds. We could see vegetable and fruit had been planted and people told us about how these were progressing, in particular the strawberries.
- People accessed the garden as they pleased. One person was sunbathing, and staff encouraged them to ensure they had enough suntan lotion on. People played games in the garden, throwing bags at tin cans, laughter and noise. People received a medal for their participation.
- People enjoyed a quiz after lunch, people told us they enjoyed this regular activity.
- People told us about the Queen's Jubilee party they had and how they had also watched it on television, which they enjoyed.
- We observed the manager and a person talking about a shared interest in a sport. The person told us they were considering taking up the manager's offer to take them to watch the sport live.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and records showed complaints were investigated and responded to.

- Concerns were discussed in staff meetings and staff were advised of any actions being taken as a result of concerns, and the requirement of their role.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager and care service manager told us, where required, documents could be provided in formats which were accessible, such as larger print and in different languages.

End of life care and support

- People's records held information about if they wanted to be resuscitated. However, not all evidenced that the staff had discussed with them their decisions about if they became unwell or at the end of their life, such as where they wished to be cared for. The care service manager told us this would be addressed.
- We saw a range of cards received by the service from relatives, thanking them for the care and support provided to their family member, including their end of life care provided.
- There were no people using the service receiving end of life care and support.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The systems in place for monitoring the service were not robust, this was because the shortfalls we had identified during our inspection visit had not been independently identified by the service. This included with medicines, moving and handling, infection control and care records.
- People's care plans did not always show who had completed them and they were not always dated so it was difficult to identify if these were current or not and when they had been updated to reflect any changes in need. There were separate monthly review documents in place, but we could not be assured that the care plans reflected the findings of the reviews.
- We found some damage in the environment and equipment which had not been identified in audits and addressed, this included the stair gates used which were torn. We were advised after our visit this had been addressed.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were advised that following our inspection visit the management team had taken action to address the shortfalls we had found, to reduce any risks to people.
- There had not been a registered manager in post since January 2021. Since the previous registered manager had left there had been another manager who left and the current manager who was previously the deputy manager. The manager had submitted a registered manager application to CQC, and this was in the process of being processed.
- The manager was supported by a care service manager who also worked in the service.
- We saw the manager and care service manager speaking with people throughout our visit and they clearly knew them well. One person told us, "The management has gone through some changes over the years, but it is now being run by very caring and proficient people."
- There was a whistleblowing procedure in place and staff were aware of how to use it. This was evidenced in records which showed the management team had acted when a staff member had reported bad practice. Staff told us they would have no hesitation reporting concerns to the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place which was understood by the management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Recent satisfaction questionnaires had been sent to people and relatives in April 2022. These had not yet been analysed and actions taken as a result of comments. However, the management team assured us this would be done.
- Staff meeting minutes showed staff were kept updated with any changes in the service and the requirement of their role, including in infection control. Staff were given time in the meeting to express their views.
- The minutes showed the management team were providing one to one supervision, which provide staff with as forum to discuss their job role and receive feedback.
- Minutes of resident meeting showed they discussed any changes in the service and what they wanted to be provided such as activities and on the menu.

Continuous learning and improving care

- Records showed staff were provided with training relevant to their role. This was kept under review and staff advised when further training was required.
- The management team had introduced a folder with memos and policy of the month, which staff were required to sign as read to ensure they were kept up to date. Also, the manager said they were introducing specific subjects in meetings to discuss and share best practice.

Working in partnership with others

- The care service manager told us they had positive relationships with health and social care professionals. Guidance received was used to drive improvement in the service.
- The manager told us how they were looking at establishing relationships in the community following the pandemic. They had already approached another care service with a view to share training and good practice.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The infection control processes and the systems in place to assess, monitor and mitigate risks to people using the service were not robust. This placed people at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.</p>