

Mrs Christine Dodge

Westcliff House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westcliff House is a residential care home providing personal and nursing care for up to 34 people living with learning disabilities and/or mental health needs. The service is divided into two wings. The Sidborough Wing provides a more traditional care home setting substantially for people with learning disabilities, some of whom are older people who have lived there for many years. The Roborough wing is set up as individual flats for people living with learning disabilities or long-term mental health needs. At the time of our visit there were 25 people living at the service.

The service was registered prior to the implementation of Registering the Right Support, a set of principles and values that underpin best practice for services supporting people living with a learning disability and/or autism. However, the service adheres to these to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 34 people which is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Improvements had been made since the previous inspection in December 2018 to how the service supported people to manage risks to their health, safety and welfare. Care plans and risk assessments described risks associated with people's needs and guided staff about how to support people in a way that mitigate these. Care plans also held more detail about people's abilities and their preferences with how they were supported.

People's medicines were managed safely.

People told us they enjoyed the food provided and their choice of evening meals had improved since the previous inspection.

People told us they felt safe living at Westcliff House. The relatives we spoke with also felt the service was safe; they described the staff as "wonderful" and "amazing". Staff were aware of their responsibilities to protect people and to report concerns should they suspect someone was being abused, mistreated or neglected.

There were enough staff available to support people. They had been safely recruited and received the training they needed for their role. People told they had a good relationship with the staff. One person said, "The staff are lovely and very supportive. They spend time talking with us."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff told us people had capacity to make decisions and choices about how they wished to live their lives. Staff respected people's decisions, even if those decisions were ones that others might think of as not being good decisions. The service worked closely with other care professionals, such the community mental health team, GPs and community nurses, to ensure people received the support they required.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The registered manager told us people had few goals and ambitions, with people happy to remain stable and well. This was something the service was looking to develop, to encourage people to think about their future and things they would like to achieve.

The registered manager had continued to develop a service's quality assurance system and service improvement plan. They told us how these used it to review the outcomes of their regular safety and quality audits, as well as to record when improvements were required and completed. People and staff told us the service was well managed. There were clear lines of accountability and each member of staff was aware of their role and responsibilities.

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

Rating at last inspection

The service was previously inspected in December 2018 and rated requires improvement. The report was published on 11 January 2019. We found one breach of regulation relating to risk management. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Westcliff House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 Care Act 2014.

Inspection team

One inspector undertook this inspection.

Service and service type

Westcliff House 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.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

Before our inspection we reviewed the information we held about the home. This included correspondence we had received, and notifications submitted by the home. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority's quality assurance improvement team.

We used all of this information to plan our inspection.

During the inspection

We spoke with 16 people who use the service about their experience of the care provided as well as two relatives of one person living at the service. We spoke with 10 staff, including the registered manager,

assistant manager, care staff, the cook and a housekeeping member of staff. We reviewed the care records for four people with more complex support needs and sampled some records for a fifth person. We looked at people's medicines records and at records relating to the management of the service, including two staff personnel files, staff training records, complaints records and quality assurance audits.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the previous inspection in December 2018, we found the control measures put in place to protect people's health and safety were either not identified in people's risk assessments, or where they were, had not been followed. At this inspection in January 2020 we found improvements had been made and risks to people's health and safety were now understood and mitigated as far as possible.
- People living at Westcliff House had a variety needs, some in relation to their mental health and others in relation to their physical health or medical conditions. Care plans and risk assessments described risks associated with these needs.
- Staff were provided with clear guidance about how each person should be supported to mitigate these risks, which included gaining people's trust and confidence to accept support and guidance.
- Records showed that where necessary, specialist advice from healthcare professionals was sought.
- The safety of the environment was monitored regularly and checks on the building and utilities were clearly recorded.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Westcliff House. Relatives told us the service had supported their relation well and they were pleased their loved one was living in a supportive and safe environment.
- At the previous inspection in December 2018 we recommended that the service monitors how frequently and under what circumstances one person displayed behaviour that others might find offensive. At this inspection we found the service had been monitoring this behaviour and were supporting the person to reduce the likelihood they would engage in this behaviour. Records showed this behaviour had significantly reduced.
- Staff received training in safeguarding adults. They were aware of their responsibilities to protect people and to report concerns should they suspect someone was being abused, mistreated or neglected.

Staffing and recruitment

- Recruitment practices were safe with pre-employment checks, including disclosure and barring (police) checks and obtaining references carried out prior to the commencement of employment.
- People and staff told us there were enough staff available to meet people's needs. Most of the people living at the service were independent with their personal care. People told us staff had time to sit with them and listen to them. One person said, "The staff are lovely and very supportive. They spend time talking with us."
- The home employed housekeeping and catering staff, which meant care staff had time to spend supporting people with their physical care needs or in conversation. During the inspection, we observed staff spending time with one person who was distressed due to a decline in their mental health.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Only staff trained in the safe administration of medicines and who had been assessed as competent, administered medicines to people.
- Where people took medicines 'as and when required', staff were provided with guidance about when this should be administered.
- Some people managed their own medicines after being assessed as safe to do so.
- The registered manager undertook monthly reviews of medicine practices and monitored staff performance to ensure it remained safe.
- There were safe arrangements to receive, store and dispose of medicines.

Preventing and controlling infection

- People were responsible for managing the cleanliness of their own bedrooms. People were proud to show us their rooms and flats. As at the previous inspection in December 2018, we found some were in a better state of cleanliness than others. Due to some people's mental health, they gathered items around them which they found in the community and which they were reluctant to dispose of. Also, some people had a history of self-neglect and neglect of their environment. The registered manager said it was necessary to build up trust and confidence with people to gain their acceptance of support. The registered manager said that because of this sensitive level of support people were becoming more agreeable to receiving support.
- Communal lounge and dining areas, and the kitchens and bathrooms were found to be clean and tidy.
- Staff had undertaken infection control training, and the registered manager had assessed activities that posed a risk of cross infection. Staff were provided with protective clothing such as gloves and aprons when undertaking personal care tasks and cleaning duties.

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- The registered manager used people's feedback and reviews of accidents to make improvements to the home.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the previous inspection in December 2018 we received mixed views about the quality of the food and some people told us they would like to see changes to the evening meals as only soup and sandwiches were available.
- At this inspection people told us they liked the food, saying it was "good" and "alright" and confirmed they had plenty to eat. They and staff said people could request whatever they wished for their evening meal. Our observations showed people had a variety of evening meals, including chilli con carne, sausages and potatoes, macaroni cheese as well as sandwiches and cake.
- Some people had their own kitchens and could prepare their own meals, while others ate out or bought food to eat back at the service.
- Staff had received training in nutrition, and we saw they had put this training into practice for one person who had become unwell.
- People's nutritional needs were kept under review with regular assessments.

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

- Care needs assessments identified people's needs and provided staff with guidance about how to meet these needs in line with best practice guidance and people's preferences.
- The registered manager used guidance from The National Institute for Health and Social Care Excellence (NICE) to ensure people's support was being provided in line with best practice.
- Good communication between care staff meant people's needs were well known and understood within the team.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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).

- People confirmed they were involved in decisions about their care and the support they received.

- Staff told us people had capacity to make decisions and choices about how they wished to live their lives. Staff respected people's decisions, even if those decisions were ones that others might think of as not being good decisions.
- Where staff and professionals had doubts about one person's capacity to make a complex decision, a mental capacity assessment had been undertaken and a meeting held to review what might be in the person's best interests.
- No-one currently living at the service was being deprived of their liberty. People told us they were free to come and go as they pleased from the home.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job. They were knowledgeable and competent. New staff were provided with induction training and supported to undertake the Care Certificate. The Care Certificate is a national agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff.
- Staff told us they were very well supported by the provider, registered manager and the assistant manager. They confirmed they had opportunity to discuss their training and development needs at regular formal and informal supervisions and appraisals.

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

- Discussions with people, the registered manager and staff, as well as reviewing records confirmed the service worked closely with other care professionals to ensure people received the support they required. Prompt referrals were made to the community mental health team, GPs and nurses when the service recognised people's needs were changing, particularly as needs arose related to aging.
- Relatives told us of the improvements their loved one had made since being supported by service. They described the staff as "wonderful" and "amazing".
- Records showed people received support from dentists and opticians as well as a chiropodist.

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

- The service had been designed to provide people with as much independent living space as possible. Accommodation was provided in self-contained flats, either one or two bedroomed, or in small groups of bedrooms, no more than three, sharing a communal bathroom.
- People's accommodation was personalised, and people had their own furniture and items that were important to them. People were pleased to show us around their home.
- Both areas of the home, the Sidborough wing and the Roborough wing, had their own shared lounge rooms and dining rooms.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they had a good relationship with staff and felt well supported. One person described the service as "brilliant" and "homely" and said, "There's not one member of staff I don't like." Another person told us the staff really understood them, saying, "They help me. I can talk to them, they're really supportive."
- Staff knew people well, some having worked at the service for many years. Our observations showed staff supported people respectfully with sensitivity, compassion and humour.
- Some people had lived in the service for many years and knew each other and staff well.
- Support plans included information about people's personal, cultural and religious beliefs.
- Staff understood how to deliver care in a non-discriminatory way, ensuring the rights of people with a protected characteristic were respected.

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

- People were allocated a 'keyworker' who was responsible for consulting them about their care and whether they felt they were being supported in the way they wished.
- People told us they were fully involved in making decisions about their care and support.
- The home guided people to advocacy services where they could receive independent advice.
- People were encouraged to share their views about the home through their keyworker meetings, residents' meetings and directly with staff.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. People had a key to their own room, which they were able to keep locked when they were not present. Staff requested permission from people to enter their rooms.
- Support plans contained information about what each person could do for themselves and people's independence was promoted.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.
- People's personal records were kept secured and confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- At the previous inspection in December 2018, it was clear the registered manager and staff knew people well and could tell us in detail how people liked to be supported. However, some care plans did not reflect this level of detail.
- At this inspection in January 2020, we found improvements had been made. The registered manager had involved all the care staff with reviewing and rewriting people's care plans. Keyworkers discussed people's needs with them and incorporated their preferences in to the care plans.
- Staff had a good understanding of people's needs and how they should engage with people and offer support. They recognised that for some people, it was necessary to discuss with them the consequences of not undertaking personal care or changing their clothes and work with them to gain their trust, confidence and agreement.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs and how they could be supported to understand any information provided. Some people had a sensory impairment and staff provided information verbally.

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

- At the previous inspection, people told us they wished to have more social engagement with staff. At this inspection people said they were happy with the social activities organised by the staff and they could choose whether to participate. Most people said they preferred to arrange their own social engagement, and many people had regular routines to go into the local town. Others enjoyed the exercise classes, arts and craft sessions and musical entertainment organised by the service.
- The registered manager told us people had few goals and ambitions, with people happy to remain stable and well. This was something the service was looking to develop, to encourage people to think about their future and things they would like to achieve. The registered manager said he was looking to engage people in more hobbies.

Improving care quality in response to complaints or concerns

- No one we spoke with had any complaints about the service. They told us if there was anything they were

unhappy with they would talk to the provider, registered manager or assistant manager. The management team were described as "lovely people" and who were approach able and easy to talk to.

- The registered manager maintained a record of all complaints brought to their attention and identified the action they took to resolve the matter.

End of life care and support

- Since the previous inspection, the home had been supported by the local hospice and community nursing team to care for a person at the end of their life.
- Where people had been willing to discuss their end of life care wishes, these were recorded in their care plan.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- At the previous inspection in December 2018, the service's quality assurance systems had not been fully effective in assessing the quality and safety of the service. We identified a breach in regulations relating to safe care and treatment. At this inspection, the service had made improvements.
- The registered manager had continued to develop a service improvement plan and told us how they used it to review the outcomes of their regular safety and quality audits, as well as to record when improvements were required and completed.
- People and staff told us the service was well managed. There were clear lines of accountability and each member of staff was aware of their role and responsibilities.

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; Continuous learning and improving care

- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They also notified CQC of this important information in a timely way.
- The registered manager and assistant manager engaged in learning from care forums and subscribing to professional websites, such as CQC, NICE and Devon County Council's provider engagement network. Learning from these sites and events, as well as when things had gone wrong was shared with staff and reflected upon to ensure improvements were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The values of the provider, registered manager and the service were reflected in the actions of staff and how positively they talked about people they were supporting. The focus of the service was about providing care for people who had experienced, and were continuing to experience, difficulties to engage with society's expectations of normal behaviour. Staff understood people's past experiences and used this information to develop care plans that recognised and respected people's complex support needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked positively with people and professionals to promote effective and respectful support.
- People, staff and professionals were asked for their feedback about the quality of the service through

regular questionnaires. The outcome of the questionnaires were reviewed and an action plan identified if any improvements were necessary.