

Hazelwood Care Limited

# The Westcliff Care Home

## 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 well-led?

Good ●

# 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 and people living with dementia in one adapted building. At the time of our inspection there were 29 people using the service.

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

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.

Improvements had been made in the infection control procedures in the service and in the environment. We found the service to be clean and hygienic and risks to people mitigated. Improvements had been made in people's care plans and risk assessments to guide staff in the support they required to reduce any risks to their safety and wellbeing. This included improvements in how people's capacity was recorded, and decisions made to keep people safe in their best interests. The governance and monitoring systems had improved to ensure the management team could independently identify shortfalls and address them.

People received their medicines, as required, safely. People were supported by staff who were available when they needed them. However, we have recommended the provider review their staffing levels at night to reduce risks. Staff were recruited safely in line with the provider's policies and procedures.

Staff were trained to meet people's needs. People had access to health care professionals where required and the service worked well with other professionals involved in people's care. People had access to enough food and drink and records were maintained to monitor people's dietary and hydration needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 July 2022). We had found breaches of regulation in relation to safe care and treatment and governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider considered 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. At this inspection we found the provider had acted on any recommendations and had made improvements.

### Why we inspected

We carried out unannounced comprehensive inspection of this service on 13 June 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve around safe care and treatment, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 requires improvement to good. This is based on the findings at this inspection.

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 inspection, by selecting the 'all reports' link for The Westcliff Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have recommended the provider review their staffing levels at night alongside people's needs.

#### Follow up

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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

### During the inspection

We spoke with six people who used the service. We also observed the care and support provided and the interactions between staff and people using the service, for example during lunch and when people were being supported with their medicines. We spoke with the registered manager and three staff members including care and catering staff. We also spoke with a visiting health care professional. Following our visit to the service we spoke with one person's relative on the telephone.

We reviewed the care records of three people using the service and multiple medicine administration records. We reviewed documents relating to staff training, rota, and governance, such as audits and monitoring checks.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure the systems to assess and mitigate risks to people were robust. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

At our last inspection, we recommended the provider considered further training for staff in moving and handling to ensure unsafe and undignified support were not being provided. During this inspection we found improvements had been made.

- Staff had received updated training and were observed, to reduce the risks of unsafe moving and handling techniques being used.
- People's risk assessments had been reviewed, updated and provided guidance for staff in how risks to people were to be mitigated.
- There were systems to reduce risks in the environment, this included regular checks on fire safety, mobility equipment and legionella.
- People told us they felt safe living in the service, this was also confirmed by a relative.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure infection control systems were robust to reduce the risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

At our last inspection, we recommended the provider reviewed the policies in place relating COVID-19 to ensure they reflected the most up to date government guidance. During this inspection we found improvements had been made.

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People told us their relatives were made welcome when they visited them. This was confirmed by a relative who told us they and other relatives and friends visited their family member.
- A recent outbreak of COVID-19 had affected the visiting arrangements, for which the service had followed good practice guidance. However, regular visiting had now resumed.

#### Staffing and recruitment

- During our inspection visit, we saw staff were available when people needed them. People confirmed they felt there were enough staff to promptly respond to requests for assistance.
- Staff were recruited safely in line with the provider's policies and procedures. 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.
- The registered manager told us they were in the process of reviewing the staffing levels to ensure there were sufficient staff numbers to meet people's needs safely. As a result, the staffing levels during the morning had increased.
- We discussed the staffing levels during the night and the needs of the people using the service. Including if the staffing numbers were sufficient to keep people safe in an emergency, such as if there were a fire. The registered manager assured us they continued to review the staffing levels for all shifts.

We recommend the provider review the night staffing levels, to include consideration be given to people's dependency needs at night, domestic duties undertaken by night staff as well as their caring duties and how emergencies could be safely managed which may arise at night.

#### Using medicines safely

- There were systems in place to store, order, administer and record people's medicines safely. Medicine administration records showed people received their medicines as prescribed.
- We observed a staff member providing people with their medicines safely. Staff who supported people with their medicines were trained and had their competency checked.
- Improvements had been made in the auditing system for medicines management. There was now a robust system in place which supported the management team to identify any discrepancies and address them.

#### 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.

### Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong and use any incidents and accidents to drive improvement.
- Monitoring and analysis of falls and incidents had been improved to support the management team to identify any patterns and take action to reduce incidents happen in the future.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- During our last inspection, 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. During this inspection, we found improvements had been made.
- People had access to shared areas including lounges and dining room and an attractive garden. The service was accessible to the people who used the service, for example, people who used a wheelchair to mobilise, there were ramps to enable safe entry and exit to the home.
- Signage assisted people to find bathrooms. The registered manager told us how they were considering further methods of providing visible signs and/or memory boxes to assist people to find their own bedrooms.
- A person's relative told us how their family member's personal space reflected their choices, such as a chair from home and several pictures on the wall.

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

- Before people moved into the service a member of the management team undertook an assessment of their needs with the input of person and their representative, where required. This was used to inform the person's care plan and risk assessments.
- The provider's policies and procedures referred to regulation and best practice guidance, including government guidance.

Staff support: induction, training, skills and experience

- Since our last inspection, staff had received further training in moving and handling to ensure they were kept up to date with safe moving and handling techniques.
- Records showed staff had received training to meet the needs of the people who used the service. Training was kept under review and staff received refresher training to ensure they were kept up to date in the requirements of their role.
- New 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 received one to one supervision meetings which provided a forum to discuss their role, receive feedback and identify any training needs.

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

- People told us they were provided with enough to eat and drink and that the quality of the food provided was always good. One person's relative told us how their family member enjoyed the food in the service and had gained weight since moving in.
- People's requirements with regards to nutrition and hydration was documented. Records were maintained, where people were at risk of dehydration and malnutrition to assist the management team to monitor the amounts people had to eat and drink.
- We observed people at lunch, it was a social occasion, people chose where to sit and chatted with their friends, including the regular quiz following lunch. Where people required assistance with their meals, this was done by staff at the person's own pace.
- The catering staff had a good understanding of people's specific dietary needs and how these were met.

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.
- A visiting health professional told us they felt that the service worked in partnership with them and acted on any guidance and suggestions they made.
- Records showed when guidance had been received from health professionals, this was incorporated into people's care plans.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- People's care records including information about their capacity to make decisions. For people who lacked capacity and required assistance with making decisions, this was documented, as well as any decisions made in their best interests.
- DoLS referrals were raised where required and these were documented and kept under review.
- During our inspection visit, we saw staff asking for people's consent before providing any care or assistance.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; Continuous learning and improving care

At our last inspection, systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, improvements had been made in the auditing and monitoring systems. These supported the management team to identify and address any shortfalls.
- The manager had been registered with CQC since our last inspection. The registered manager was supported by a care service manager.
- The registered manager understood their role and responsibilities, which included notifying us of specific incidents.
- Improvements had been made since our last inspection, including with the environment, infection control and how people were being provided with good quality care.
- Care plans had been reviewed which detailed the care and support people required. These were kept under review to ensure they were kept up to date.
- During our inspection visit we saw the registered manager was a visible presence and people knew who they were. They were doing a crossword and puzzles from a newspaper with a group of people after lunch.
- A person's relative told us how the registered manager and care service manager were approachable, helpful and friendly. They also commented on the caring nature of the staff, which was confirmed in our observations.

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

- The requirements of the duty of candour was understood by the registered manager.
- The registered manager was able to explain when the duty of candour would be and had been used in line with the provider's policies and procedures.

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

- People and their relatives were provided with a system to share their views about the service in satisfaction surveys and meetings. People's comments were valued and used to drive improvement.
- Recent staff surveys had been undertaken and there were plans to monitor these and address any comments of concern.
- Staff meeting minutes showed staff were kept updated with any changes in the service and the requirement of their role. Staff were given time in the meeting to express their views.
- Minutes of resident meetings showed they discussed any changes in the service and what they wanted to be provided such as activities and on the menu.

Working in partnership with others

- The registered manager told us they had positive relationships with health and social care professionals. This was confirmed by a visiting health care professional who told us they worked well with the service and the staff listened to and acted on any guidance given.
- The registered manager told us how they were intending to approach a nearby care service with a view to share training and good practice.