

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 caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Westcliff Care Home 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. This service does not provide nursing care. The Westcliff Care Home accommodates up to 26 older people, with a range of needs catered for, including dementia, in one adapted building. There were 25 people living in the service when we inspected on 12 February 2018. This was an unannounced comprehensive inspection.

At our last inspection of 18 January 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, improvements had been made in Responsive, which is now rated as Outstanding.

There was a registered manager 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.

The service provided an extremely responsive service to people. People received care and support which was assessed, planned for and delivered to meet their specific individual needs. People were supported to participate in meaningful activities, which were creative and met people's needs and preferences. Social inclusion supported people to live a full life as possible. A complaints procedure was in place. People were actively to give their views about the service and these were used to drive improvement. There were systems in place to support people at the end of their life.

The service continued to provide a safe service to people. This included systems designed to minimise the risks to people in their daily living. People were provided with their medicines safely. Staff were available when people needed assistance. The recruitment of staff was done safely. The service was clean and hygienic.

The service continued to provide an effective service to people. People were supported by staff who were trained and supported to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's dietary needs continued to be assessed and met and people had access to health professionals when needed. The environment was suitable for the people living there.

The service continued to provide a caring service to people. People had good relationships with the staff. Staff interacted with people in a caring manner. People were consulted about the care and support that they received.

The service continued to provide a well-led service to people. The service had a quality assurance system and shortfalls were identified and addressed. As a result the quality of the service continued to improve.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was extremely responsive.</p> <p>The staff and management were creative and flexible in the ways that they met people's specific needs and valued people. People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met. People's end of life choices were valued and respected.</p> <p>People's concerns and complaints were investigated, responded to and used to improve the quality of the service.</p>	<p>Outstanding ☆</p>
<p>Is the service well-led?</p> <p>The service remains good.</p>	<p>Good ●</p>

The Westcliff Care Home

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 checked 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 unannounced comprehensive inspection on 12 February 2018, was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 12 people who used the service and four relatives and one visitor. We observed the interactions between staff and people throughout our inspection.

We looked at records in relation to three people's care. We spoke with the registered manager and six members of staff including the deputy manager, care, activities, domestic and catering staff. We also spoke with a visiting health professional. We looked at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection of 18 January 2016, Safe was rated Good. At this inspection we found Safe remained Good.

People told us that they felt safe in the service and explained to us what made them feel safe. One person told us, "I had the chance of a necklace alarm but I didn't want one, staff are always popping in." Another person commented, "I feel safe living here." One person's relative said, "I absolutely believe [person is] safe, it's been a blessing for us. Last year we went away for two weeks, the first for a long time when I relaxed and didn't fret."

There were systems in place designed to keep people safe from abuse. People received support from staff who were trained and understood how to recognise and report abuse. There had been no safeguarding concerns raised about the service in the last 12 months.

Risks to people continued to be managed well. Staff received guidance on how risks to people were minimised in risk assessments. Where people were at risk of pressure ulcers developing there were systems in place to minimise risks. This included the support from health professionals, and pressure relief equipment. Where people were at risk of falls, there were systems in place to analyse them for trends and develop ways of reducing future incidents. Where things had gone wrong the service took swift action to address them and reduce the risks of similar incidents happening.

Electrical and mobility equipment were regularly serviced and monitored to ensure they were safe for people to use. Regular fire safety checks and guidance for staff reduced the risks to people if a fire happened in the service.

People told us that they felt that there were enough staff to meet their needs and that staff were available when they needed them. One person said, "I've always got a bell here if I want anything and they are here in a couple of minutes... If I'm in bed they put it [call bell] on my pillow so it's always there if I want it." Another person commented, "There is always someone there for you." One person's relative said, "There always seems to be enough staff around." However, we received one comment from a relative which contrasted from the others received. "I think there is not enough staff, it's that simple." We saw that staff responded to requests for assistance promptly, including call bells.

Discussions with the registered manager and records showed how the service was staffed each day to meet people's needs safely. Staff told us that there were enough staff in the service. The service continued to maintain robust recruitment procedures to check that prospective staff were of good character and suitable to work in the service.

Medicines continued to be administered safely. People told us that they were satisfied with how the staff supported them with their medicines. One person said, "They [staff] look after my health by giving me my medicines on time." Staff were trained in the safe management of medicines. Records showed that

medicines were given to people as prescribed and stored safely. Audits supported the management team to identify any issues and take action to address them.

People told us that they felt that the service was clean and hygienic. One person said, "It is always clean." People were protected by the prevention and control of infection. We saw that the home was clean and personal protective equipment was available for staff and people who live at the home to use when needed. We saw the staff had received training and followed clear policies and procedures to maintain high standards of cleanliness and hygiene. All areas of the home smelt clean and fresh.

Is the service effective?

Our findings

At our last inspection of 18 January 2016, Effective was rated Good. At this inspection we found Effective remained Good.

People's care needs were assessed, planned for and delivered holistically. This included their physical, mental and social needs. The staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. A health professional told us how the staff in the service listened and acted on their advice and effectively identified changes in people's wellbeing and referred people to them when needed.

People told us they were supported to access health professionals when needed. One person told us, "The District Nurse came this morning and took my blood... I keep fairly well." People's records included information about treatment received from health professionals and advice to improve their health were included in their care records. There were systems in place to support people to move between services effectively. If people were admitted to hospital, important information was passed to hospital staff about how their needs were met. This ensured that people continued to receive consistent care.

The service continued to support people to maintain a healthy diet. People told us that they chose what they wanted to eat and drink and they were satisfied with the food they were provided with. One person said, "We have an excellent chef...really is top notch." Another person told us, "I get a choice and I usually get what I like, it's cooked well." Another person commented, "I only have small portions, they are very good, they know what I like." Another said, "Obviously not everything they serve suits you, but there is always something you can have."

Staff provided a positive dining experience for people. Where people were supported to eat staff did this at their own pace. Staff spoke with people, including what they wanted next and what was on their fork. Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals. There were systems in place to monitor what people had to eat and drink where there were risks in these areas. Staff were knowledgeable about people's specific dietary needs, including the provision of fortified food and drinks to supplement people's calorie intake.

People continued to be cared for by staff who were trained and supported to meet their needs effectively. Training provided to staff included safeguarding, moving and handling, fire safety, and dementia. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had been trained in MCA and DoLS and continued to demonstrate they understood the MCA and how

this applied to the people they supported. The registered manager understood when DoLS were needed and had made referrals appropriately. People's care records identified their capacity to make decisions and people had signed their records to consent to the care provided. People told us that their consent was sought and where there were no restrictions they could go out alone when they wanted to. One person said, "I'm left to my own devices, I'm not restricted so I come and go as I please, depending on the weather." Another person commented, "It's great here, we all seem to get on together. You don't have to do anything you don't want to do, and you can join in if you want."

People were complimentary about the environment that they lived in. One person's visitor said, "It's lovely here with the three communal rooms, you can watch TV, do activities or spend quiet time, [person] is very settled and really enjoys it." This was confirmed in our observations. The provision of a choice of communal areas gave people a choice of where they wanted to spend their time and to receive their visitors in private, if preferred. There was equipment available to support people to mobilise effectively and safely. The service was designed to be accessible to people who, for example, used a wheelchair. Rooms, including bathrooms, were big enough for people to manoeuvre using their mobility aids. There was a passenger lift available for people to use if they could not use the stairs. There was an attractive and accessible garden which people could use. The weekly gardening club allowed people to maintain their garden, including growing vegetables for their meals.

Is the service caring?

Our findings

At our last inspection of 18 January 2016, Caring was rated Good. At this inspection we found Caring remained Good.

People told us that they felt that the staff were caring and respectful. One person said, "They [staff] are very kind." Another person commented, "The staff are okay, they treat me well, I can't find any fault with them, they are all good." Another person told us, "Staff are very good, they are all different and all treat us in different ways and do a marvellous job... They laugh and joke a lot but also treat me with respect." One person's visitor said, "[Person's] condition affects their speech and they [staff] are very patient with [them]. They do a sterling job, the staff are really engaged with the residents, staff talk with residents as opposed to at them." One person's relative commented, "From what we see of it they are very very caring... Every staff member knows [person] and they all address [them] by name."

We saw cards and letters sent to the service by families which commented on the care their relative received. One stated, "You have an amazing care home, like one big family." Another said, "We feel so pleased that we found this wonderful home for our [relative]. You are the most caring and thoughtful, not only to [relative], but to us also whenever we visited, always a warm welcome."

Staff spoke about and to people in a compassionate manner. We saw caring interactions between staff and people. They spoke with people at their eye level and listened to what they said. We observed appropriate and caring physical contact between staff and people, which met their emotional as well as physical needs. We saw a person being assisted to mobilise using equipment. Staff informed them about what was happening, reassured and made comfortable.

People's independence continued to be promoted and respected. One person said, "The staff are brilliant, I wash myself, but I know if I needed it that would be fine." People's care records identified the areas of their care that they could attend to independently and where they needed assistance from staff.

People's privacy and dignity continued to be respected. We saw that staff closed bedroom doors when they were supporting people with their personal care needs, which respected their dignity and privacy. Staff knocked on bedroom and bathroom doors before entering. One person told us, "They knock on the door every time, some even have a special knock for me to recognise." We saw that when staff spoke with people about their personal care needs, this was done quietly so it could not be overheard by others. A health professional told us how the staff ensured people's privacy during treatment.

People told us that they made decisions about their care and that staff listened to what they said. One person commented, "I have my own routine, I choose when I get up, breakfast is around 7am in my room, I shower twice a week, go out when I want." One person said, "I think I have seen my care plan but I don't know, they have it downstairs. I'm just a happy soul living here." One person's visitor told us, "The staff are really very good, if I tell them something they listen and respond."

People and their relatives, where appropriate, had been involved in their care planning. This included people's usual routines, likes and dislikes, and preferences. People's bedrooms were personalised with pictures, photographs and ornaments, which reflected their choices and individuality. One person's relative said, "[Person's] room is beautiful and everything in here has come from [person's] home."

People were supported to maintain relationships with important people in their lives. We saw people receiving their visitors from their relatives during our inspection. Families, where appropriate, were kept updated with issues about their relatives. One person's relative said, "[Person] hasn't been well and had a couple of days in bed, they rang and told me, they have always said they would let me know if there was a problem."

Is the service responsive?

Our findings

At our last inspection of 18 January 2016, Responsive was rated Good. At this inspection, we found Responsive had improved to Outstanding. This was because the leadership in the service was inclusive and encouraged people to share their views about their choices of care and social activities. People's social needs were met in creative ways to ensure that people felt valued and were supported to live a full life. The registered manager told us, "Even though people live in a care home it does not mean that they can't still enjoy their life." This was evident in the joyful atmosphere in the service, where people enjoyed activities and social interactions with each other, staff and their relatives.

People told us about the group and individual activities provided in the service. One person said, "We have a great time, I never get bored." Another person told us, "I play scrabble with staff. I only go for the group activities when they have entertainment... I keep my brain active by doing crosswords, puzzles with staff." Another person commented, "I join in with some of the activities, we have different people come and entertain us." People told us that if they preferred not to participate in the activities the staff visited them in their bedrooms to reduce the risks of isolation. One person said, "It's quite nice to have someone to talk to if you want or you can go to your room, we always have a laugh here." Some people told us that they had friends and interests outside the service and they independently went out in the community. This was confirmed in our observations. One person had returned from the local town and had had their beard cut. All of the staff commented positively on this which made the person smile.

We saw several letters and cards which had been sent to the service by people's relatives who commented on the activities provided in the service. One stated, "A special thank you to [activities staff member] for all [their] never ending patience with arranging all the activities which I know [person] enjoyed as I did when I joined in."

There continued to be a programme of activities available that people could participate in, that interested them. This included visiting entertainers, exercise, gardening club, quizzes and games, such as bowls. The activities staff told us how they were creative and innovative in the activities to ensure that people did not become bored. This included research and speaking with people and relatives about their suggestions.

During the morning of our inspection we saw people participating in exercise to music. This included people who could mobilise independently and others who were not able to stand. This then developed into people choosing music and dancing. People and staff laughed and when one song finished they were keen to start another. People enjoyed the 'Tequila' song where they all shouted out, "Tequila," and laughed. Another song enjoyed included the 'Hokey Cokey' which was joined in by everyone, singing and dancing along. As soon as the song started playing people, who were able, danced over to the centre of the room. Staff encouraged others who were not so independently mobile. One person rolled their eyes and laughed and said, "They [people and staff] are always doing this one [dance]. They love it." One relative told us how their relative enjoyed living in the service and participating in the activities. They said, "They [staff] are very good, it is always like this. They try very hard." Their relative was clapping and laughing at the songs and people dancing. Throughout the day, when people asked, the music was put back on and the dancing started

again. The service had a social media page where people and relatives could look at the activities people enjoyed. This included the dancing activities, which showed that this was a regular activity which people clearly enjoyed. There was lots of laughter from people and staff, which provided a happy environment.

On the afternoon of our inspection, gardening club was the planned activity. Because it was cold outside the activities staff had planned a garden related activity which people could enjoy indoors. They showed people objects they had brought in and asked people if they would like to make butterflies which would be added to the objects to make decorations for the service. People asked questions and agreed they wanted to do this. Whilst people were making the decoration they were chatting to each other and listened to music, singing along and tapping their feet. People and the registered manager told us about what they did in the gardening club on other days. This included planting flowers and growing vegetables and fruit. People chose the vegetables they wanted to grow and used their own knowledge and experience to do this. People ate their produce. We saw the garden which was attractive and consisted of raised beds, which were accessible to the people using the service. The registered manager told us that they were discussing with people if they wished to enter the 'Felixstowe in Bloom' community project. They said that people were so proud of their garden and this would give them the opportunity to show it off.

There were three large communal areas where people could choose to spend their time. This included the lounge/dining area where people had been dancing and singing. A lounge where some people chose to watch television and another lounge where there was a large jigsaw half done on a table. One person told us, "If I don't want to be in the noise [the lounge/dining room], I can come in here for some peace." We saw people taking part in other activities on a one to one basis with staff including folding napkins for the meal, reading the newspaper and drawing.

Several people had decorated their mobility aids. A staff member told us that this had been an activity, some people had chosen to decorate them. We complimented one person on their frame and they told us, "Great isn't it?"

There were photographs and a digital photograph frame around the service of people enjoying activities. These included art, Halloween and birthday parties, and participation in community events. This included 'Art on the Prom.' Photographs showed people smiling with their display of stones that they had painted on Felixstowe sea front. The registered manager told us that people had also participated in hiding their painted stones around the area for people in the community to find in the 'Felixstowe Finds' community activity.

We saw that each person had a book where items such as photographs of them doing activities and items of art they had completed were kept. One person's book included photographs of them smiling whilst they were stroking a rabbit and wearing an Easter bonnet they had made. The registered manager told us that these were given to people or their relatives when they left the service. They said the books showed that people's lives continued when they were living in the service. The deputy manager shared an example of when they had given the person's book to a relative after the person had died, which gave them comfort.

People made decisions about their end of life care, such as if they wished to be resuscitated, and where they wanted to be cared for at the end of their life. We saw several letters and cards received by the service from people's relatives thanking them for the end of life care they had provided. One stated, "You have all taken part in making [person's] last year calmer, safer and as fulfilled as it could be, so thank you for that." Another said, "Nobody wavered in their duty of care and I was most touched by the genuine sadness of you and your staff after [person] departed this life." A third stated, "Thank you so much for making [person's] last days as pleasant as possible." We spoke with a visiting health professional who commented on the actions taken by

the management team and staff on duty when a person had died in the service. They had observed positive actions and said that the reactions of staff showed that they genuinely cared about the person at this time. Staff had received training in death, dying and bereavement. The registered manager told us that the staffing levels would be increased if people required more care at the end of their life. This identified that there were systems in place to deliver good quality end of life care to people when this was needed.

Without exception, people told us that they were satisfied with the care and support they were provided with which was very responsive to their needs. One person said, "I'm happy living here, it is lovely." Another person commented, "They [staff] are always concerned about me, if I ask for anything and it's in their capacity they'll deal with it." One relative commented, "We think the care is excellent." Another said, "[Person] has been looked after really well since [they have] been here... [Person] is always clean and tidy."

People's needs continued to be assessed and planned to meet their individual needs. People's care records included guidance for staff about how people's needs were met and included information about their conditions, including dementia and diabetes, and how they affected people in their daily living. Where people displayed behaviours that may be challenging to others, their care plans identified potential triggers and how staff were to avoid them.

We saw examples of where staff were very responsive to people's needs. This included a verbal exchange between people. Staff responded and reassured both people to diffuse the situation. One person's relative said, "We have watched the staff many times with residents that are more challenging, and they sit with them, talk to them, we cannot fault them."

One person told us how the service had responded to their needs and contributed to their wellbeing. They said, "I'm okay now but I wasn't when I came in here, they've got me right, looking after me."

People's care was regularly reviewed to provide the most up to date guidance to staff. This included care reviews which were attended by people and their relatives. One person's relative told us, "We were involved with a review of [their] care plan last year." This showed that people's views were valued.

People told us that if they had a concern about the service they would report them and were confident they would be addressed. One person said, "Now and again I mention things to whoever is handiest, and they will do what they can [to resolve their issue]." There was a complaints procedure in place and information posted in the service about how people could raise a complaint. Records of meetings attended by people and relatives minuted that they were asked if they had any complaints or concerns about the service provided. Records showed that complaints continued to be investigated, responded to and used to improve the service. This included advising staff of their responsibilities. There had been only one concern received in 2017.

Records of compliments received by the service far outweighed the number of complaints received. These had been sent to the service by people's relatives and friends thanking the staff for the care and support provided. Comments in these included, "Thank you to everyone at The Westcliff for the care, affection and love show to [person]," and, "All of the team were wonderful throughout my [relative's] stay and I spent a lot of time in the home. I can honestly say that I was overwhelmed by the genuine care and affection with the team showed for all of the residents."

Is the service well-led?

Our findings

At our last inspection of 18 January 2016, Well-led was rated Good. At this inspection, we found Well-led remained Good.

There was a registered manager 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.

People and relatives were complimentary about the management in the service. One person said, "The manager here makes sure staff care, [registered manager] won't take any nonsense from the staff."

A visiting health professional told us that the registered manager and deputy manager, "Run this home lovely." They said that the management team clearly cared about the people living in the service and this was reflected in the care they were provided with. They added that they would recommend this service to a family member or friend. The registered manager told us about the positive relationships that they shared with other professionals involved in people's care. This included the health professionals who regularly visited the service to ensure that people were provided with a consistent service which met their needs.

The registered manager continued to promote an open culture where people, relatives, and staff were asked for their views of the service provided. Where comments from people were received the service continued to address them. One person said, "We feed back about once every three months through meetings, the manager takes it. We can air our views and they act on it, once I said that a certain food did not appear very popular and they changed it." Another person said, "I don't see the need to go to any meetings unless you want to complain. I always know when they are on as I read the notice board." As well as the meetings the service asked for people's views in satisfaction questionnaires.

The minutes of staff meetings showed that they were kept updated with any changes in the service and people's needs and they could share their views and comments to improve the service.

The registered manager continued to undertake a programme of audits to assess the quality of the service and identify issues. These included audits on infection control, medicines, health and safety and care records. We saw that these audits and checks supported the registered manager in identifying shortfalls which needed to be addressed. We saw that the systems, including monitoring of care reviews and the recording for the administration of external medicines, including creams were effective. This was because over time, the omissions by staff had reduced.

Where incidents and accidents had happened, there were systems to analyse these to check for any trends and to learn from these and reduce the risks of future similar incidents happening.