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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Westcliff Care Home provides accommodation and personal care for up to 33 older people, some living with dementia.

There were 26 people living in the service when we inspected on 18 January 2016. This was an unannounced inspection.

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.

There were procedures and processes in place to ensure the safety of the people who used the service. Risk assessments provided guidance to staff on how risks to people were minimised. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely.

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support. The recruitment of staff was done to make sure that they were suitable to work in the service.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

People were provided with personalised care and support which was planned to meet their individual needs. People, or their representatives, were involved in making decisions about their care and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to provide assistance to people when needed. Recruitment of staff was completed to make sure that staff were able to support the people who lived in the service.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's needs and social inclusion were assessed, planned and delivered to ensure their preferences and requirements were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 January 2016, was unannounced and undertaken by two inspectors.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

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 11 people who used the service and one person's relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

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

Good

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I feel safe, I'm not nervous of anything." Another person commented, "I feel safe because if I fall there are staff around."

Staff had received training in safeguarding adults from abuse which was regularly updated. Staff understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how concerns were to be reported to the local authority who were responsible for investigating concerns of abuse. There had been no recent safeguarding referrals made about or by the service.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using mobility equipment, pressure ulcers and falls. Where people were at risk of developing pressure ulcers records showed that they were regularly repositioned to minimise the risk. These risk assessments were regularly reviewed and updated. When people's needs and risks had changed, the risk assessments were also updated.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the lift had been serviced and regularly checked so they were fit for purpose and safe to use. There were no obstacles which could cause a risk to people as they mobilised around the service. Regular fire safety checks were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Environmental risks assessments were in place to guide staff on how they should ensure the safety of people, staff and others.

People told us that there was enough staff available to meet their needs. One person said, "If I need anything I press my bell and they [staff] come quickly." Staff were attentive to people's needs and requests for assistance, including call bells, were responded to promptly.

The registered manager told us how the service was staffed each day and this was confirmed by the records we reviewed. Staffing levels were assessed and reviewed if, for example, people's needs increased. The registered manager told us how they had increased the daily staffing levels for the following week, this decision had been made because a person required increased support with their mobility. This showed that appropriate action was taken to reduce the risks to people.

The registered manager told us that the service was fully staffed of care staff. There was a vacancy for an assistant cook, appropriate action had been taken and a new staff member was due to start at the end of January 2016. There were staff who covered the meals which ensured that care staff were free to support people with their needs.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the

people who used the service.

Medicines were managed safely and were provided to people in a polite and safe manner by staff. People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "I have no problem with my pills, they [staff] bring them to me wherever I am."

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines, including controlled drugs, were kept safely but available to people when they were needed. Regular temperature checks were undertaken to make sure that medicines were stored safely. Where people were prescribed medicines that were to be administered when required (PRN), such as pain relief, there were protocols in place to guide staff when these medicines should be given. This meant that systems were in place to reduce the risks of people taking these medicines inappropriately.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, "I think they [staff] are very competent."

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met. We saw that the staff training in moving and handling was effective because staff assisted people to mobilise using the hoist safely and effectively.

One staff member told us how they were supported with their professional development and to undertake relevant training and qualifications. Records in place identified the training that staff had completed and when they were due to attend updated training. The registered manager told us that new staff had started working on the new care certificate as part of their induction. This showed that they had kept up to date with changes to training requirements in the care sector.

Staff told us that they were supported in their role and had one to one supervision meetings and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that there had been no applications made under DoLS to the relevant supervisory body, this was because people living in the service had capacity to make their own decisions. The registered manager understood when applications should be made and the requirements relating to MCA and DoLS.

People told us that the staff sought their consent and acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and to mobilise using the hoist.

Staff had been trained in MCA and DoLS. Care plans identified people's capacity to make decisions. Records included documents which had been signed by people or their representatives, where appropriate, to consent to the care provided as identified in their care plans.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "We get good food, I enjoy it anyway." Another person commented, "They [staff] know what I like and don't like." One person's relative said that their relative, "Likes the food." People were provided with a choice of drinks regularly throughout the day. One person said, "They [staff] are always bringing me drinks up [to their bedroom] and make sure I am drinking enough."

During lunch people who chose to eat in the communal dining room sat together in their own friendship groups and chatted. This provided a positive social occasion. Food was served from platters, which enabled people to choose the amount and what they wanted on their plate. Those who ate in their bedrooms told us that this was their choice to do so.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with fortified drinks to supplement their calorie intake. We spoke with a member of the catering staff who understood people's specific dietary needs and any guidance provided by health professionals.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person told us about how they had hurt themselves, how the staff supported them and contacted health care professionals to treat their injury, "The nurse comes and dresses it, all doing nicely." Another person commented how the staff had made appointments on their behalf to have checks on their health after a change in their condition had occurred. One person's relative said that their relative had been ill, "They [staff] picked it up and got the GP in," which they felt was positive. One health care professional who visited the service told us that staff always made contact with them in a timely manner when people needed treatment.

Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. The registered manager told us that the service was visited on a weekly basis by a health practitioner. This meant that they could refer people to be seen during these visits. The registered manager told us that this worked well and that people were provided with timely treatment when needed.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "The staff are all very nice, all very kind." Another person commented about the staff, "I get on well with them." One visiting professional told us that they found the staff to be welcoming and friendly.

Staff talked about people in a caring and respectful way both when speaking with us and each other, for example in the staff handover meeting. One staff member told us about how they knew people well and how they could use humour, where appropriate, when interacting with people. They understood their professional boundaries when interacting with people. This was confirmed in our observations.

We saw that the staff treated people in a caring and respectful manner. People were clearly comfortable with the staff, they responded to staff interaction by smiling, laughing and chatting to them. When staff assisted people to mobilise using equipment, such as hoists, they explained what they were doing and why. We saw a staff member ask a person if they could go into their bedroom to make their bed, which the person agreed to. When we left we heard them chatting to each other, they engaged in a discussion about the inspection process. This showed that when staff were undertaking tasks in the service they spoke with people and involved them in what was happening in the service.

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. People's records showed the terms of address people preferred and we saw staff addressing them in this way. Each person had a key worker, who were responsible for ensuring reviews were up to date and that their bedrooms were checked, this was reflected in records which were routinely safety checked by the management team to ensure they were happening.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. One person said, "They [staff] never just walk in [to their bedroom], they always give the door a knock." When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way which could not be overheard by others.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I feel freer than I did in the last home I lived in." Another commented, "It's like a hotel really. I'm waited on hand and foot." One person's relative commented about the service, "It is all good, [person] is well looked after."

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff knew about people and their individual likes and dislikes. Staff knew about people's diverse needs, such as those living with dementia, and how these needs were met. Staff attended a handover meeting which included the staff coming on duty who were provided with information about people's wellbeing and activities in the previous shift. This ensured people were provided with a consistent service.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. If any changes in people's needs were identified these were included in the records. This showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in, both individual and group activities. One person said, "There are plenty of things we can do to keep us occupied." One person's relative commented, "[Activities coordinator] keeps them [people] all entertained." The activities coordinator commented that they tried different games to check if people enjoyed them or not and that they listened to people's choices. This was confirmed by one person who nodded and said that the activities coordinator was, "A wonderful [gender of activities coordinator]."

During our inspection we saw people participating in several activities, both on an individual and group basis. For example one person was doing a jigsaw which was laid out on a table which anyone could work on. People played board games, such as snakes and ladders. People played bingo with the activities coordinator ensuring all people were involved how they wanted to be, for example when the activities coordinator called each number a person who used the service repeated the number to make sure everyone heard. When people won they were given a box to rummage through to choose their prize, which included sweets and tissues.

Records showed when people had participated in various activities. A programme of forthcoming activities was displayed in the service. These activities included games, exercise, music and singing and reminiscence discussions. We saw photographs which showed that people had participated in growing vegetables in the garden. There were raised flower beds which enabled people access without harming themselves by bending to the ground. The registered manager told us that there was a gardening club which people enjoyed during the warmer weather.

People could have visitors when they wanted them. The registered manager told us the different methods that people used to maintain contact with the people close to them, this included video calls. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

All of the people told us that they knew who to speak with if they needed to make a complaint. One person said, "I have nothing to complain about here." Another person commented, "I am sure if I did have any worries, they would put it right." People were further provided with the opportunity to discuss the service provided in meetings attended by people who used the service and people's relatives and in a suggestions form which was displayed in the service.

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. In meetings attended by the people who used the service, they were asked if they had any concerns they wanted to discuss. Records of complaints showed that they were investigated, responded to in a timely manner and used to drive improvements. This was confirmed in discussions with the registered manager.

Good

Is the service well-led?

Our findings

There was an open culture in the service. People gave positive comments about the management and leadership of the service. One person said, "[Registered manager] is very good and asks how I am."

People were involved in developing the service and were provided with the opportunity to share their views. Regular satisfaction questionnaires were provided to people and their representatives to complete. The results of the completed questionnaires were analysed and actions were taken to improve people's experiences. For example in April 2015 eight of 13 people said that they were not aware of how to make a complaint, as a result the service provided people and relatives a copy of the complaints procedure. There were also meetings held for people and their relatives, we saw from the minutes that they were encouraged to share their views and ideas for improving the service. Actions taken as a result of people's comments were recorded on the minutes of these meetings and displayed in the service. This included improvements to the menu and input into the planning of activities. This showed that people's comments were valued and used to improve the service.

Staff told us that they felt supported and listened to. One staff member told us about how the registered manager was approachable and supported them when they needed it. Staff understood their roles and responsibilities in providing good quality and safe care to people.

The registered manager told us that the provider had recently employed a deputy manager who supported them in effective management of the service. The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. The registered manager had sent their PIR to us in April 2015 where they had identified the improvements that they planned to make in the service. During our inspection we found that the improvements planned, for example training to be provided within six months of the PIR, had all been actioned. This showed that the service had identified improvements needed to provide good quality care to people and they had implemented them as planned. The PIR also identified that the service was to be refurbished and redecorated. During this inspection we found that the service was in the process of being redecorated and refurbished, the majority of the ground floor, bedrooms and the garden had been improved. The service was warm and clean throughout. This provided people with a pleasant and homely environment to live in.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls and records. Where shortfalls had been identified, for example where staff had not completed records to show that prescribed creams had been administered, action was taken including speaking with the staff member. The registered manager and deputy manager told us that these audits had made an improvement in practice, with gaps in records being reduced over time.

Quality checks completed by the regional manager included actions identified to address any shortfalls identified in their checks. These were followed up at the next visit to ensure they were addressed. These checks incorporated the five domains used by CQC for inspection. This showed that the service's systems to

monitor the quality of the service provided were robust and included the most recent changes in regulation.