Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Westcliff Lodge Limited

118-120 Crowstone Road, Westcliff On Sea, SS0 8LQ

Tel: 01702354718

Date of Inspection: 02 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✗ Action needed
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Westcliff Lodge Limited
Registered Managers	Ms. Irene Tubog Garcenila Mrs. Stephanie Mirams
Overview of the service	Westcliff Lodge is registered to provide accommodation and care for up to 22 older people. Some people may have dementia related needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Cleanliness and infection control	10
Management of medicines	12
Requirements relating to workers	14
Supporting workers	15
Assessing and monitoring the quality of service provision	16
Information primarily for the provider:	
Action we have told the provider to take	17
About CQC Inspections	18
How we define our judgements	19
Glossary of terms we use in this report	21
Contact us	23

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 December 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

As part of this inspection process we spoke with the registered manager, deputy manager, three members of staff, four people who used the service and one visitor.

Our observations indicated that people living at the service were happy, that they felt safe and were well cared for. Comments included, "It's absolutely fine here and I have no concerns whatsoever" and, "It is lovely here." It was evident that people who used the service had a good relationship and rapport with the staff who supported them.

People's health and personal care needs were assessed and there were detailed care plans in place for care staff to follow so as to ensure that people were supported safely and in accordance with people's individual preferences and wishes. Staff spoken with demonstrated a good understanding of people's health and personal care needs and how each person wished to be supported.

The provider was able to demonstrate that a robust staff recruitment policy and procedure was in place and followed to ensure that people living at the service were kept safe. We found that previous identified shortfalls relating to staff induction, staff supervision and quality assurance had been addressed. Minor concerns relating to the management of medicines were identified as part of this inspection. The manager provided an assurance that corrective actions would be undertaken to address the issues.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 15 January 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The purpose of the Mental Capacity Act 2005 (MCA) is to empower people to make decisions wherever possible and to protect those who lack capacity by providing a flexible framework that places individuals at the heart of the decision making process.

The records for five out of 20 people who used the service were viewed and these showed that each person had had their capacity to make day-to-day decisions formally assessed. Information included reference relating to people's ability to make decisions, the decisions that people may need help with, and the rationale as to why it was in their best interests.

We found that one person who lived at Westcliff Lodge was subject to 'power of attorney' arrangements. This is a written authorisation to represent or act on another's behalf where the person lacks the capacity to make decisions relating to their property, financial affairs and/or personal welfare. In addition, the manager advised that no-one had an Independent Mental Capacity Advocate (IMCA) or an independent advocate. Information relating to local advocacy services were readily available.

Information was evident to show that family members had been encouraged to support people who used the service to make decisions relating to Do Not Attempt Resuscitation (DNAR). We found that two out of five care files viewed had a DNAR in place. DNAR decisions were recorded and included the name and position of the person making the decision, the date the decision was made and clear documentation of the decision made.

We found that written consent had been sought in relation to individual's care and treatment, for a photograph of the person to be taken and displayed within their care file and for the administration of medication. The provider may find it useful to note that consideration should be given for information to be shared with third parties. We observed during the inspection that staff sought the consent of people who used the service prior to providing support and treatment. Staff were observed to provide clear explanations to people about what was happening prior to any tasks being provided.

The staff training records showed that all staff employed at Westcliff Lodge had received MCA and Deprivation of Liberty Safeguards (DoLS) training in 2012 and 2013.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Records showed that the provider had appropriate arrangements in place to assess the needs of people prior to admission. Where appropriate additional information had been sought from the local authority and NHS trusts. This ensured that the provider had taken into account all available information and was able to meet the needs of the prospective person being considered to live at the service.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans for five out of 20 people who used the service were viewed. Records showed that each person had a person centred support plan in place detailing their specific care needs and how they were to be supported by staff so as to ensure that people were cared for in a safe, effective and consistent way. Records showed that support plans took into account people's ethnicity, gender, religion or beliefs, disability and age.

We found that risk assessments detailing risks to people's health and wellbeing were recorded, including the actions to be taken to reduce any potential risk. We found that support plans viewed had been reviewed and updated at regular intervals, or as and when people's needs changed. This showed that people received the level of care and support they required for their health and personal care needs.

Information relating to people's healthcare needs was clearly recorded. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing.

We saw from our observations throughout the day that many people who used the service at Westcliff Lodge had varying degrees of dementia and, therefore, not everyone was able to tell us about their experience. Our observations throughout the day showed that staff interactions with people who used the service were positive. Staff were seen to have a good relationship and rapport with the people they supported. People who used the service were noted to enjoy and respond positively to the banter between themselves and staff. Staff were able to demonstrate genuine affection, warmth and compassion for the people they supported. Staff spoken with had a good knowledge and understanding of the individual's care and support needs, including recognising and supporting the reality of

them as an individual. Where people required assistance, staff were seen to provide this in a timely manner and at a relaxed pace.

We spoke with four people who used the service. People told us that they liked where they lived and that they found the staff to be kind and caring. Comments included, "It's absolutely fine here and I have no concerns whatsoever", "It is lovely here" and, "Yes it is fine." We spoke with one relative and they were very complimentary about the quality of the service provided for their member of family. They told us that they were more than satisfied with the care and support given and care staff, "bent over backwards" to be accommodating. We were also advised that they were always kept informed of the outcome of any healthcare appointments.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment. People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

The manager confirmed to us that there was an appointed Infection Prevention and Control Lead (IPC) at Westcliff Lodge. The role of the IPC means that they are responsible for ensuring that the service's infection prevention and control arrangements are appropriate and that systems are implemented to ensure that the cleanliness of the service is monitored and standards achieved.

At the time of our inspection a copy of the Department of Health Prevention and Control of Infection in Care Homes an Information Resource (Health Protection Agency) was available. This provided statutory guidance for management and staff about compliance in relation to cleanliness and infection control. The provider may find it useful to note that it was unclear if this document was the most up to date. The document did not make reference to the 10 criteria against which a provider is judged on and; how it complies with the requirements for cleanliness and infection control as detailed within the Department of Health Code of Practice on the prevention and control of infections and related guidance.

Records showed that infection control audits were conducted at monthly intervals. Audits were seen for the period June 2013 to November 2013 inclusive. The audits were viewed and this showed that all areas were compliant and no areas for improvement were required.

We looked around the premises and found that all areas of the home environment were clean and there were no unpleasant odours. We found that there were sufficient supplies of personal protective equipment for staff usage, for example, disposable plastic aprons and gloves. These were for single use only and discarded after personal care with a person who uses the service had been delivered so as to prevent the transfer of infection from one person to another.

On inspection of the home's laundry on 02 December 2013, we found that the laundry facilities were sited so that soiled clothing and infected linen were not carried through areas where food was stored and prepared; and did not infringe on people's rooms or communal areas. We found that there were suitable arrangements in place so that dirty laundry was handled with care and reduced the potential spread of infection.

Following discussions with the manager we were advised that out of 19 members of staff employed, all had completed infection control training in 2013.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely and further improvement was required.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At our last inspection to the service on 06 December 2012, we had moderate concerns about the provider's arrangements for the safe storage and recording of medicines. We received an action plan from the provider telling us what they would do to become compliant.

At this inspection we found that appropriate arrangements were in place to ensure that medicines were stored securely for the protection of people who used the service. The temperature of the area where medication was stored was monitored and recorded each day and this was within recommended guidelines.

The medication administration records (MAR) for eight out of 20 people using the service at Westcliff Lodge were viewed. Systems were in place to record when medicines were received into the service, when they were given to people and when they were disposed of, however we found a small number of discrepancies with the records viewed. Records showed for three out of eight MAR forms looked at that there were a number of unexplained omissions giving no indication of whether people had received their medicines or not, and if not, the reason why was not recorded. The record for one person also showed that a 'topical cream' form was in place to indicate when the medication was administered. However the records showed that staff did not always sign the form when the 'topical cream' was dispensed and applied.

The manager confirmed that night staff reviewed the MAR forms each day and completed a weekly medication audit. The provider may find it useful to note that the audits for 19 November 2013 and 26 November 2013 were viewed and these showed that the discrepancies highlighted on the MAR forms had not been picked up. The manager provided us with an assurance that this would be discussed with the night staff involved and corrective actions put in place.

At our last inspection in December 2012, we found that PRN protocols were not completed

where people who used the service were prescribed 'as and when' required medication. This is used to identify a medication that can be taken as the person needs it rather than on a fixed schedule. At this inspection we found that PRN protocols had been completed and provided detailed information as to the specific circumstances that the medication should be administered.

The staff training records showed that all but one member of staff who administered medication had up to date medication training in 2013. The manager confirmed that the outstanding training for one member of staff was booked for December 2013. The manager advised that staff were assessed as to their continued competence to administer medication annually.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider was able to demonstrate that appropriate checks were undertaken before staff began work and that they had a good understanding of equality and diversity throughout the recruitment process. This was noted to take into account people's gender, age, sexual orientation and ethnicity.

We looked at the staff personnel records for three members of staff and these showed that all records as required by regulation had been sought. For example, staff had completed an application form and any gaps in the employment record had been explored. In addition there was proof of identification, satisfactory evidence of conduct in previous employment, health declaration and evidence of a satisfactory check having been undertaken by the Disclosure and Barring Service (DBS). The latter helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. The DBS replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The provider may find it useful to note that information relating to why a person's previous employment had ended was not recorded within any of the staff files viewed.

The manager told us that there was a three month probation period for staff. The aim of the probation period was to provide a settling in period for the employee and a period to enable the provider to assess the employee's ability and attitude to work. The manager advised that the probation period could be extended if required. We spoke with one member of staff and they confirmed that their induction had been good and included three shifts where they 'shadowed' a more experienced member of staff. They told us that they had found this to be very useful.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At our last inspection to the service on 06 December 2012, we had minor concerns that arrangements were not in place for staff to receive an induction or regular supervision. We received an action plan from the provider telling us what they would do to become compliant.

The records for three people newly employed at Westcliff Lodge showed that they had commenced and/or completed the provider's internal two day induction programme and completed the Skills for Care Common Induction Standards. The latter is completed over a 12 week period and sets out the first things a new worker needs to know in relation to their job role and the people they are to provide support to. We spoke with one member of staff and they told us that that their induction had been very good and included several shifts where they 'shadowed' a more experienced member of staff. They told us that they had found this to be of value.

The supervision records for five members of staff were viewed. Records showed that staff had received regular supervision and a detailed record was maintained of the topics discussed and actions required. There was also evidence to show that staff had received an annual appraisal. The purpose of an annual appraisal is to review the staff member's overall performance for the preceding 12 months.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

At our last inspection to the service on 06 December 2012, we had minor concerns about the provider's arrangements to regularly assess and monitor the quality of the service provided at Westcliff Lodge. We received an action plan from the provider telling us what they would do to become compliant.

The provider was able to demonstrate that since our last inspection to the service in December 2012, improvements had been made to monitor the quality of service that people received. There was evidence to show that information had been gathered and analysed at regular intervals so as to identify non-compliance, or any risk of non-compliance with regulatory requirements.

The manager told us that questionnaires had been forwarded to people who used the service, peoples' relatives, healthcare professionals and staff employed at the service to seek their views about the quality of the service provided at Westcliff Lodge. The manager advised that the date for these to be returned for analysis was 15 December 2013. At the time of our inspection on 02 December 2013, nine completed staff employee questionnaires had been received. These told us that staff liked working at the service and that they received relevant training for their role. Staff also recorded that they felt supported by the manager and senior management team.

We found that a comprehensive quality assurance audit was in place and since October 2013 this had been completed each week. Five audits were viewed and these showed that information relating to care plans, medication, health and safety, people who used the service, staff training and staff supervision had been assessed. These provided a clear audit of where compliance had been achieved and where improvements were required.

Records showed that staff meetings were conducted at regular intervals. The purpose of these meetings was to enable staff to have 'a voice', to raise issues and for the management team of the service to action these. A record of these meetings was maintained.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely and further improvement was required. Regulation 13

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 15 January 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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