Inspection Report

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

Westcliff House

24-26 West Cliff, Dawlish, EX7 9DN

Tel: 01626867349

Date of Inspection: 23 August 2013

Date of Publication: November 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Christine Dodge
Registered Manager	Mr. Christopher Hardwidge
Overview of the service	Westcliff House is an old property divided into two areas. One area is for people with minimal care needs and the other is for people who need more support. It is registered to provide accommodation and personal care for up to 34 adults of all ages with learning disabilities and / or mental health needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 23 August 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 and talked with staff.

What people told us and what we found

At our last visit in March 2013 we found that improvements were needed to the care plans for people who lived at the home. At this visit in August 2013 we found that improvements had been made. For example, care plans had been regularly reviewed.

During this visit we found that people were offered choices and were treated with dignity and respect. We saw that there was a range of activities and outings available to people.

We found that care plans had been updated and gave care workers information on people's needs and how they liked their needs to be met. Care workers were aware of this information and told us they ensured people's needs were met as the individual wanted.

Care workers were aware of the procedures to be followed if they suspected abuse had occurred.

People were protected from the risks associated with care workers who may be unsuitable to work with vulnerable people. This was because the provider had effective recruitment procedures in place.

The provider had systems in place to assess and monitor the quality of the service provided.

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with five people who lived at the home. They told us that they enjoyed living there and that care workers were very good. One person said they would give the home "ten out of ten".

Throughout our visit we heard care workers offering people choices. For example, people were asked what they wanted to eat or drink and what they wanted to do. People told us they were offered a choice of food at lunch and tea time and they could go to bed and get up when they chose. One person said "Staff always ask me if I want to do something". Care workers told us that they always offered people choices and discussed everything with them.

We saw that care workers respected people's privacy. For example, care workers knocked on people's bedroom doors before entering.

We saw some evidence that people had been involved in completing their care plans. For example people had signed to say they agreed when their plans had been updated.

We saw that care workers interacted well with people who lived at the home. We saw that care workers treated people with respect. For example, we heard care workers speak to people in a respectful manner, using their preferred names.

We saw that people's care files told care workers about their individual preferences in relation to how they received their care and how they liked to be addressed. The files were clear about the level of support people needed and what they could manage on their own.

We saw that some information on hobbies and interests was recorded on people's care plans. One person told us about their involvement in the Dawlish Carnival and about how

care workers supported them with their hobby.

Care workers told us that one person attended their local church on their own, but that care workers had accompanied the person when they had become unsteady on their feet.

People who lived at the home told us that regular meetings were held and that they could discuss anything. They said that they had recently been on holiday to Butlins after this was suggested at a meeting.

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.

People experienced care and support that met their needs and was delivered in line with their individual care plan.

Reasons for our judgement

At our last visit in March 2013 we found that improvements were needed to the care plans for people who lived at the home. At this visit in August 2013 we found that improvements had been made. For example, care plans had been regularly reviewed.

During our visit to the home we spoke with three care workers, the provider, the manager and five of the people who lived there, about the care and support people received. We looked at some care records to see how people's care was planned and delivered.

We looked at the care records for four of the people who lived in the home to find out how their health and personal care needs had been assessed, and how the home planned to meet those needs. One person we spoke with told us care workers were "all equally nice".

We discussed people's care needs with care workers. They told us about people's needs and how they liked their care to be delivered.

The records we saw showed that some needs and risks had been identified. For example, risks in relation to going into the town centre alone had been assessed and planned for. The manager told us that they carefully monitored people's nutritional intake. We saw evidence that people's food intake was recorded in a menu book. Weights were recorded weekly and staff received training in diet and nutrition.

We saw aims and objectives had been set for people. For example, 'encourage X to make his bed'. However, the provider may wish to note there were no clear guidelines for care workers on how this should be achieved. This meant that different care workers may provide encouragement in different ways which could be confusing for the individual.

Information about visits from and to health care professionals had been recorded in individual care plans, showing clear evidence that people were supported to maintain access to specialist medical services. For example, we saw that an epilepsy nurse had visited to provide information for care workers on how to deal with a person's seizures. We saw that there had been a recent reduction in this person's seizures.

We saw evidence that care plans were regularly reviewed and updated.
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We saw evidence that people's social needs were planned for and met. We saw that one person's care file said they were at risk of becoming socially isolated. We saw evidence in their activity record that they had spent time with other people in the lounge area. One person told us they liked knitting but that what they did each day "depended on how they felt". One person told us they went out each week to a local village hall for "singing and dancing". Other people told us they liked going for walks on the beach and helping around the home.

The provider may wish to note that there were no personal emergency evacuation plans (PEEPS) for people. These would assist the safe evacuation of people in an emergency such as fire.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse and to prevent abuse from happening.

Reasons for our judgement

During our visit we heard care workers speak with people in a respectful and caring way. We saw care workers interacted well with the people they supported and provided opportunities for the individuals to talk with them. We also saw that care workers were friendly and patient in their approach. People appeared relaxed and comfortable in their interactions with care workers. People told us they felt safe within the home.

Care workers were able to tell us about different types of abuse and what they would do if they suspected abuse occurred. Care workers told us that they had received some training on safeguarding vulnerable people. We saw that there was a policy and procedure available to care workers if they needed to raise concerns. Care workers told us they knew where to locate this information if needed.

We did not see any incidents that gave us cause for concern during our visit.

We saw that people were protected from the risk of financial abuse because the home followed clear procedures for handling people's money, accounting for people's expenditure and secure storage of cash deposited with the home. We looked at the financial records for three people who lived at the home. We saw that the correct amount of money was held as noted on people's records.

The manager told us that there was no-one who lived at the home that was subject to a deprivation of liberty safeguards authorisation. This meant that restraint had not been authorised by the local authority for anyone who lived at the home.

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 care workers.

Reasons for our judgement

People told us they thought the care workers treated them well.

We looked at four care workers' files which showed us there were effective recruitment procedures in place. For example application forms had been completed and interviews had been conducted.

There was evidence to show that proof of identity had been obtained. For example there were copies of driving licences and passports with recent photographs.

We saw evidence that the manager had sought evidence of previous conduct where care workers had previously worked with vulnerable people. For example there were written references from previous employers.

We saw evidence to show that care workers were suitable to work with vulnerable people. For example we saw evidence that criminal record checks had been performed. We saw that one check contained details of convictions. The manager told us that they had discussed these with the person and had risk assessed the matter. The manager had said that following the risk assessment they had decided to employ the person. However, the provider may wish to note that there was no written evidence of the risk assessment.

We saw evidence of health declarations on which the new care workers confirmed they were physically and mentally fit to carry out their work.

We spoke with one care worker who had been newly recruited. They told us they had received a full induction that had included safeguarding vulnerable people.

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 to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

The provider protected people who used the service and others who may be at risk, against the risks of inappropriate or unsafe care and treatment. We know this because there was an effective system in operation which was designed to enable the provider to regularly assess and monitor the quality of the services provided. For example we saw a quality assurance report for 2012/2013. This showed that two care workers had gained a diploma in care and that four more were working towards completing their diplomas.

The report also stated that a stair lift had been installed so that there was easier access to the upper floors. New kitchens had also been installed to both parts of the home.

The provider had obtained relevant professional advice. We know this because we saw evidence that specialist healthcare professionals had been consulted over people's epilepsy needs.

The provider regularly sought views on the standard of care provided from people who used the service, their representatives and care workers who were employed by the service. We know this because people who lived at the home told us that there were regular meetings held where they could express their views. One person told us "If we want something changed it gets done". We saw minutes from one meeting that indicated one person wanted a particular meal. The menu book showed that they regularly had the meal they had requested.

The manager showed us 'Recommend Us' cards that anyone can complete and send direct to carehome.co.uk who post the comments onto a website. The manager told us they hoped this would encourage positive feedback about the service they provided.

One care worker told us "when you ask for something it gets done, and if there is a problem it gets sorted".

We saw that there had been an analysis of incidents that resulted in, or had the potential

to result in, harm to a person who used the service. We know this because following the identification of a pattern of falls professional advice had been sought on how to minimise the risk to the individual.

The provider took note of reports prepared by the Commission following an inspection. We know this because improvements had been made to care plans following the last visit by the Commission.

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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