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: 19 March 2013

Date of Publication: April 2013

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	✗ Action needed
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ 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 comprised of rooms and self catering flats for 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

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'.

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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 19 March 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We were welcomed into Westcliff House and shown around. People were happy to show us their rooms or flats. We saw that staff knew the people who lived in the home well and addressed them by name. People were treated with respect, offered choices and encouraged to maintain their independence. People we spoke with told us that they enjoyed living at Westcliff. They also said "the staff are nice and the food is good".

We looked at four care and support plans. We found that the person's assessment of need had not been recently updated. Risk assessments were not clearly up to date so it was not always possible to see what the risks were and how to minimise them.

Domestic staff followed a cleaning schedule and the home was clean and tidy. Cleaning equipment and products were colour coded and clearly labelled. There was an infection control policy which staff had read and signed to state it had been understood.

Staff felt well supported and had opportunities for further training. Staff we spoke with told us "I love my job" and "I really enjoy working here"

Complaints were recorded and investigated. When necessary the provider assisted people who lived in Westcliff House to raise concerns and make a complaint.

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 01 May 2013, 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.

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

We looked at four care and support plans and saw that the person they were written about had signed them to state they agreed with the content. We observed people being spoken to with respect and offered choices. We also saw staff work with people promoting their independence and encouraging them to make their own decisions.

The people living in Westcliff were able to communicate well and had a good understanding of all aspects of their care and support. We spoke with one person who had returned from a visit to the doctors. They had spoken with the manager about the advice they had been given and asked for assistance getting their prescription. The manager had checked that they had understood what they had been told and that they were happy with what had happened.

People were offered choices and their decisions were respected. The manager explained to us how they worked with some of the residents who chose to opt out of personal care. They said that staff made sure people understood the consequences of their actions and supported people in a positive way, encouraging them to maintain their independence and health.

Care and welfare of people who use services ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. However care and treatment was not always planned and delivered in a way that ensured people's safety and welfare.

We have judged that this has a moderate 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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. However, the care and support plans had not been recently updated. Some people had not had their assessment of need updated since 2007 despite significant changes in their support needs. We looked at one care plan for a person who had recently fallen and broken their hip. Their assessment of need had not been updated and this stated that their mobility was good. The manager explained that the persons changing need would have been discussed at staff meetings and handover. They also said that changes in care were recorded in the daily notes section of the care plan. We looked but could not find clear documentation recording how the support needs had changed and what level of support the person now required.

Care and treatment was not always planned and delivered in a way that ensured people's safety. We looked at four care and support plans. In all four plans some risk assessments were either missing, incomplete or not clearly current. We looked at the care plan for one person who smoked heavily and suffered frequent chest infections. Their file did not contain a risk assessment for their health problems associated with smoking. This meant that there was no information for staff on how to recognise the initial stages of a chest infection. This meant that treatment could be delayed.

Another file we looked at stated on the person's assessment of need that they managed their own medication. We asked the manager about this and were told that this had changed several months ago and staff now managed their medication. The care and support plan had not been clearly updated.

The people living in Westcliff house had varying support needs. Some had few support needs and were progressing towards independent living. The manager explained to us how people were encouraged to take part in teaching days and courses learning how to manage their money and how to cook. One person showed us their work book from the course they had completed. They said they were very pleased with what they had been taught.

People we spoke with said that they enjoyed living in Westcliff House. They told us of the various activities they were involved in. One person had a part time job in local garage and another spent all their spare time working in the garden of the house. The provider may wish to note that the care and support plans did not all contain information about people's needs in relation to age, sexuality, gender, culture, religion, disability and ethnicity. Although the people we spoke with told us they were happy with their living arrangements it was not clear if these needs were being met.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were provided with a choice of suitable food and drink in a pleasant dining area.

Reasons for our judgement

At our last inspection of we found the provider to be compliant but suggested that actions were taken to maintain this.

On our inspection of 19th March 2013 we found that the provider had addressed our comments. There was a choice of three dining areas. We saw that each offered a pleasant setting where people were able to select where they sat to enjoy their meal. The provider had rearranged one of the dining areas to ensure that people eating were not disturbed by others leaving the room.

The food was home cooked and there was a choice from the menu. The menu was displayed on the walls in various places around the home. We observed people being given a choice from the menu. Two people requested to have their lunch later and we saw their meals were kept back for them to have later.

We observed a lunch period and saw that it was sociable with people sitting together and chatting. The people we spoke with said that their lunch had been enjoyable and tasty. They also said they were satisfied with the portions.

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 infection of abuse because appropriate guidance had been followed.

Reasons for our judgement

We were given a guided tour of Westcliff House and we were shown around some of the flats and rooms by the people who lived there. On the whole we found the home to be clean and tidy. The décor was tired in places but serviceable. In general the home smelt fresh, however the provider may wish to note that in one of the upstairs shared bathrooms there was an unpleasant odour.

Domestic tasks were managed by two cleaning staff. We saw from the training matrix that both had completed infection control and cross infection training. Cleaning equipment was colour coded and stored in a locked cupboard. Cleaning products were labelled and used appropriately in line with the control of substances hazardous to health (COSHH) regulations. Each area of the house had a cleaning schedule which the staff followed. Any issues discovered while cleaning were recorded in the maintenance book and signed off when they had been dealt with.

Staff had access to personal protective equipment such as gloves and aprons and we saw that these were used appropriately. The provider had a process of disposing of clinical waste which limited the risk of cross infection. The waste was collected regularly by an external contractor. Water temperatures were checked monthly and shower heads were checked and de-scaled every six months to reduce the risk of Legionella. This was recorded, signed and dated.

The kitchens were cleaned, following a schedule, by the care staff. Temperatures of food, fridges and freezers were monitored and recorded. The provider followed the safer food, better business model and had achieved a five star rating in March 2012.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At our last inspection of we found the provider to be compliant but suggested that actions were taken to maintain this.

On our inspection of 19th March 2013 we found that action had been taken to address our comments. We looked at the rota which showed that there has been a full compliment of staff on duty during the last month. We saw that there was a senior carer on each shift and the manager, deputy manager or provider were always on duty providing support for the duty staff.

The manager explained to us that the staffing numbers were decided after assessing the needs of all of the people using the service. As the needs of people changed the staffing levels were reviewed. They told us that if a person required increased care then their care manager would be involved and a decision would be made as to how best provide the extra support. This was recorded in the communications book. The provider may wish to note that this was not then recorded in the person's assessment of need or their risk assessment.

We spoke with three staff who told us that there were enough people on duty to meet the needs of the people using the service.

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

Staff received appropriate professional development. On starting employment at Westcliff House staff spent time with the manager being introduced to the staff and people living in the house. They learnt about policies and procedures and where to access information. Staff members then worked with a more experienced member of staff until each task had been monitored and signed off to state they were confident and competent to work unsupervised.

Staff started an induction plan which had to be completed within the first three months of their employment. During this time they were also enrolled on training necessary for their roles. The manager held supervision meetings after three and six months to discuss progress and areas for development. We spoke with two members of staff who had started within the last 12 months. Both said that they had found the induction process to be good. They said they had felt supported and that their confidence was building.

We saw from the training matrix that all established staff had received appropriate training for their roles. The newer members of staff had not had all of their training requirements added to the matrix at the time of our inspection. We saw that some staff were due some refresher training, however the manager showed us that this training had been organised.

Staff were able, from time to time, to obtain further relevant qualifications. The manager told us that two staff had been supported by the provider to start their diploma in care in the last 12 months.

The manager explained that 1:1 supervision meetings happened on an 'as and when' basis and that these were minuted. They also said that there were lots of less formal meetings. We saw that there were annual appraisals in which staff were encouraged to complete a self appraisal to discuss with the manager. These were in the process of being completed at the time of our inspection.

Staff we spoke with confirmed that there were lots of informal meetings. They also said the manager was very approachable and would sort out issues at any time. They also told us there was a handover meeting at the change of each shift. They said that this was a good opportunity for any appropriate issues to be raised. They said that communication between the teams and the management was "very good."

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance. We spoke with one of the residents living in Westcliff House about a particular complaint that they had made about the local hospital. The person told us that the manager had helped them raise their concerns and was supporting them through the process. The manager confirmed that this was happening and said that they were working with the resident to help them resolve the issue.

We asked for and received a summary of complaints people had made and the provider's response. We saw that there had not been any complaints made this in 2013. We saw that the majority of those made previously had been resolved to the complainant's satisfaction. The action taken and resolution had been recorded. The last complaint made had not been resolved. The manager told us that it had been investigated and found to be a false accusation between residents. The provider may wish to note that this had not been noted in the complaints log.

People living at Westcliff told us they were happy to speak to the manager or staff and raise issues and ask questions. Staff we spoke with told us that people often talked to them about things they wanted to happen or change in key worker meetings. They told us that where possible, changes were made and this stopped issues escalating into complaints.

People using the service appeared to know how to complain and were happy to raise issues. However the provider may wish to note that at the time of our inspection information about making a complaint was not readily available to people. The provider has since informed us that the complaints policy is now displayed on both notice boards within the home.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The review of people's needs was not clearly recorded which meant that people were at risk of un safe or inappropriate care. Regulation 9(1)(a). Risk assessments were not clearly updated and some care plans did not have appropriate risk assessments. This meant that the provider could not ensure the safety and welfare of the people using the service. Regulation 9(1)(b)

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 01 May 2013.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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