

Owen & Owen Retirement Developments Ltd

Westcliffe Care Home

Inspection report

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Date of inspection visit:
06 June 2023

Date of publication:
07 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Westcliffe Care Home is a residential care home providing the regulated activity of personal care to up to 19 people. The service provides support to older adults some of whom were living with dementia. At the time of our inspection there were 17 people using the service. Westcliffe Care home accommodates people in 1 adapted building across 2 floors, the ground floor has a large living space and conservatory overlooking the large garden.

People's experience of using this service and what we found

People told us they felt safe living at Westcliffe Care Home. Risks associated with people's individual needs had been fully assessed and were well managed. Medicines were managed safely. People told us they were supported by enough kind and caring staff who knew them well. Staff were recruited safely. The provider ensured infection outbreaks were effectively prevented and managed. Incidents were used as learning opportunities to ensure the safety and quality of care improved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were fully involved in their care and felt staff and the management team listened to their views and wishes. The registered manager understood their responsibility to be open and honest with people and apologised when things went wrong. The registered manager understood their role well and told us they were well supported by the provider. Lessons were learnt, and action taken to improve the quality of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 October 2017).

Why we inspected

The inspection was prompted in part due to concerns received about risk management. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has remained as good, this is based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westcliffe Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Westcliffe Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector and 2 Expert by Experiences. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Westcliffe Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westcliffe Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who commission care with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service on 14 June 2023. We made phone calls to relatives on 15 June 2023. We spoke with 7 staff members including the registered manager, deputy manager, senior care staff, care staff and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 9 people who used the service and 7 people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 3 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits and health and safety records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place protected people from the risk of abuse and neglect.
- People told us they felt safe living at Westcliffe Care Home. For example, a person told us, "The best thing about here is everybody is very nice to you. I am not worried or frightened."
- Staff understood their role in safeguarding people from the risk of abuse. Staff told us, "I have a duty of care to keep people safe." Staff completed safeguarding training and were supported by a detailed safeguarding policy.
- Safeguarding concerns were reported to the local authority safeguarding team without delay.

Assessing risk, safety monitoring and management

- Risks were assessed, managed and monitored to keep people safe from avoidable harm.
- Risks associated with people's individual needs had been fully assessed and were well managed. For example, people living with complex health conditions such as Lewy-body dementia and Parkinson's disease had clear detailed support plans in place. Support plans detailed risks associated with these conditions and what staff should do to support people to manage these risks.
- Risk assessments were reviewed monthly or as people needs changed. For example, people's skin integrity assessments and nutritional risk assessments were reviewed every month or as their needs changed.
- The provider acted when environmental risks were identified. For example, immediate action was taken, and extensive building works completed following an inspection from the fire service. The fire service inspection identified fire risks associated with the age of the building. The provider took immediate action to protect people from the risk of harm in the event of a fire.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS

authorisations were being met.

Staffing and recruitment

- The provider ensured enough suitably trained staff were always deployed to safely meet people's needs.
- People and their relatives told us they were supported by kind and caring staff who knew them well. For example, a person told us, "The staff are always the same and they are all friendly and kind" and a relative told us, "I think there are enough staff, I always turn up unannounced and it's always the same."
- Staff were recruited safely. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- People received their prescribed medicines safely.
- Medicine records described how people liked to take their medicines and what level of support was required. All essential safety information such as allergies were clearly documented. People who required medicines to be given covertly had care plans in place which included instructions from the prescribing doctor as per best practice guidance.
- Relatives told us they felt confident their family members were supported to take their medicines safely. For example, a relative told us, "Staff give my [relative] their medicines on time."
- Systems in place ensured medicines were not used after their expiry date. For example, a log of prescribed topical creams was kept with their opening date and disposal date clearly documented, this log was checked daily by trained staff. This meant people were protected from receiving medicines that were not safe or effective.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Staff recognised incidents, documented, and reported them, the registered manager investigated incidents thoroughly and took action when needed.
- Incidents were used as learning opportunities and ensured the safety and quality of care improved. Outcomes of incidents were shared and discussed with staff at daily handovers, staff meetings and supervisions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager, deputy manager and provider worked hard to ensure the culture was open, honest and inclusive.
- People and their relatives were fully involved in their care and felt staff and the management team listened to their views and wishes. A person we spoke with said, "I am happy here. ...the atmosphere is friendly. We have meetings when we talk about food and activities." A relative told us, "My [relative] tells them what they want. My [relative] is very capable, and they talk to staff about what they want. They ask them, not me."
- Staff told us they were well supported by the management team and were empowered to share ideas. The registered manager had an open-door policy and told us, "Building mutual trust between myself and staff has been invaluable, it's a partnership and the home works brilliantly as a result."
- People, their relatives and staff were fully involved in shaping the service to drive service improvement. Feedback was gained from meetings and surveys. A relative we spoke with told us, "We went to a relatives meeting, and it was very informative."
- Staff received training in equality and diversity. Policies in place included all protected characteristics.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest with people and acted when things went wrong.
- People and their relatives told us staff informed them of incidents and any action staff had taken to prevent the incident reoccurring. A relative we spoke with told us, "My [relative] has fallen and they phoned me straight away, there is a pressure mat in their room now."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Internal quality assurance processes were effective in monitoring the service and highlighted any quality concerns.
- Monthly audits covering areas such as medicines, specialist equipment and health and safety were completed by the registered manager. Audits had actions and outcomes documented to ensure the quality and safety of care improved.

- The registered manager understood their role well and told us they were very well supported by the provider.
- People's support plans were audited and reviewed regularly. This meant staff had accurate information to support people safely.

Continuous learning and improving care; Working in partnership with others

- Lessons were learnt, and action taken to improve the quality of care. Daily walk rounds by staff ensured any quality issues were picked up and acted on in a timely manner.
- Staff worked well with health and social care professionals to ensure people's needs were met. Care plans detailed professional advice had been sought where required. For example, specialist advice had been sought and implemented where a person was found to be at risk of choking.
- Relatives we spoke with told us when needed healthcare professionals were contacted without delay, "They respond well to anything, [relative] had a problem and the GP had already been contacted by staff and came out."