Hastings and Bexhill Mencap Society

Westwood

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 27 October 2015. To ensure we met staff and the people that lived at the service, we gave short notice of our inspection.

This location is registered to provide accommodation and personal care to a maximum of nine people with learning disabilities. Nine people lived at the service at the time of our inspection.

People who lived at the service were younger and older adults with learning disabilities. People had different communication needs. Some people were able to communicate verbally. Some people used non-verbal communications to include writing notes, gestures and body language. We talked directly with people and used observations to better understand people's needs.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

Medicines were stored, administered and recorded correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate. However when medicines errors occurred, the registered manager did not routinely re-assess staff competence to reduce future risks to people.

There was a whistleblowing policy in place. Prior to the inspection we received reports of concern from an anonymous whistleblower. The registered manager worked closely with the local authority and CQC to investigate the concerns reported. It was concluded that there was no evidence to corroborate the reported concerns. The registered manager acknowledged the need to review the whistleblowing policy to ensure staff used this for legitimate purposes to safeguard the needs of people at the service.

There were audit processes in place to monitor the quality of the service and promote continuous service improvements. However where people had identified goals to achieve these were not consistently monitored and outcomes recorded as part of their care reviews. In addition, the registered manager and CEO talked about service developments they intended to implement. However developments and timescales for completion had not been recorded as part of a service improvement plan.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed and were continually reviewed.

Staff were competent to meet people's needs. Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to assess whether a person needed a DoLS.

Staff supported people to make meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and needs.

Staff communicated effectively with people, responded to their needs promptly, and treated people with kindness and respect. People were satisfied about how their care and treatment was delivered. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care and support. People's care plans were reviewed with their participation and relatives were invited to attend the care reviews and contribute.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves. People were involved in planning activities of their choice.

People received care that responded to their individual care and support needs. People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

People and staff were encouraged to comment on the service provided and their feedback was used to identify service improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Medicines were stored, administered and recorded correctly. Staff were trained in the safe administration of medicines, however when medicines errors occurred, staff competence assessments were not routinely completed to reduce future risks.

Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager or to the local authority. There was a whistleblowing policy in place, however the registered manager acknowledged the need to review the whistleblowing policy with staff to ensure this was used for legitimate purposes to safeguard the needs of people at the service.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Is the service effective?

Good

The service was effective.

Staff had received regular supervision to monitor their performance and development needs. The registered manager held regular staff meetings to update and discuss operational issues with staff.

Staff had the knowledge, skills and support to enable them to provide effective care.

People had access to appropriate health professionals when required.

Is the service caring?

Good

The service was caring.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and dignity by care staff.

Is the service responsive?

Good

The service was responsive.

Staff consistently responded to people's individual needs.

People were provided with accessible information about how to make a complaint and received staff support to make their views and wishes known.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

There were quality assurance systems in place to drive improvements to the service. However audits did not consistently ensure goals people had identified were monitored and outcomes recorded as part of their care reviews. In addition service developments and timescales for completion had not been recorded as part of a service improvement plan.

Staff held a clear set of shared values based on respect for people they supported. They promoted people's preferences and ensured people remained as independent as possible.

The registered manager was visible and accessible to people and staff. They encouraged people and staff to talk with them and promoted open communication.

Requires improvement

Westwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector. We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC).

Before an inspection, we ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

During our inspection we spoke with the registered manager, the Chief Executive Officer (CEO) and two members of staff. We spoke with five people who lived at the service. We made informal observations of care, to help us understand the experience of people who used non-verbal communication. We looked at five care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. We spoke with one health professional who visited the service on the day of our inspection. After the inspection we received written feedback from one professional who had direct knowledge of the service.

Requires improvement

Is the service safe?

Our findings

People were supported to keep safe. One person told us, "The minute I sat down here, this was the place for me. I felt safe" and "I feel safe. Staff help me when I need it" and "Staff are really good, they look after us. They make sure we are safe." Staff had a good understanding of people's needs as they understood people's individual communication methods. Easy to read information was available to people on 'what is safeguarding' and 'how to keep themselves safe from abuse'. There was also accessible information available to people informing them about 'bullying' and what to do if they were experiencing this problem. A provider survey people completed in July 2015 found that everyone felt safe at the service.

People were supported to take their medicines by staff trained in medicine administration. Records showed that staff had completed medicines management training. All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. The MAR included people's photograph for identification. Individual methods to administer medicines to people were clearly indicated. The registered manager carried out audits to ensure people were provided with the correct medicines at all times. Any medicines incidents were recorded and investigated by the registered manager, for example a staff member had omitted to correctly sign a MAR to demonstrate that the person had received their medicines as prescribed. The person had not come to any harm as a result of this error. However, there was no protocol in place when medicines errors occurred. Staff competence was not routinely re-assessed to ensure they were competent to undertake this role and to ensure they had learned from the incident. We discussed this with the registered manager, they acknowledged this and said they would implement a protocol to assess staff competence in the event of any identified medicines errors.

There was a whistleblowing policy in place. Staff told us they would not hesitate to report any concerns they had about potentially poor care practices. Prior to the inspection we received reports of concern from an anonymous whistleblower which we shared with the registered manager and the local authority. The registered manager worked closely with the local authority and CQC to investigate the concerns reported. It was concluded that there was no evidence to corroborate the reported concerns. We discussed this with registered manager who acknowledged the need to review the whistleblowing policy with staff to ensure the policy was used for legitimate purposes to safeguard the needs of people at the service.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff understood their duty to report concerns to the registered manager and the local authority safeguarding team. Staff said, "I have had training in safeguarding people. I look out for changes in people's behaviours, unexplained marks or bruising and whether people might be withdrawn in mood. I would always report anything of concern to the manager." Records showed staff had completed training in safeguarding adults. Contact details for the local authority safeguarding team were available to staff if they needed to report a concern. When a safeguarding incident occurred the registered manager talked to staff in team meetings about the incident and what could be done differently to reduce the risk of reoccurrence. After one safeguarding incident staff worked with the local authority and implemented their recommendations. The person was also supported to have an advocate to discuss their concerns with and decide on the outcome they wanted. This supported the person and staff to communicate more effectively with each other and to reduce risks to them and others.

There was an adequate number of staff deployed to meet people's needs. The registered manager completed staff rotas to ensure that staff were available for each shift. There was an on-call rota so that staff could call a duty manager out of hours to discuss any issues arising. Staff were available when people needed to attend medical appointments, social activities or other events. For example, one person wanted to go on holiday and staff were deployed flexibly to support them to do so. The registered manager told us they called on more staff to work if there were social events coming up where people required extra support to attend. Some people had fluctuating mental health needs and they arranged for additional waking night staff to provide assurance to people when they needed this. Additional staff were deployed when necessary to meet people's needs.

Requires improvement

Is the service safe?

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable.

Personal Emergency Evacuation Plans (PEEP) were in place. The PEEPs identified people's individual independence levels and provided staff with guidance about how to support people to safely evacuate the premises. Evacuation drills were completed monthly to support people and staff to understand what to do in the event of a fire. All staff had attended fire safety training and first aid training. The fire alarm was tested weekly and all fire equipment was serviced every year. Where people had hearing impairments, the registered manager had ensured strobe lighting and pillow alerts were installed to alert people to the fire alarm. A flashing doorbell was installed in people's bedrooms where needed and people were provided with vibrating wrist alerts to indicate when a doorbell was ringing should they be sleeping. This supported people to safely evacuate the premises in the event of a fire.

The premises were safe. A member of staff stayed overnight which meant emergencies could be responded to promptly. This system also ensured that people were able to access advice, support or guidance without delay. The registered manager completed a weekly health and safety inspection of the home. All electrical equipment and gas appliances were regularly serviced to support people's safety.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed physical injury forms, informed the registered manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. Staff discussed accidents and incidents in daily handover meetings and regular team meetings. One incident recorded where someone walked onto the road into the path of a car as they had become distracted whilst out in the community. The registered manager reviewed this incident and ensured that the person was supported at all times by staff in the community. They were provided with accessible materials on road safety to increase their knowledge and awareness of how to keep safe, since then no further incidents had occurred. These risk management measures were taken to reduce the risk of incidents occurring and people's care plans were updated with any changes made.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and of their rights to make their own decisions. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. One person had a risk assessment in place to support them to safely manage seizures they experienced. This assessment identified warning signs to alert staff that the person may be due to have a seizure and techniques staff should use to reassure the person and keep them safe.

Good

Is the service effective?

Our findings

People were satisfied with the support they received from staff. We observed people to have a good rapport and warm, friendly interactions with staff and the registered manager. People said they were happy living there and liked the staff. We observed people were smiling and relaxed in their home. Effective communication was promoted by staff. Staff explained how they communicated and responded to people with non-verbal communication needs. One person responded well to staff writing them notes. Staff left notes with them to enable them to process the information and reflect on this. The person also liked to sing when they wanted to communicate something to staff. This helped staff to better understand their needs. From a survey completed in July 2015, relatives responded that they thought the care and support given was either 'good or 'very good.'

Staff had appropriate training and experience to support people with their individual needs. Staff had a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. Essential training included medicines management, fire safety, manual handling, health and safety, mental capacity and safeguarding. This training was provided annually to all care staff and there was a training plan to ensure training remained up-to-date. This system identified when staff were due for refresher courses.

The registered manager had implemented the new 'Care Certificate' training to be used with all new staff. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care.

People received effective support from staff that had been trained to help them to maximise their independence and improve their quality of life. Staff had completed training in epilepsy management. For people who may have seizures at night, the registered manager had installed a monitor on people's mattresses to alert staff and installed door alerts linked to a monitor that staff carried with them at night. One staff member told us, "I have got to know X. They have specific behaviours before a seizure, such as becoming unresponsive. We reassure them and follow guidelines to make them safe. We time their seizures and if we need to, we contact emergency services." A visiting health professional told us, "I am happy with the epilepsy management here. Referrals are made when necessary." Training helped staff to support people in line with best practice and with confidence. The registered manager told us they observed and spot checked staff whilst they delivered care to people to review and continuously improve care practice. However they had not routinely recorded observations and findings from these spot checks to promote staff performance and development. This did not affect the standard of care the staff provided for people because they had been supported through regular supervision.Staff were satisfied with the training and professional development options available to them. Staff received formal annual appraisals of their performance and career development.

People were given care and support which reflected their communication needs and learning disabilities. Menus, activity planners, care plans, complaints forms and questionnaires contained pictures and were in easy to read formats so people could better understand information and services available to them. Staff used pictures, written notes, signs and gestures to support communication with people. Staff talked about how they provided support to someone with non-verbal communication. Staff told us, "With X we use picture cards and prompts to help us to communicate. We are working with X to create more personalised photographic picture prompts of things of importance to them." Staff had recorded people's individual communication needs and methods used to help them understand the person's needs.

People gave consent to their care and treatment. Care plans were provided in an accessible format to help people understand their support needs. Staff sought and obtained people's consent before they supported them. Staff said, "People have the right to make choices and also unwise choices. For example is someone wanted to go out in winter without a coat I would explain to them why that might not be a good idea. Where people might need to make a complex decision, I would break down the information to help them understand. I would check with them whether they had understood and held onto the information. We also involve professionals and have best interest meetings where people are not able to make

Good

Is the service effective?

decisions." When people did not want to do something their wishes were respected, staff discussed this with people and their decisions were recorded in their care plans.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager. They had appropriately completed documentation when people's mental capacity had been assessed to determine whether they were able to make certain decisions. Such decisions included consenting to their care and treatment. When people did not have the relevant mental capacity, meetings had been held with their legal representatives to make decisions on their behalf in their best interest. One person needed to have blood tests due to a change in health needs. The registered manager told us they were due to arrange a best interest meeting with the person's G.P. and relevant others to ensure a medical decision was made in the person's best interests. The registered manager had submitted appropriate applications to the DoLS office to seek their authorisation when people were restricted of their liberty in their best interest. Attention was paid to ensure the least restrictive options were considered, in line with the principles of the MCA and DoLS. A Best Interests Assessor wrote with regard to a DoLS for one person, 'The restrictions on X are minimal, proportionate and are essential in order to ensure that X is safe from harm.'

People liked the food and were able to make choices about what they wanted to eat. One person said, "I make my own meals, I like shepherd's pie" and "The food is lovely, there is a menu." One person needed support with eating as they had lost weight due to a change in their health needs. The person had been referred to a Speech and Language Therapist (SALT) to assess their dietary needs. Staff followed SALT guidelines which were available in the person's care plan to ensure their needs were met. Information was available on food types the person should eat to develop a healthy weight. They required fortified and high calorie foods, full cream milk and food supplemented by cream to increase their weight. Staff were able to describe how to support the person in line with their guidelines. The person showed us written guidelines for their dietary needs which were in a file in the kitchen. This also contained information on different recipes to ensure their dietary needs were met. We observed staff encouraged them to eat throughout the day and gave them praise when they sat down to eat their evening meal.

People attended 'house meetings', where they discussed their meal preferences and healthy eating options. People had prepared two meal options on the day of our inspection and the menu planner showed healthy meal options were available for people. People were supported to created individual. One person had been supported to lose weight. This had led to improved physical health outcomes for them. Due to weight loss achieved they no longer required use of an inhaler as they no longer experienced breathlessness when exerting themselves. This helped them to be more physically active, which improved their quality of life. Staff gently reminded the person and prompted them to ensure they controlled their meal portion size to support and encourage them to maintain a healthy weight. All weight monitoring records were accurately maintained and signed by staff. Staff understood people's food preferences and acted in accordance with people's consent.

People had health care plans which detailed information about their general health. People with non-verbal communication had a 'Healthcare passport' containing pictures and accessible language. They took this with them to health appointments to assist them to communicate their health needs to medical professionals. Records of visits to healthcare professionals such as G.P.'s, chiropodists, opticians and dentists were recorded in each person's care plan. One person needed to have dental surgery. Staff supported the person to attend the dentist and build a relationship of trust, to reduce the person's anxiety in anticipation of future dental surgery. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Good

Is the service caring?

Our findings

People said they liked the care staff. One person said, "Staff listen to me. They sit down and have a chat. They know me well." We observed staff talked with people in a caring and respectful way. People had developed good relationships with staff. People presented as relaxed, happy and comfortable and interacted positively with staff. One relative wrote in a recent survey, 'I am extremely happy with Westwood and the care [my relative] receives from the manager and staff at all times.' Another relative wrote, 'The staff at Westwood are always polite and friendly. I think X has the best care possible. I can't praise them enough.' One professional wrote about a staff member, '[The staff member] worked in a very respectful manner and followed X's support plan at X's speed and offered physical support where appropriate.' A visiting professional told us, "The clients are happy here. I have no concerns about staff conduct."

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Support plans clearly recorded people's individual strengths and independence levels. People chose what to wear, when to get up and go to bed, and what to do. We observed one person being supported to prepare a meal with the support of a staff member. They were following two recipes for chicken casserole and smoked haddock. They were given some guidance on how to prepare the meal. We observed the staff member gave them lots of encouragement and praise to develop their confidence and independence in cooking skills. Another person came into the kitchen and was encouraged to make their own tea with their personalised mug. They were given step by step advice about how to prepare the tea to develop their independence in this activity.

Staff understood people had different communication needs and took time to understand each person's individual needs. Staff were creative using different communication tools and materials. For example, staff used pictorial weekly planners to help some people understand their weekly timetable. People and staff used picture cards to help communicate with each other, for example when discussing people's moods and emotions at times they might find difficult, such as prior to attending medical appointments. One person showed us photographs of their family, one of whom had passed away. Staff talked to them in a caring and mindful way and talked about good memories they had, which helped the person to feel better. Staff encouraged people to communicate with them, however they also recognised and respected times when people chose not to engage with them and when they required private time.

Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. People's preferences were clearly documented in their care plans and staff took account of these preferences. One person knew the service prior to living there and specifically requested to move there. They were supported to move to the service in line with their preferences. People rooms were personalised to their taste and contained their own personal items and furniture of their choice. People moved around their home freely and had their own keys to their rooms. People said, "I like my room, I chose what I want in my room" and "I keep my bedroom tidy and have what I want in here. I got a new TV. My hoover broke so I got a new one." People were also encouraged to take part in interviewing new staff to ensure their preferences were given as part of the staff recruitment process. Staff recognised people's birthdays and other special times. People were offered a choice of how they would like to celebrate, for example going out for meals, seeing family and friends, or perhaps having a party. Christmas was also celebrated by everyone who chose to do so. People were involved in planning the meals and buying gifts for family and friends.

People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences. People were involved in their day to day care. People spoke daily with staff about their care and support needs. People's care plans were written in an accessible format to help people get involved in their own care planning. Risk assessments were reviewed regularly to ensure they remained appropriate to people's needs and requirements.

We observed staff treated people with respect and upheld their dignity. One person told us, "The staff are caring. Staff knock on doors and are respectful." Staff said, "I promote people's dignity by knocking on people's doors before entering their rooms. When I support people with personal care I ensure doors are shut and people are covered with towels." People's care plans gave guidance on how people

Good

Is the service caring?

should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records. People were treated as individuals and were given choices.

Advocacy services were available to people at the service. Advocacy services help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them. Staff ensured people were informed of their rights and supported people to access this service to make independent decisions about their care and support needs.

The registered manager offered people the opportunity to talk about their end of life wishes. People had chosen not to do so, and this was recorded in their care plans. The registered manager and staff had supported one person with their end of life care. Their relative wrote, 'We are writing to thank you and the staff for all the time, patience and wonderful care you gave to X since they came to Westwood. The last few years of their life were very happy ones and they achieved so much. We would like to thank all of the people who attended the funeral and for the lovely cards and flowers. We were grateful [to the manager] for being with X at the hospital and generally sorting things out.'

Good

Is the service responsive?

Our findings

People communicated with staff to talk about what they would like to do and any issues of importance to them. People said, "I love it here. I do not want to go anywhere else. It's the best place I have been." One person said, "I had lots of falls and a physiotherapist came to see me. I did special exercises and went swimming. I do gentle walking and exercises every day with staff." This helped them develop their muscle strength and improve their mobility. Another person said, "I like shopping, I go out to town, I help with the cooking and cleaning. Staff help me to do things that I decide to do." A professional wrote, 'Since moving to Westwood, the change in X has been enormous and X is enjoying life. X appears to love living at Westwood and is enabled to participate in a wide range of activities, many of which take place outside of the house.' A survey completed in July 2015 found that relatives were given the time they need to discuss any issues or concerns they may have about their relative. One relative wrote, 'Since our relative has been with Westwood we have seen a massive improvement in X's health, happiness, hygiene and well-being. In short we have absolutely no complaints whatsoever.'

Peoples' care plans included their personal history and described how they wanted support to be provided. People talked to staff daily and had regular key worker meetings to discuss different activities they liked to do and what was important to them. A key worker is a staff member who spends additional dedicated time with people to maintain communication and to support people with their needs and wishes. One person told us, "Staff talk to me about my care plan." People were consulted and involved with the planning of their care and support.

People were supported to pursue interests and maintain links with the community. For example, one person liked to do puzzles, cooking and gardening. They liked to go to the theatre, clubs and discos. They had a particular interest in art and attended an 'Active Arts' project through the Mencap's arts project. They had showcased their artwork at local community venues and achieved a 'top performer' award. They had a DVD where they were filmed receiving recognition for their achievements. Two people attended a horticultural project at a local garden centre as they had a keen interest in gardening. Another person liked singing and told us about a solo performance where they took part in the musical 'Annie'. They also told us they had attended a meeting where they made a speech to promote fundraising for the service. They talked about how they had done some catering work at a 'pop-in café' and were keen to develop their catering skills, which staff were supporting them with. They loved music and had attended a music festival and also enjoyed attending Zumba classes. Staff knew people's likes and dislikes well. People were supported by staff to pursue social, vocational and educational activities in line with their choices.

The registered manager talked to us about someone who had behaviours which may challenge. Their care and support needs were being closed monitored as the frequency and nature of their behaviours had changed. The registered manager involved relevant health professionals to support the person to improve their well-being. Staff were mindful not to give the person too much information in advance of necessary changes in their routine as this could increase their anxiety and any possible behaviours. Staff constantly reassured the person and used distraction techniques if they became anxious about something. Staff ensured they gave the person their medicines on a silver dish. This was their preference and ensured they agreed to take the medicines to keep them well. The registered manager had recently made a referral to the Community Learning Disability Team nurse due to changes in the person's behaviours. We spoke to the nurse visiting on the day of the inspection who told us, "Staff put in place guidelines that we advise and they follow up on any issues. They keep me updated and are responsive to people's change in needs. The manager has a good knowledge of the needs of people with learning disabilities and liaises with the GP when necessary."

Staff reviewed people's care and support plans regularly or as soon as people's needs changed and these were updated to reflect the changes. The registered manager had recently implemented a new care planning recording tool. This helped staff to better communicate all matters relating to people's care and support effectively with the use of portable technology. People were involved in writing their own personalised care plan, which was updated when their support needs changed.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person was supported to regularly communicate with their family through 'Facetime' on their computer. Their

Good

Is the service responsive?

family members visited them and they were supported by staff to visit their family who lived out of area. One person showed us photographs of family and friends in their room. We observed staff talked to them about their family which engaged them and reassured them. One person said, "I have friends. I am happy." People met with friends at various day centres, community and social events. When people left the service, and when it was appropriate, people were supported to stay in touch with them and visit if possible. People could invite people of importance to them back to their home when they wanted to. People responded in surveys completed in July 2015 that they were supported to have good contact with their friends and family.

People had regular discussions with staff and attended house meetings to discuss issues of importance to them. One person said, "I go to house meetings. We talk about menus, what we want to do and talk about the house." People had requested a 'Halloween party' and staff had helped people to organise it. One person specifically wanted to buy a Halloween costume online and staff supported them to do this. People had collectively chosen a new sign for the house. They had reviewed different types of design and material for the sign and made their own choice. Meeting minutes included the people's likes and preferences regarding meals, activities and goals people would like to achieve. This enabled people to communicate and express their goals and aspirations. One person did not like attending meetings. Staff discussed things of importance to them whilst they were doing other activities as they were more comfortable talking to staff in this way. In these ways people were encouraged and supported to express what was important to them and be actively involved in how they were supported.

The provider had recently set up a 'Service User Forum'. This was arranged to give people a platform to talk about Westwood as well as helping people to make decisions about the provider group as a whole. These meetings were attended by staff from Mencap and the CEO of the service. We saw minutes of these meetings where people discussed social activities and events they had and wanted to take part in. These included new ideas for the 'Wednesday Social Club', for example a Christmas card making workshop, a forthcoming local talent show and a 'Christmas Spectacular' at a local theatre. Two people talked about their move to England from their native country and hoped to organise a cultural night in the New Year to celebrate their cultural heritage.

Surveys were sent to people, staff, relatives and professionals annually so they could give feedback and develop the service. Nine people completed surveys in July 2015 and the results were positive. People reported they were happy with the support being offered. Some people had requested to have their rooms redecorated. This was recorded in the provider's refurbishment plan. On the day of our inspection we observed one person discussing with the registered manager how they would like their room redecorated.

The complaint policy was written in accessible language with pictorial aids to support people to understand how to make a complaint. The registered manager showed us the complaints procedure. We saw that where complaints had been received, the registered manager had responded appropriately.

Requires improvement

Is the service well-led?

Our findings

One person said, "Heather is the best manager. She is lovely. Everything is good, there is nothing to change." We observed people approach the registered manager and staff to ensure their individual needs were met. Staff said there was an open culture and they could talk to the registered manager about any issues arising. Staff said, "I feel supported. The manager is always available to discuss issues with and is always open to suggestions."

People discussed their goals and aspirations with staff and these were recorded in people's care records. Staff we spoke with knew people and their needs well so they were able to respond appropriately to questions about people's preferences and aspirations. However, where people had recorded agreed outcomes and goals, it was not consistently recorded that outcomes and goals had been completed or reviewed to check progress was made. It had not been recorded whether people had been supported to meet their goals and aspirations in all cases.

The registered manager and CEO told us about plans they had to improve and develop the service. However, there was no service improvement plan in place to demonstrate that these plans had been formalised. Timelines for implementation and completion of service improvements had not been recorded to determine when these improvements would be made.

The registered manager completed monthly care plan audits. Records and care plans were up-to-date and detailed people's current care and support needs. The registered manager had implemented a new care planning, support and risk management system to promote continuous improvements at the home. Staff said, "I like it. We use laptops to record information. It is good for logging important information about people and for communicating messages to staff." This promoted prompt and effective communications between staff on different shifts to ensure people received continuity of care.

There was a refurbishment plan available which showed how and when the premises would be updated. The home had recently undergone some refurbishment to include a new living room, kitchen and dining room. Two people's bedrooms were due for redecoration. Maintenance work and repairs were implemented based on a priority system taking account of people's safety in their environment. Repairs had been recorded as part of the maintenance audit, and the registered manager told us they had been completed.

The registered manager completed monthly medicines audits. An audit had been completed by a pharmacist on 06 September 2015. One recommendation was made to ensure staff recorded PRN and topical medicines when they gave this to people. The registered manager discussed this with staff in a team meeting and ensured this was addressed by all staff. This system helped ensured that people received their PRN and topical medicines safely and this was accurately recorded.

The registered manager completed an environmental audit to include cleaning schedules to ensure that the service met essential infection control and health and safety standards.

Staff were informed of any changes occurring at the service and policy changes. Staff attended monthly team meetings to discuss people's support needs, policy and training issues. This was confirmed in meeting minutes. Meeting minutes showed that staff had discussed where changes in shift planning were needed to support someone with their morning personal care needs. Staff discussed and implemented a change in shift start times to meet the person's change in needs.

The registered manager met regularly with the CEO who was on call to support them with the operational running of the home. The CEO and charity trustees knew people well and took an active interest in all aspects of people's care and support, They encouraged people to discuss any changes they would like to make, or share important events with them. We observed people talking openly and in a relaxed way with the CEO and registered manager during the inspection. They talked about what they had been doing during the day, previous social events they had attended. The registered manager provided and presented a service quality report at monthly board meetings. This ensured that all stakeholders were kept informed of operational matters at the service. These meetings were held at the service bi-monthly to give all trustees an opportunity to spend time with people at the service. Trustees regularly visited the home to offer support and advice to the registered manager and staff.

Requires improvement

Is the service well-led?

The registered manager and staff shared a clear set of values. The registered manager promoted openness of communication between people and staff. Staff shared the same values and philosophy of care. Staff told us they promoted people's independence and supported people to live their life according to their choices and preferences.

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and shared identified risks and risk management plans to support people. The registered manager demonstrated they understood when we should be made aware of events and the responsibilities of being a registered manager.