

## 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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Westwood is a residential care home providing accommodation and personal care to nine people at the time of the inspection. There were no vacancies. Some people have specialist needs associated with Downs syndrome, dementia, autism or mental health.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Care

There were not always enough staff to meet people's needs in the evenings and at night. This was reviewed following our inspection and staffing levels were increased. Staff had the skills, knowledge and experience to meet people's needs and more specialist training was being sought in relation to Makaton (a sign language) and Positive Behavioural Support. Agency staff were used to cover staff sickness or annual leave. Wherever possible the same agency staff were used which provided people with a consistent approach.

People's medicines were stored safely, and people received their medicines in line with their prescriptions. Where appropriate, people were supported to manage their own medicines.

### Right culture

There were good systems for auditing medicines, health and safety and care plans, and any shortfalls were addressed promptly. External oversight was not so thorough, monthly audits had not picked up on matters identified at inspection such as the impact of low staff numbers.

Although there were established systems to hear people's views either through keyworker meetings, house meetings and surveys, records did not demonstrate how people's wishes were being met. There were no recent surveys to seek the views of people's relatives or staff. People told us they were happy living at Westwood. Overall, we received very positive feedback from relatives we contacted, and they spoke very warmly of the care and support provided at Westwood.

Staff told us they felt supported and they attended regular supervision meetings and staff meetings where they had opportunities to share their views on the running of the service.

### Right Support

People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were systems to ensure people's needs were assessed and reviewed. Westwood was kept

clean.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 coronavirus 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 remains Requires Improvement.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a continued breach in relation to good governance at this inspection. We have also identified a new breach in relation to staffing.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Westwood

## 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 could 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

There was one inspector.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 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 reviewed the information we held about the service and the service provider. We looked at notifications we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During and after the inspection

We spoke with 6 people and observed staff interacting with others to help us understand the experience of people living at the service. We spoke with 5 care staff, the registered manager and the deputy. We spent time reviewing records, which included 3 care plans. We looked at 2 staff files and documentation related to the management of the service such as accidents and incidents and medicines management. We also looked at staff rotas, and records relating to health and safety and the management of the home. Following our inspection, we also spoke or received correspondence from 6 people's relatives and from 2 professionals. We also continued to seek clarification from the provider to validate the evidence found. We looked at audits, training data, quality assurance records and meeting minutes.

# 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 requires improvement. At this inspection the rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not always enough staff to support people in the afternoons and evenings. There were 3 staff and the registered manager in the mornings. In the afternoons this reduced to 2 staff and there was 1 sleep in staff member from 9.30 pm.
- Care staff supported people individually with cooking and laundry but whilst this was done, this meant there was only 1 person supporting 8 people. The laundry was situated to the rear of the property, so when laundry was done, this took a staff member away from the home. Two staff supported people with medicines which meant there was no one free to support people when this was being done and people's medicines were stored in their bedrooms. One person told us that sometimes cooking was rushed as staff just wanted it done and that reduced the time given to them to learn how to cook.
- Certain food items and the base of the kettle were locked away at night for safety as there was only one sleep in staff member. The registered manager told us some people might access the kettle base and this could be unsafe, and others might overeat. This meant that people who might want a snack or hot drink during the night had to either wake the staff member or do without.
- Given people's varying needs, we could not be assured that people could be supported appropriately by one person safely at night in the event of a fire. The registered manager confirmed that up to four people could refuse to leave the building when the alarms sounded.
- People's access to activities throughout the afternoons and evenings were limited as a result of staff levels. Two people had opted out of attending day services and staff supported them with activities from the home. Most of the staff told us that whilst people were offered a range of activities, they could do more. We discussed the above with the registered manager and deputy and whilst they felt people were safe, they acknowledged the difficulties meeting people's individual needs and being unable to flexibly support people to do their preferred activities particularly in the afternoons and evenings.

The provider had not ensured sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff on duty in the mornings and there were on call procedures for staff to gain advice and support if needed outside of office hours, and at weekends. Three care staff had recently been recruited to work as relief staff when needed. Agency staff were used at times to cover annual leave and staff sickness. A senior carer was recently promoted to deputy manager.

- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history. People told us they were involved in the selection of new staff and the registered manager confirmed that people always had the opportunity to meet with prospective staff and share their views. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Following the inspection, the registered manager confirmed in writing that with immediate effect, they had added a waking night shift alongside the sleep-in shift and that a third staff member would be employed to work in the evenings. They also confirmed the lock had been removed from the kitchen cupboard. In addition they confirmed the fire risk assessment had been reviewed to reflect the extra staff in the case of fire and the procedure for staff to follow.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Westwood. Some people were not able to tell us if they felt safe, but we observed people to be relaxed and content in their surroundings. One person told us, "I like my room and I feel safe in the house, but it can be too noisy. Everyone is noisy." They went on to raise concerns which we passed to the registered manager to look into in line with their safeguarding responsibilities.
- One person's relative told us, "I feel [name] is in a safe environment at Westwood. Another relative told us, "They make (Person) feel safe and at home and I feel very grateful for that." A third relative told us, "We are very happy with the way our (relative) is cared for at Westwood and we are confident that (Person) is kept very safe." A professional told us, "I felt that the person and their peers who I met during my visits, were safe and that they were supported by staff who were kind and caring."
- Staff had a good understanding of how to make sure people were protected from harm or abuse. Staff had received safeguarding training and knew how to recognise signs of abuse. They knew how abuse should be reported, and all said that they were confident in the home's safeguarding procedures.

Assessing risk, safety monitoring and management

- Where risks were identified, there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, if someone had an increased risk of choking, a risk assessment was carried out and support sought from the local speech and language team (SALT) to determine the safety measures to be taken.
- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency. Staff were able to describe the actions taken when the alarms sounded. The night staff member carried a 'lifeline' so they could summon support quickly. The registered manager told us they lived close by and would be contacted in the event of an emergency. We discussed evacuation in the event of a fire at night and agreed that people's individual PEEPs should be reviewed in light of the staffing levels referred to above.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks and checks on electrical appliances safety. Water temperatures were monitored regularly. We saw that minor matters we identified on inspection had already been picked up on routine audits and were on the home's maintenance plan to be addressed.

Using medicines safely

- Medicines were managed safely. A detailed medicine's audit was carried out monthly. Where shortfalls were identified actions were taken to address matters promptly.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were detailed protocols that described when they should be used.



- There were safe procedures to ensure medicines were correctly ordered, stored and given appropriately. There was information to guide staff on how each person liked to receive their medicines. One person managed their own medicines with minimal staff support. A detailed risk assessment had been carried out to ensure their safety. Staff had received online training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.
- One person's medicines had recently been stopped by the prescriber as they had assessed that although there were some cyclical patterns to the person's emotions, medicines did not appear to have any effect. The emphasis was moved to emotional support rather than medication.

#### 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.

The registered manager told us visiting arrangements had returned to what it was before the pandemic. People could receive visitors in the home. Some relatives chose to take their relatives out of the home to spend time with their loved one and some people had social leave with their families at the family home. One person continued to have weekly family zoom calls and another person had regular calls with two of their relatives. One person had their own mobile phone and could use this independently.

#### Learning lessons when things go wrong.

- Incidents and accidents were recorded, reviewed and investigated by the registered manager. In each case action had been taken to reduce the level of risk. For example, agency staff no longer supported one person with activities outside of Westwood. Following another incident, taxis or buses were no longer used as a form of transport for the person. In one person's daily notes there was reference to the person telling their keyworker they had been hit by one person. The registered manager told us they were not aware of any incidents but said they would investigate and monitor this more closely.
- The registered manager told us that on one occasion the front gate was left open. No one came to any harm, but they realised this could potentially be a problem so now if the gate has been left open an alarm sounds so it is impossible to miss.

Following the inspection, the registered manager told us they had introduced a chart for staff to record times when people might threaten or actually hit out at people or staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time.
- The home had recently assessed that two people who previously attended day services no longer wanted to do this. The registered manager was trying to resolve funding arrangements so that money could be diverted to the service for staff to provide activities at and via Westwood.
- One person was on a waiting list for a hip operation and a referral had been made to the local occupational team to assess for any equipment needed in the interim.
- People's relatives told us they were happy and kept up to date with changes. One relative told us, "We are always kept informed regarding any aspect of (Person's) health and care needs." A staff member told us that when changes were made to care plans they had to read and sign that they were aware of the changes.

Staff support: induction, training, skills and experience

- Staff received a programme of training to ensure they could meet people's needs effectively. This included a mixture of e-learning and classroom-based training. Essential training included safeguarding, first aid and infection control. Specialist training was also provided on subjects such as epilepsy, autism, diet and nutrition and stroke awareness.
- Staff attended regular supervision meetings and told us they were supported well in their roles. One staff member told us the registered manager was "Very supportive. We can go to the manager or deputy if we have any concerns."
- The provider had a detailed induction process for all new staff. Each staff member completed an inhouse induction and if they were new to care they went on to complete the Care Certificate. The Care Certificate is an agreed set of standards that define knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us they had opportunities to shadow experienced staff and time to get to know people before supporting them on their own. There was also an induction used for all agency staff to make sure they were aware of key information about people and the home's systems.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink and staff knew how people liked and needed to be supported. One

person needed their food to be cut into bite size pieces. A referral had been made to the Speech and Language Therapy (SALT) Team for advice and support and in the interim a staff member supported the person at mealtimes to ensure their safety.

- We also saw that people chose what they wanted to eat for breakfast and lunch and staff supported people to make these meals. One person told us they each took it in turn to choose the evening meals for each day and staff supported them to cook the meal they had chosen to prepare. We saw this during our inspection. There was a photo of each meal to aid with decision making. There was also a recipe and instructions for each meal to aid people and staff with cooking. All staff had received training on nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Referrals were made for medical advice and support as needed. A health professional confirmed, "The manager makes appropriate referrals as required and guidelines are followed. Communication with the team is good. Emails are responded to in a timely manner by the manager."

- People attended one of four different dentists locally. One person who was new to the service was being supported by their family and the home to find a suitable dentist.

Adapting service, design, decoration to meet people's needs

- People arranged their bedrooms as they wanted them. Each room looked different and reflected people's personalities. Each person had framed photographs of family members and friends. Some people chose to spend more time in their rooms than others.

- Communal spaces included a lounge area and a dining area. The kitchen had been adapted with some low work surfaces and there was also a sink and hob at low level to support the individual needs of some people living at Westwood. Two people had rollators to support them moving about outside. There was an assisted bathroom and a 'wet room'.

- One person had a hearing impairment. They had equipment to help them respond appropriately in the event of the fire alarms sounding. Another person had an alarm on their bedroom door to alert staff at night so they could provide assistance if needed. One person used a weekly planner in their bedroom to support them in knowing what was happening each day. The home also had an iPad that was used throughout the pandemic to aid communication with families.

- There was a CCTV entry system at the gate and front door to the property. Gates were locked and all visitors to the home had to announce their visit.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were assumed to have mental capacity to make their own decisions. Where there was reason to believe they lack mental capacity an assessment had been carried out. Some people had been assessed as needing support in making decisions relating to dental care and medical interventions and best interests meetings had been arranged to seek the views of people, their relatives and professionals. Records were kept of the outcomes. One person needed dental treatment but refused. It was agreed as part of a best interest meeting that treatment was needed. Months of preparation were used to encourage the person to visit the hospital, to get to know the dental team and to feel confident enough to receive the treatment needed. This was successfully achieved.
- Easy read information was always used as far as possible to explain medical procedures to people to enable them to make an informed choice.
- Seven people had a DoLS authorisation. Applications had been submitted in relation to two people and the home was waiting for these to be processed. Staff told us they always sought agreement from people before carrying out any support and we saw this during our inspection.
- During our inspection we saw that certain food items and the base of the kettle were locked away in a cupboard. The registered manager told us the restrictions were stated in people's DoLS authorisations. We discussed whether the restrictions were necessary for everyone or if this was a staffing issue, and we explored other options.

Following our inspection, the registered manager confirmed that the lock had been removed from the cupboard and alternative arrangements had been found to ensure people's safety.

# 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 requires improvement. At this inspection the rating has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection there was a failure to ensure quality assurance and governance systems were effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough progress had been made and the provider remained in breach of Regulation 17.

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

- Westwood is part of a charity, overseen by a group of trustees. Each of the trustees took turns to do a monthly visit to assess the running of the home. Records of some visits were not thorough. The governance was not robust enough to identify the problems with staffing. Matters identified at the last inspection in relation to restrictions and record keeping had not been fully addressed.
- Records of fire drills continued to lack detail and did not demonstrate that staff knew what to do in the event of a fire. Records prior to July 2022 showed that drills took too long but there was no information about why this was the case, or how to improve timeliness. Records since July were recorded in people's individual notes and referred to how people responded rather than staff. There was no reference to how long the drills took.
- Although staff felt supported when caring for people who were emotionally upset, there were no records to demonstrate that debriefs had been held to review that people and staff were ok and, to check if situations had been dealt with appropriately.
- There were good systems to ensure people's views were heard. These included keyworker meetings and house meetings. However, when people made suggestions or requests it was not always possible to see that these had been acted upon. For example, one person said in October 2022 they wanted to go to the theatre, but they had yet to do so. Some people had identified goals that they wanted to work towards and although support was in place, there was a lack of recording to demonstrate that this was being supported.
- Surveys to hear the views of staff and relatives had not been carried out.

The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. This is a continuing breach of Regulation 17 of the

Health and Social Care Act 2008 (Regulated Activities) 2014.

- People's views were sought on a range of matters such as food and drink, bedrooms, support, making decisions and the building and grounds. However, as some people were non-verbal it was clear the views expressed were of staff based on their knowledge of people. The registered manager told us they could look at providing evidence to back up these views.
- A relative told us, "The care and compassion shown at Westwood is extremely good. The only thing that could be better is transport for the residents as the cost of taxis is ridiculous." Another relative also raised concerns about the use and cost of taxis. The registered manager agreed that this could be costly. They told us a number of staff had asked if they could use their cars for business purposes and once all checks were completed this would reduce the number of taxis used. They also told us the organisation paid for taxis that were taken in relation to health appointments.
- A relative told us, "I am so happy that (manager) is still there and has been for there for a long time. (Manager) knows the history of the family and (Person) has great confidence in her, just as myself." Another relative told us, "I'm very satisfied and can't find any fault. The manager and staff are very good. I am made very welcome when I go in and have no qualms about the service."

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 was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. People's relatives told us there were kept informed of any changes in the health or wellbeing of their loved ones.
- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents. The previous CQC rating was prominently displayed in the home and on the provider's website.

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

- A new deputy manager role had just been created. Both the registered manager and the deputy confirmed they were clear about the extent of their individual responsibilities.
- We asked the registered manager about staff morale since the last inspection. They told us this had improved, but there was room for further improvements. They told us that with the addition of the deputy manager more time could be devoted to supporting staff.
- Staff told us they felt supported. A staff member told us, "I feel very supported. If there is a problem the manager sorts it out straight away."

Continuous learning and improving care; Working in partnership with others

- A professional told us, "The support staff would benefit from training in Makaton and Positive Behaviour Support (PBS)." Staff confirmed that Makaton training had been booked and that they were also on a waiting list for PBS training. The registered manager confirmed they used to have a Makaton 'signs of the week board' in the hallway and would reintroduce this whilst waiting on the training.
- A health professional told us they had "Supported to build good links with hospital professionals so that (Person's) ongoing physical health needs could be better managed."
- The registered manager told us they attended the registered manager's network meetings. Staff continued to work with other services, health and social care professionals, the community learning disability teams and the local authority to ensure people's health and care needs were met and best practice maintained.
- The registered manager confirmed their GP or practice nurse contacted the service twice a week to offer guidance and support as needed and this was a very valuable resource.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure quality assurance and governance systems were effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to ensure there were enough staff to meet people's needs in the evenings and at night.