Westhope Limited

Westhope Mews

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Westhope Mews is a residential care home providing accommodation and personal care support for up to eight adults with learning disabilities. The service specialises in the care of people who have a learning disability and complex needs including autism, communication, physical health and behaviours that challenge others. At the time of the inspection the service was supporting eight people. People had their own rooms with en-suite wet rooms and access to communal spaces such as, an activity room, lounge, kitchen and courtyard garden.

People's experience of using this service and what we found
Quality assurance processes were not robust to ensure effective provider oversight of monitoring systems. Audits undertaken by the provider had not identified some of the issues found during the inspection.

People's health risks were appropriately assessed, and care plans were written to guide staff on how to meet people's needs. This included providing safe support with swallowing difficulties and catheter care.

People were cared for by staff who knew them well and were trained to meet their needs. Staff understood their responsibilities to recognise and report safeguarding concerns. People received their medicines in a person centred and timely way, staff were trained and assessed as competent before administering people's medicines. One person told us, "I get confused by the medication, but staff tell me what they are."

People were empowered to make decisions and were asked for their opinions on the service. House meetings and discussions were held for people to express their views. One relative told us, "They've created a culture which is a like a home environment. From what I see they do a very good job with all the service users despite their individual requirements."

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.

The service did not have a manager and the nominated individual was providing operational oversight of the service. People told us they would feel able to approach the nominated individual if they had concerns. One person told us, "If I'm worried about anything, I can go to [nominated individual]."

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.
Right support:
• Model of care and setting maximises people's choice, control and independence. People's communication needs were met to maximise their choices. People had personalised bedrooms and were asked their opinions on the environment.
Right care:
• Care is person-centred and promotes people's dignity, privacy and human rights. Planned care was person-centred and holistic to meet people's needs.
Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People were supported to give their views and were listened to.

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 good (published 24 September 2019).

Why we inspected
This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

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 will continue to monitor the service.

We have identified a breach in relation to good governance at this inspection.

Follow up
We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Westhope Mews

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 Care Act 2014.

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
The inspection was undertaken by one inspector.

Service and service type
Westhope Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection
We reviewed information we had received about the service. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us 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 inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the nominated individual, deputy manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives of people who use the service, three staff members and sought feedback from three health and social care professionals who regularly visit or have contact with the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

● Overall, risk assessments and care plans were clear, detailed and provided staff with guidance on how to support people safely. We found one care plan lacked detail regarding a person's epilepsy; this was rectified by the nominated individual shortly after the inspection.

● Risk assessments were detailed and provided guidance on how risks to people could be mitigated and when professional advice and support should be sought. For example, the care plan and risk assessment for a person who had a urinary catheter provided details of their behaviour that might impact the effectiveness of their catheter such as pulling or kinking the tube and how to mitigate this risk. Staff knew how to check that catheters were flowing correctly. Fluid balance monitoring was in place to ensure people with catheters received enough fluids to mitigate the risk of catheter associated urinary tract infections (CAUTI).

● People were supported to manage risks associated with swallowing difficulties. Specialist support was sought from speech and language therapists (SaLT). Staff followed SaLT guidance to ensure people received food and fluids at the correct consistency. Staff were knowledgeable of the individual SaLT guidelines in people's care plan. We observed meals being offered at the correct consistency. This ensured people's risk of choking was reduced.

● People were enabled to take risks, where people wished to smoke cigarettes, we saw risk assessments in place for them. We observed staff responding immediately to the request for a cigarette whilst ensuring safety measures were in place for the person.

● People were supported to take positive risks which included participating in community engagement and activities. People told us they enjoyed using local amenities and going to see friends and family. Risk assessments were in place to support people to undertake activities which they enjoyed safely. A trip to the local dessert shop had been planned on the day of the inspection.

● Environmental safety checks had been completed. Various risk assessments were in place, for example, the use of moving and positioning equipment and fire safety. People had personal emergency evacuation plans (PEEPS) in place. These were contained in an accessible grab bag along with other documentation and practical equipment which may be required in an emergency.

● Incidents and accidents were analysed and learned from. The service took a holistic approach where people may display behaviours that challenged others. For example, people were supported to keep a diary of their health and well-being including a mood chart. With the support of staff, this helped people understand their feelings and behaviours. We saw evidence of referrals to PBS specialists where appropriate.

Systems and processes to safeguard people from the risk of abuse

● Systems and processes were in place to safeguard people from abuse. Staff received training and understood policies to prevent the risk of abuse to people.

● People told us they felt safe and could to speak to staff and management if they had concerns. Comments included, "If I had a problem I would talk to [deputy manager] or anyone." And, "[Nominated individual] is in charge, I see them quite a lot when they come from head office. They listen to me and help to solve my problems."
● People felt safe at the service, one person told us, "Sometimes I get a bit of anxiety, staff help me when I feel anxious." A relative told us, "My relative feels safe, they're happy, they would tell me, or I would sense it."

● Staff were confident in their knowledge of safeguarding and described signs they would look out for to identify potential abuse. Staff understood their role in the prevention and reporting of concerns and said they would speak to the deputy manager or nominated individual if they suspected abuse. Staff knew they could escalate concerns to outside agencies if required. One staff member told us, "If I needed to go outside the company I would go to the police or CQC, I have never done this, but I could also go to the county council."
● The provider's safeguarding policy reflected the local authority's policy; an easy read policy was in place for people so they could speak up if they had any concerns.
● The provider understood their obligation to report any concerns to the local authority and to CQC. We saw examples of when this had been done and the actions put in place to safeguard people.

Staffing and recruitment
● There were enough staff to meet people's everyday care needs. Where people required two staff to safely assist them, we saw this was met. Staff had received training relevant to their roles, this included, supporting people with a learning disability, understanding autism, barriers to communication and mental health training.
● The service was experiencing a shortage of permanent staff at the time of the inspection; this was being managed and the service was actively recruiting. Where required, agency staff were arranged to cover shortages and block booking of agency staff was carried out to provide a continuity of care.
● There were minor impacts on people, particularly with activities. People were aware of staff shortages, comments included, "Some staff have left now. I like the staff a lot, some can get tired. You get attached to them, when they leave its sad." And, "I like one to one time, but they get missed."
● We received positive feedback about the staff. Comments included, "I couldn't speak more highly of the staff on the floor. They give up their spare time for the clients." And, "The staff here are all fantastic, everybody cares, they are all nice people and put in extra."
● Staff were recruited safely. Pre-employment checks such as Disclosure and Barring Service (police checks) and references were obtained prior to employment. Applications forms were completed appropriately, employment histories and any gaps of employment had been discussed and documented at interview. These measures protected people from being supported by unsuitable staff.

Using medicines safely
● People received their medicines by staff who were trained to administer medicines. Staff followed best practice guidance and worked in line with the provider's medicine policy. Staff competencies were assessed prior to them being permitted to administer medicines to people.
● Staff were guided by person centred protocols to enable them to identify when people required their 'when required' (PRN) medicines. We observed people being offered PRN medicines when they appeared to be in discomfort.
● People had medicine profile sheets to guide staff on their preferred way of taking their medicines and any side effects they may experience. We observed people being administered their medicines in accordance to their preferences. People told us they received their medicines at the right time. One person said, "They do talk to me about my medications, I get them at the right time."

● A staff member was being trained to become the medicine lead. Auditing and counting of medicines were undertaken, including weekly stock checks and checks on documentation such as medication administration records (MARs).
● The service followed the principles of 'Stopping the over medication of people with a learning disability, autism or both' (STOMP). This meant people's medicines were reviewed and reduced where possible to promote their health and well-being.

Preventing and controlling infection
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The service needed refurbishment, due to wheelchair damage, some walls and surfaced were impermeable making them difficult to clean. This had been identified in an audit and works were due to be carried out.
● We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were requested to show proof of a negative lateral flow device (LFD) test prior to entering the service.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service. The service acted within accordance of government guidelines for the latest newly admitted person.
● We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were observed to wear their PPE appropriately, the provider ensured enough stocks of PPE.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The service had not experienced an outbreak of COVID-19 but had detailed contingency plans in place.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Incidents and accidents were analysed, and lessons were learnt to drive service improvement. The organisation published a quality assurance newsletter which contained monthly lessons learned reports. The findings were shared amongst all services, this provided an overview of complaints and incidents with learning actions. An example of a lessons learned was a review of individual's smoking risk assessments. We saw evidence this had been put in place at the service.
● Incidents relating to people's emotional wellbeing had been reduced by encouraging people to keep a diary of their health and feelings including a mood chart. This had been effective in helping people to understand their feelings and behaviours and to receive appropriate support from staff. When required, appropriate referrals had been made to health care professionals.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

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

- Systems and processes for quality monitoring had failed to identify shortfalls in documents relating to supporting people's assessed needs. Additional information was required to guide staff. These issues had not been identified and addressed by the provider as part of their quality monitoring.
- For example, quality checking had failed to identify that epilepsy care plans and risk assessments for a person new to the service did not contained personalised epilepsy guidance and information. There was a lack of detail on the type, frequency and length of seizures and when to call for an ambulance. Without this information staff may not be able to respond effectively to seizures, identify potential causes, and establish any trends or patterns to minimise further incidents. We saw care plans and risk assessments were in place for other people who lived with epilepsy.
- Processes had failed to ensure identified actions were addressed in a timely way. For example, an action plan to support a person's behaviour had been started three months prior to the inspection and had not been completed. This meant the provider could not be assured people were receiving support appropriate to their needs.
- Audits and quality assurance system were completed but were not always effective in identifying shortfalls. An audit of the environment did not pick up areas of improvement found at the inspection. One person had damaged bedroom furniture and were unable to access some of their belongings. Staff told us the furniture had been in that condition for around two weeks. Audits of medicines did not identify the need to check expiry dates on topical creams.
- The service had been without a registered manager since September 2021. The provider had been actively recruiting for the role. Staff, people and their relatives all commented on the need for a registered manager. Comments included, "The home will benefit significantly with recruitment if they get a manager. When the management is in place, the home is in a different place." And, "It's really getting on my nerves, they are trying their best to find the right person. We have had a few managers, but they don't always fit in."
- Suggestions from people and their relatives were not always dealt with promptly, one relative commented, "There are times I feel things could have been resolved speedier, when a manager is in place things are much quicker." One person told us, "I can give my views at the house meeting, but they act slowly."

The provider's governance systems were not always effective and failed to consistently assess, monitor and drive improvement in service delivery. This is a breach of Regulation 17 (Good Governance) of the Health

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

The nominated individual responded to our concerns during and after the inspection and took immediate action to ensure the safety of people identified as at risk were protected. They had undertaken an epilepsy audit and updated the epilepsy care plan to reflect the person's individual needs. This provided staff with better guidance on how to keep people safe. The nominated individual told us they were working hard to appoint a suitable manager who would undertake auditing and be in a position to respond to suggestions and action plans in a timely manner. The nominated individual advised, following the inspection they would be based at the service to provide management overview and complete quality assurance processes until a suitable registered manager is appointed.

● The nominated individual visited the service once to twice a week, they were supported by the deputy manager. Staff told us they did not always get to see the nominated individual but felt comfortable to contact them or discuss issues with the deputy manager.
● Bi-annual quality audits were conducted by the head office of the organisation. We saw where areas of improvement had been identified, the service was working towards completing the tasks, such as establishing new paperwork and audit tools.

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 nominated individual demonstrated a working knowledge of the duty of candour. They described the duty of candour as being open and transparent when things went wrong and to provide an apology to those concerned.
● The duty of candour was considered for incidents, accidents, complaints and safeguarding matters. We saw written examples of where the duty of candour had been applied and how the service had responded.
● The nominated individual understood their regulatory responsibility to send CQC statutory notifications of events within the service. We saw these had been completed appropriately and in a timely manner.

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 service promoted a positive and inclusive culture for people. People were given opportunities to express their views through meetings and discussions; changes were made as a result of these. House meetings were held to discuss group activities and menu choices. One person told us, "I get asked my opinion all the time, like if I am happy with my room. I have been here a long time, and I have got everything I have needed."
● Care plans were written in an easy to read format and were supported with pictures to enable people to contribute to them. People were able to make day to day decisions about their lives. One person told us they liked to lay in bed until later and said, "They (staff) let me do what I want, and I like my breakfast when I get up".
● Relatives told us they were involved in their loved one's care. They confirmed they were kept up to date with changes to people or to the service. One relative told us, "Although there isn't a manager, I have been kept up to date by [deputy manager], if anything happens, they call me."
● We observed people being asked for their input on household decisions. A drywipe board was available in the dining room so people could add to the shopping list. Staff were observed to be giving people choices throughout the day, including what they wished to do and where they wanted to spend their time.
● People had keyworker meetings and were supported to express their views and wishes. During the meetings people and staff would develop plans of how the wishes would be achieved. For example, trips to

the seaside.

● People's diversity and equality characteristics were upheld and respected. We saw people were supported to attend and facilitate LGBT+ groups upon request. Due to the COVID-19 pandemic, the service supported them to attend the social groups using technology.

Continuous learning and improving care; Working in partnership with others

● The service worked in partnership with health and social care agencies in a timely manner to promote good outcomes for people. People had external professional involvement including, GPs, SaLT, learning disability facilitators and occupational therapists (OTs).

● Relevant referrals from people had been made appropriately and staff knew where to access support for people. An OT had been contacted as a person using the service had improved with their mobility. The OT had arranged additional equipment to support the person's enhanced abilities and to minimise falls.

● Health and social care professionals spoke highly of the staff and of the service provided to people. Comments included, "In my dealings with staff, I have found them to be caring and respectful and showing great love looking after their clients. They seem to be professional in their approach and work in a positive manner with us." And, "The clients are happy and settled whenever I visit. Which has allowed me to strike up a good relationship with each one. As well as understanding their individual needs. Again, this reflects on the dedication of each staff member."

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's governance systems were not always effective and failed to consistently assess, monitor and drive improvement in service delivery.