Care Quality Commission

Westhope Limited

Westhope Lodge

Inspection report

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Ratings

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

Overall summary

The inspection took place on 16 August 2015 and was unannounced.

Westhope Lodge is registered to accommodate up to nine people. It specialises in providing support to people with a learning or physical disability. The accommodation is provided on the ground floor and first floor of a purpose built property and there is level access throughout with a shaft lift to the first floor. There is a communal lounge and dining room area and level access to an enclosed garden to the rear of the property. The service shares the use of a minibus with two of the providers other services in the area. There were eight people living at the service at the time of the inspection.

The service had not had a registered manager in post since June 2015. 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

Summary of findings

about how the service is run. An acting manager had been recruited and been in post for four weeks when we undertook our inspection. We identified a number of shortfalls at this inspection that the acting manager was already aware of but had not yet formulated an action plan to address.

The provider's quality monitoring and quality assurance processes had not always been followed. Accidents and incidents had not been analysed to identify whether there was any emerging themes and trends. The medicines audit had not identified the stock of medicines did not correspond with that stated on the records and some care plans and staff files were incomplete whilst others were in need of updating. People, their representatives, and staff were all encouraged to express their views at meetings and complete satisfaction surveys. The outcome of the surveys had been summarised and feedback received showed a high level of satisfaction. However there was no record of what action had been or was being taken to address the shortfalls identified and help drive improvement in the service. Likewise meeting minutes did not include a review of the previous meetings minutes or what actions needed to be completed by whom and by when. There was no action plan available to view for how the provider was going to address the shortfalls the acting manager and their own quality assurance processes had identified. This is an area we assessed the provider was required to improve in.

We were told some people lacked the capacity to give their consent to care and treatment and to agree to restrictions that were placed on them, for example to be under constant supervision and to having bed rails in place. However, mental capacity assessments had not been completed to assess this and applications to the local authority had not been made for them to authorise the deprivations of liberty these people were subject to. Therefore we could not be assured that staff knew what decisions people could make for themselves and when they needed the support of relevant people to help them make a decision. This is an area the provider was required to improve in.

Staff told us they would be confident reporting any concerns about people's safety or welfare to the acting manager or nominated individual. One staff member told us "I would let my manager know if I suspected abuse was going on. I know that they would deal with it but failing that I would go to their manager. If not them, then further up the line". However when incidents that affected people's safety and welfare had occurred, the local authority safeguarding team had not been informed and incidents had not been analysed to identify any emerging themes or trends. Therefore we could not be assured that the relevant steps had been taken to reduce the risk of reoccurrence and people were being fully protected from harm. This is and area we assessed the provider was required to improve in.

Some staff recruitment files were held at the providers head office or at another of the provider's services so were not available to view. Therefore it was not possible to establish how the acting manager had assessed that it was safe for these staff to work at the home or that they had the skills and experience they needed to support the people. This is an area we assessed the provider was required to improve in.

The acting manager and staff told us over recent months they had not always operated with the staffing levels the provider had assessed they needed to meet people's needs. They explained they had two staff vacancies which they were in the process of recruiting to. One staff member said, "Holiday times can be difficult but I suppose that's the same everywhere. We've also lost two seniors (senior staff members) recently so that's a problem too". When asked if staff had enough time to spend with people and provide person centred care another staff member told us, "Yes, no problem. We spend all day with people. It's the job really". This is an area of practice we identified as needing to improve.

The provider's procedures for administering people's medicines were safe but staff had not always followed them. Staff did not have specific guidance for follow in relation to when 'as and when needed' medicines should be administered and the stock of some medicines did not balance with the stock indicated in medicine records. This is an area of practice we identified as needing to improve.

People told us they felt safe and we saw staff keeping people safe by offering support when needed for example encouraging and supporting them to move and by providing specialist diets. One staff member said to us about a person that needed a soft textured diet "They can eat most foods but not anything very dry or crumbly like

Summary of findings

biscuits because they could choke on them." One person said "I'm safe here alright. The doors are locked and there are staff here all the time". They told us there was a call bell system in place so they could alert staff if they needed help and they knew how to use it. We saw people could move freely about the premises including those who used wheelchairs.

People were supported to be independent and participate in a range of activities. We saw people were coming and going throughout the day, going out shopping, going to the local café and going into town with support from staff whilst others had chosen to stay at home. A weekly timetable of activities had been formulated for each person which was in an accessible format and each person had key worker who co-ordinated their care and arranged holidays for them. However people's preferences in relation to activities were not always catered for. For example it was recorded that one person had wanted to undertake a course and go to the gym but had not been supported to do so. This is an area of practice we assessed as needing to improve.

Staff knew the people well and were aware of their personal preferences, likes and dislikes. We saw staff communicated effectively with people and using sign language to communicate with one person. Care plans were in place detailing how people wished to be supported and were illustrated with photographs and symbols to aid people's understanding of their content. However, not all aspects of these plans were up to date and accurately reflected peoples current care needs and preferences. This is an area we assessed as needing to improve.

Staff felt supported and received the training they needed to meet people's assessed needs. They had obtained or were working towards obtaining a nationally recognised qualification in care. They were knowledgeable about their roles and responsibilities and had the skills, knowledge and experience required to support people with their care and support needs. However improvements were needed in relation to staff personal development and appraisals to make sure staff continued to have the competencies they needed.

People told us and we saw that staff were patient and kind. We observed that people were relaxed in the company of staff and each other, chatting and sharing jokes. We heard staff giving reassurances to people and explanations as to what was going to happen and when. We saw those who were able to, were encouraged to make their own drinks and breakfast. We heard staff offering choice throughout the day for example asking people how they wanted to spend their time and what they would like to eat. One person had pet birds and we saw staff helping them to clear out the bird cage talking to them about the birds while they did so. People were supported and encouraged to maintain relationships with people that mattered to them and there were no restrictions on visiting. People had the opportunity to go on an annual holiday or day trips out of their choice and the provider's vehicle was adapted to accommodate wheelchairs. One person was also supported by volunteers from the Royal Society for Deaf People and enjoyed regular outings with them.

Staff told us they kept up to date with changes to people's care by receiving verbal updates from one another, reading entries in records, attending staff handovers and staff meetings. People were supported with their healthcare needs and staff liaised with their GP and other health care professionals as required. For example one person received support from a physiotherapist and staff supported them to complete exercises as the physiotherapist had advised and another person was supported to have thickened drinks as prescribed by a speech and language therapist. One person told us "The staff are good; they come and help me when I need them." Another person told us "I think they have the training, they help me with appointments and ringing the doctor if I'm not well".

Feedback about the acting manager and staff was positive. They described an 'open door' management approach, where the acting manager was available to discuss suggestions and address problems or concerns.

We identified four areas where the provider was not meeting the requirements of the law. You can read what action we have told the provider to take at the back of the full version of the report.

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 safe.

Some staff recruitment files were not available so it was not possible to establish if they were suitable to work there.

Safeguarding concerns had not always been recognised and reported.

The amount of some medicines in stock did not balance with the amount stated in the records. The management of people's 'as and when needed medicines' were not robust.

The service frequently operated with fewer staff than the provider had assessed was needed to meet people's needs.

Is the service effective?

Requires improvement

The service was not always effective.

The requirements under the Mental Capacity Act (MCA) 2005 and responsibilities with regard to Deprivation of Liberty Safeguards (DoLS) had not been followed.

Staff supported people with their health care needs and associated services and liaised with healthcare professionals as required.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people.

Is the service caring?

Good

The service was caring.

People were supported to be as independent as possible by kind and caring staff. They were treated with dignity and respect.

They were encouraged to express their views and to be involved in decisions about their care.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care plans were not all up to date so staff did not always have the most up to date information on how people wanted to be supported.

Staff were knowledgeable about people's support needs, interests and preferences but people were not always supported to participate in their preferred activities.

Summary of findings

People were supported to live the lifestyle of their choice and were encouraged to stay in contact with their families and those that mattered to them.

There were systems in place to respond to complaints.

Is the service well-led?

The service was not consistently well led.

The providers systems and processes for assessing and monitoring the quality of the services provided and to drive improvement had not been followed.

Staff were supported by the acting manager. There was open communication within the staff team and staff felt comfortable raising concerns.

Requires improvement

Westhope Lodge

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 was planned to check whether the provider is 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 took place on 17 August 2015 by two inspectors and was unannounced.

The last inspection of this service was completed on the 12 November 2014 where no concerns where identified.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered person about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information helped us with the planning of the inspection. On this occasion we did not request the provider to complete a Provider Information Request (PIR) because we completed the inspection earlier than originally planned. A PIR 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.

On the day of our inspection, we met and spoke with three of the people using the service and one person who was considering moving into the service and their relative. Due to the nature of people's learning disability, we were not always able to ask direct questions, but we were able to observe how people were supported by staff. We spoke with the acting manager, four support workers and the activities organiser.

We looked at a range of documents including; three people's support plans, daily records, records relating to the management of medicines, quality assurance documents, health and safety records, accident and incident records, five staff recruitment and personnel files, staff duty rota for the previous three months and staff training records. We looked at complaints and compliments in relation to the service and looked at the provider's policies and procedures. We also looked at the provider's supervision and appraisal policy.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us they had no concerns and that staff didn't rush them or raise their voices. Another person told us they felt secure and safe they said "I'm safe here alright. The doors are locked at night and there are staff here all the time". However we found some practices that did not promote peoples safety.

Staff had all undertaken adult safeguarding training within the last year. However, none were able to identify the correct safeguarding procedures to follow should they suspect abuse. They were aware that their line manager should be informed but none were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made. One staff member told us "I would let my manager know if I suspected abuse was going on. I know that they would deal with it but failing that I would go to their manager. If not them, then further up the line".

Records provided details of incidents that had affected people's safety and wellbeing over recent months. However these incidents had not been referred to the local authority Adult Services Safeguarding Team in line with the providers own policies and procedures or as they were contracted to do. The providers policy stated 'The manager should monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern and take appropriate action to prevent them.' We could not see the incidents recorded had been investigated or corrective action taken to minimise the risk of re-occurrence. The acting manager told us the incidents had occurred before they had been employed therefore they could not provide an explanation for why these incidents had not been reported for consideration under safeguarding guidelines. Following the inspection the CQC raised made a referral to the local authority in relation to two incidents involving one person using the service for them to consider under their safeguarding adults policy.

People were not always protected from abuse and improper treatment; this is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate checks were undertaken before staff began work. We examined staff files containing recruitment information for five staff members. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This meant the practice had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation, including job descriptions, character references and application forms in staff files. However staff training and recruitment files were not available in the service for all the staff on duty that day or that had worked in the service in recent weeks. The acting manager said that staff employed to work at the providers other services sometimes worked additional shifts at Westhope Lodge. They told us that all staff that worked for the provider had completed an induction and mandatory training and staff confirmed this. However there was no record of the recruitment, induction or training for these staff available in the service so it was not possible to establish on what basis the acting manager had assessed they had the skills and experience they needed to support the people living there.

The shortfalls identified in relation to the availability of staff records is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us and we saw they received their medicines on time. Medicines were stored securely and were only administered by staff that were trained to do so. However staff were not always following the providers own policy or nationally recognised good practice guidelines in relation to the management and administration of medicines. We completed a spot check of three people's medicines. The amount of some medicines in stock did not balance with the amount stated in the records. There were no specific guidelines in place for staff to follow for under what circumstances peoples as and when (PRN) medicines should be administered to individuals or how these people may indicate they were in need of these medicines. Some people had been prescribed topical creams but there was no indication what they had been prescribed for or where on the body they should be applied. We did not assess that these shortfalls had had a negative impact on people however this is an area we identified as needing improvement.

We spoke with staff members about staffing levels. We asked staff the question, 'Do you think there are enough staff on duty to consistently care for people safely?' One

Requires improvement

Is the service safe?

staff member told us, "Yes, there are. It's only when someone is off sick or holiday that we struggle. Then, another member of staff will come in". We observed this on our visit as a staff member called in on sick leave and a member of staff from a sister home arrived during the morning to assist with duties. We asked if this was happening consistently. One staff member said, "Holiday times can be difficult but I suppose that's the same everywhere. We've also lost two seniors (senior staff members) recently so that's a problem too". We also asked if staff had enough time to spend with people and provide person centred care. One staff member told us, "Yes, no problem. We spend all day with people. It's the job really".

We looked at the staff duty rota and asked the acting manager how staffing levels were decided. The acting manager told us that their manager had instructed them to maintain staffing levels at four care staff members during the day and two waking night staff. We asked how this figure was arrived at and how it was re-assessed to ensure safe and appropriate care was given. The acting manager told us there was no on-going formal assessment of staffing levels in relation to people's changing care needs. Therefore, it was not possible for the provider to demonstrate safe and appropriate staffing levels were being maintained. The acting manager told us they could approach senior management if they felt staffing levels were problematic in the light of people's changing care needs. However, because of the lack of formal methods of gauging staffing levels, it was not possible for the acting manager to ascertain what those levels should be. Our examination of the staff rota showed us the service frequently operated with less staff than CQC were told was needed, for example 26 shifts had not been covered in July 2015 and a similar number had not been covered in May and June. The acting manager told us they had not always been able to cover every shift but felt as they had a vacant room staff had been able to meet people's needs. This is an area of practice we identified as needing improvement.

We were told that the staff members who had been responsible for completing, reviewing and updating risk assessments had recently left and these tasks had not yet been reallocated. This had meant that risk assessments and associated care plans had not been reviewed and amended in light of accidents and incidents that had occurred or in accordance with the providers own policies and procedures. The risk assessments we saw that had been completed were not always robust and did not always detail on what basis a risk had been identified. The risk assessment for one person who had bed rails in place had been implemented in March 2014 and was last reviewed in September 2014. The risk assessment document stated bed rails were needed because they were a 'vulnerable adult' who 'needs support with daily routines' and goes on to say that recently their 'mobility and ability to be steady has reduced therefore has a risk of falls, bed rails to be used to reduce the risk of falls from the bed'. However there was nothing to indicate why their reduced mobility and ability to be steady gave rise to an increased risk of them falling from their bed; for example whether they had a history of falling from the bed or a history of falling when standing. There was no record of whether any less restrictive options had been discussed with the person or considered as a way of reducing the risk. This is an area of practice we have assessed as needing to improve.

We saw staff supporting people to stay safe during the day. For example we observed one member of staff supporting one person to stand and to move from the dining table to the lounge area. The staff member gave them encouragement and offered their hands to the person to steady themselves when they stood up and walked. They held this person's hands when they walked talking to them all the time such as saying "Almost there (person's name), that's it the chairs are there". We saw people could move freely about the premises and level access was provided making it accessible to people who used wheelchairs. We saw one person was provided with a straw to drink their hot drink. Staff explained this person had recently spilled a hot drink on themselves which had scalded them. Since then the person had been using a straw for hot drinks so they did not have to hold the mug to drink thus reducing the risk of them spilling the drink. One person told us about and showed us the call bell system that was in place. They explained they had a call bell in their room they could use to alert staff if they needed support. They said they had not used it but did know how to.

Staff showed us that they looked after people's spending money which was stored securely. Records had been maintained and receipts obtained for all money spent. They told us people's money was checked and the associated records were completed each time money was taken out for a person to spend. We observed staff completing the records and checking a person's money when they returned from supporting them on a shopping trip.

Requires improvement

Is the service safe?

Environmental assessments identified hazards that may cause harm to people who lived, worked and visited the home and steps to reduce these risks had been taken. For example, fire safety and fire fighting equipment was in place and had been tested and serviced. The hot water, fridges and freezer temperatures were monitored to make sure they were within the recommended temperature ranges.

Requires improvement

Is the service effective?

Our findings

People told us and we saw people got the help they needed and were looked after well by the staff. They thought the staff were capable and were able to meet their needs. One person told us "The staff are good; they come and help me when I need them." Another person told us "I think they have the training, they do help me with appointments and ringing the doctor if I'm not well". However we found that not all areas of practice followed good practice guidelines or met the requirements of the law.

The majority of staff did not have a good understanding of the Mental Capacity Act (MCA) 2005 including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member told us, "I know it (the Mental Capacity Act) is about assessing people's ability to make decisions for themselves. If they can't, then we have to do it for them". None could describe to us in any detail its potential impact on the rights of people they were caring for to make their own decisions. Care plans did not contain clear guidance for them to follow. For example one person's health care plan was dated August 2014 and reviewed with no changes in September 2014, stated they were able to discuss their health care needs with professionals. However, subsequently an Independent Metal Capacity Assessor (IMCA) had been involved in making a decision relating to this persons treatment. There was no information available for staff in relation to the assessment for this decision or of what specific decisions about their health care this person could and could not make for themselves. Whilst the acting manager demonstrated a good understanding of the MCA and was aware when assessments needed to be completed, the lack of staff knowledge and guidance for them to follow meant there was a risk that decision were being made on behalf of people that they had no legal right to make.

The acting manager had a good understanding of the Deprivation of Liberty Safeguards (DoLS) however staff could not describe to us the implications of this for the people they were supporting. DoLS is part of the Mental Capacity Act (2005). The purpose of DoLS is to ensure that someone, in this case, living in a care home is only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interests of the person, has been agreed by families and professionals and there is no other way to safely care for them. One staff member told us, "I have heard of DoLS but can't really tell you what it is". People living at the service were being deprived of their liberty by way of locked doors, being under constant supervision and for some people by way the use of bed rails. However care plans did not indicate whether or not people had the capacity to consent to these restrictions and applications for DoLS had not been made for those people we were told did not have capacity.

The lack of staff knowledge and guidance for them to follow in relation to the Mental Capacity Act and the fact that applications for DoLS for people who lacked capacity had not been completed as required is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted, on commencing employment, all staff underwent a five day formal induction period. The staff records showed this process was structured around allowing staff to familiarise themselves with the practice's policies, protocols and working practices. Staff 'shadowed' more experienced staff completing all aspects of the job role such as supporting people with personal care and familiarising themselves with people's daily routines until such time as they were confident to work alone. The staff we spoke with felt they were working in a safe environment during this time and felt well supported .One staff member told us, "I'd never done this type of work before so I did a lot of shadowing. If I still felt unsure, I know that the manager would have let me do it for longer".

We noted all staff were able to access training in subjects relevant to the care needs of the people they were supporting, which were provided either internally or by external training agencies. The provider had made some training and updates mandatory. This helped to make sure that staff had the skills they needed to meet the specific needs of people living in the service. Staff we spoke with were satisfied with the training opportunities on offer. One staff member said, "I have no complaints. There is plenty of training". Another staff member told us, "It has helped me to understand my job better". One staff member told us they and some of the other staff had completed training that helped them to communicate with people using sign language and we saw them communicating with one person, who is deaf, using this method throughout the day. However, we could not see that this training had been

Requires improvement

Is the service effective?

detailed on the staff training record we were shown so we could not see how many staff had completed the training they needed to communicate with this person. Following our inspection the acting manager told us they had booked some of the staff team on action for deafness training which would help staff have a better understanding of the challenges deaf people face and of how to communicate with them.

We asked about how staff were formally supervised and appraised by the provider. We found that supervision sessions had not been undertaken with staff in line with the provider's policy, which stated that formal supervision should be undertaken at least six times a year. We also noted not all yearly staff appraisals for all staff had been undertaken or planned. The staff we spoke with gave us a variety of opinions about the supervision and appraisal process. One staff member said," I haven't had any one-to ones with my manager recently but I know I can go to them if I need to". Another staff member told us, "That (supervision) hasn't happened too much lately. I think the manager has been too busy". However, all of the staff members we spoke with felt generally well supported in their roles day-to-day. It is important that staff have the opportunity to discuss their learning and development needs with management and that their performance is appraised to make sure they continue to have the competencies they need to undertake their role. This is an area that we have identified as needing improvement.

People were supported to eat a balanced diet and drink enough. People that needed support to eat received appropriate support from staff and specialist equipment was available to support people to eat independently. We saw one person had been prescribed thickened drinks and a soft textured diet by a speech and language therapist (SALT) to reduce the risk of them choking. Staff were aware of this and we saw them preparing this person's drink using a thickening agent as prescribed. Staff were able to explain to us why it was important for this person to follow the diet they had been prescribed. One staff member said to us "They can eat most foods but not anything very dry or crumbly like biscuits because they could choke on them." We were told the main meal of the day was usually prepared in the evening as people often went out during the day. Some people told us and we saw they prepared their own hot drinks, breakfast and snacks. We saw people ate their breakfast at a time to suit them and either helped themselves to what they wanted or were offered a choice by staff.

Staff we spoke with and records we looked at highlighted that staff worked with a wider multi-disciplinary team of healthcare professionals to provide support. This included GP's, chiropodists, district nurses, dentists and a SALT. We saw that one person received support from a physiotherapist and staff supported them to complete exercises as the physiotherapist had advised. We saw daily records detailed how people were feeling and any changes to their health were noted and most of the time had been acted on. Visits made to and from health care professionals had been recorded. The date of the visit, the reason for the visit, the outcomes and actions needed were all detailed.

Good

Is the service caring?

Our findings

We observed care being given at lunchtime. We noted there was positive interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, were empowered to express their needs and receive appropriate care. Those who could not express their needs received the right level of support, for example, in managing their food and drink to meet their assessed needs. We heard staff asking people how people felt and whether they needed any help, for example we heard staff offering to help one person who was struggling to carry their drink from the dining table to the lounge to do this for them. Staff responded to people when they spoke to them. We heard one person who was watching television ask staff "Can you change the channel for me?" they responded straight away saying "Yes of course what would you like to watch?"

It was clear from our observations of the conversations and interactions between people and staff that caring relationships had been developed between them. Staff cared about people's emotional wellbeing and were considerate in their approach with them. The acting manager told us and we saw, staff knew what made people anxious and of what could trigger some people to have negative feelings and emotions. We saw staff supporting people throughout the day offering reassurance, being clear about what was going to happen and making sure things happened as had been agreed and planned with them.

We observed the acting manager and staff communicated well with people and had a good rapport with them. Staff knew how to communicate with people in a way they understood and took the time to do so. Explanations and information were given to people in a way they could understand for example using sign language, or using simple short sentences and communication with people was effective. The acting manager took time to explain to people, who the CQC inspectors were and why we were at the home. They let people know how long we would be there and that they could speak with us if they wanted.

The acting manager and staff knew people well. They described how people communicated and things people would likely to be happy to discuss with us. We saw three people chatting with each other and staff at the table over a cup of tea talking and their breakfast about how they were feeling and their plans for the day. Staff explained to these people who we were and why we were there and that we would like to speak with them. Whilst one person told us they would be happy to talk with us about their experience of the service, two other people did not respond to us when we tried to strike up a conversation with them one of whom made it very clear they did not want us to sit at the table with them. When staff saw this they intervened and reassured this person to reduce their anxiety levels and suggested we speak with the person who wanted to meet with us in their own room.

Staff explained to us that another person could be a "Man of few words". They explained it would depend on the day how he was feeling as to whether he would want to speak with us or not. They told us another person, who was reluctant to speak with us, was concerned that if they spoke with us it would delay them going out and this was something that made them anxious. They reassured this person that they would not be late going out and reminded them what time they would be leaving and who was going with them. They said to us it would be better if we met with this person when they returned from their outing when they would be more relaxed. Although most people were reluctant to speak with us, it was clear from the jokes that were shared that people were relaxed in the company of staff and each other and that strong bonds had been formed between them.

People were treated with dignity and respect. Staff responded to people when spoken to and listened to what people had to say. We noted staff showed patience and understanding when communicating with and supporting people. People were not rushed and were given the time they needed to complete tasks themselves without being put under pressure for example to eat their food.

Two people showed us their room which they had personalised with their own belongings and pictures. They told us people didn't go into each other's rooms when they weren't there or without their permission. They said staff knocked on their door before entering the room.

People were supported and encouraged to do things for themselves and to make their own decisions. We heard

Good

Is the service caring?

staff asking people throughout the day what they would like to do and when they would like to do things, for example when they wanted to go out and what they wanted to do when they were out.

People were encouraged to stay in contact with people who mattered to them. We saw the contact details for the people who were important to people were available and that staff knew who these people were. People told us they were visited by their family and friends. Staff told us one person received support from volunteers from the Royal Association for Deaf People and went on regular outings with them. They said this association helped to advocate for this person and that the person really valued and enjoyed the time they spent with them.

Requires improvement

Is the service responsive?

Our findings

Each person had a care plan in place which was based on an initial assessment of their needs. Some aspects of the care plans were detailed and provided clear guidance for staff to follow; for example photographs had been used to illustrate how people should be supported when using a hoist for moving. They provided details of peoples dietary requirements, personal care needs and likes and dislikes and were illustrated with symbols to support the understanding of people who could not read. However neither the acting manager nor any of the staff we spoke with had been involved with the development of these plans and assessments or in reviewing and updating them. We were told it had been the responsibility of the seniors (senior staff members), both of whom had recently left employment, to update the care plans on a day to day basis. We were told that this responsibility had not yet been reallocated so no-one was updating them. Therefore, it was not possible to confirm that they accurately reflected people's current care needs and the guidance they contained was still relevant, safe and appropriate.

One person's care plan had not been reviewed since September 2014. One piece of guidance in this person's care plan stated that, in specific circumstances when the person became distressed, staff could take control of their electric wheel chair and switch it off. This guidance had been written and signed by the registered manager at the time but did not indicate whether the person had agreed to staff intervening in this way or not. The acting manager explained this person had the capacity to make decisions for themselves and told us they had informed staff they should never take control of this person's wheelchair in this way. Staff confirmed they were aware of this, change however the care plan did not contain the most up to date information about how to support this person in these circumstances. Therefore there was a risk that if a member of staff, particularly newly recruited staff, referred to the care plan for guidance they would not support this person in the way that had been agreed. The acting manager was aware care plans were out of date and told us updating them was high on their list of priorities. This is an area of practice we assessed as needing to improve.

Staff told us that although care plans were not up to date they kept up to date with people's current care needs through verbal updates from each other, reading people's daily records and reading and signing memorandums about changes to people's care and the providers policies and procedures. A handover took place between every shift to ensure continuity of care and where relevant information about people's care was communicated to staff coming on duty. Staff explained this helped them to make sure people got the right care and support at the right time. One staff member told us "We have a handover which tells us what the people we are looking after need for the day". Another said, "We know them (people) really well so we know when things change". There was a shift plan in place which described tasks that needed to be undertaken either 'am' or' pm' and also recorded the staff member allocated to complete it. The tasks included medication dispensing, social activities and the completion of people's daily records. We noted that the minutes of a recent staff meeting had reminded staff of the importance of completing people's daily records and the need for them to be detailed and include how people were feeling as well as how they had spent their time.

We were told that people's key workers discussed with them how they wanted to spend their time each week and passed this information onto the providers activities organiser who co-ordinates the activities across all the providers services. Each person had a weekly timetable of activities which displayed in a communal area of the home which was illustrated with symbols to aid the understanding of people that could not read. They detailed activities such as, trips out to go shopping for milk and bread, a bus trip out (in the providers mini bus), going to the local café for a cup of tea, going to activities provided once a week at another of the providers services, going to the pub and attending social events.

We were told sometimes people change their mind about what they want to do on the day and declined to take part in planned activities. Records detailed over recent months some people had spent a lot of their time watching television or sleeping during the day. We could not see whether or not the reason for this had been explored with these individuals or whether alternative activities had been offered. We saw one person had stated at a review of their care held in February 2013, they wanted to undertake a college course, go swimming and go to the gym. However we could not see that these activities were included on their activities timetable or that they had been supported to participate in any of these activities over recent months. The acting manager told us they had already identified the

Requires improvement

Is the service responsive?

need for improvements in the provision of activities, and this would include exploring the possibilities for this person to enrol on their chosen course, go swimming and go to the gym. They told us they had also spoken with staff about the need for improvements in the activities offered at a recent staff meeting. Records we saw confirmed this and that the acting manager had asked staff to offer alternatives such as playing games, doing puzzles and having a manicure in particular to people who were spending a lot of time sleeping or watching television.

We saw a staff member assisting one person to clean out the cage of their pet birds. We heard the person explaining to the staff member what they needed to do to help them and the staff member responding to their requests. We saw another member of staff responded to another person who had asked if they could go out to the local café which they supported them to do. A third person told us they liked to watch their own DVD's or their favourite programmes in their room which they were doing. They also told us they stayed in contact with their family who visited on a regular basis. A fourth person told us they were looking forward to seeing their cousin who was visiting them later that day.

People were supported to go on an annual holiday of their choice. One person was looking forward to going to Dorset whilst another person preferred to have day trips out. They told us they had talked about what they wanted to do with their key workers who arranged the holidays and day trips for them.

People's needs were assessed before they started using the service and they were able to visit and stay overnight to help them make a decision about whether to move in. We met with one person who was considering moving into the service and their relative. They told us they had been invited to come and look at a vacant room to assess its suitability and spend the day with people who lived there and the staff. They told us they had arranged for a member of staff to support them to go out into the local town so they could familiarise themselves with the local area and assess for themselves whether the location of the home would meet their needs. They told us the staff were they were currently living had shared information about them with the staff at Westhope Lodge and that the acting manager would be completing a full assessment of their needs the following day. They told us the acting manager and staff had been welcoming and helpful. They explained if, as a result of the assessment of their needs, the acting manager was able to confirm the service could meet their needs, they would be coming to stay for a five day trial at the home before they made a decision about whether to move in.

We looked at the provider's complaints policy and procedures, which were displayed in communal areas. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. There had been no complaints recorded this year. One person told us they felt confident in raising concerns with the management and staff. They told us they had spoken with the previous registered manager of the service because they wanted to move out of the service. We could see from the person's records that this had been passed onto the person's social worker and a meeting had taken place to discuss this issue. The person confirmed that this meeting had taken place and remained in contact with their social worker about this.

Relatives and representatives meetings were held. We saw from the minutes of these meetings that people were able to contribute to the meeting and to make suggestions concerning their welfare and future service provision. One person said "Sometimes we have a meeting. We talk about what we want to do what different things we want to do. The meetings are ok; we can say what we want".

Requires improvement

Is the service well-led?

Our findings

The service had not had a registered manager in place since June 2015. An acting manager had been recruited and told us they had been working at the service for four weeks. They told us they were being supported by a registered manager from another or the providers' services and the nominated individual. They said they had not yet received any formal supervision but did feel they were receiving the support they needed to undertake the role. They told us they had identified a number of areas that needed improving and had plans to meet with the nominated individual in order to formulate an action plan to address these shortfalls. They told us and staff confirmed they operated an 'open door' policy. Staff told us they felt able to share any concerns they may have with the acting manager in confidence.

Quality assurance processes were not robust. It was clear that the accidents and incidents had not been analysed to identify whether there was any emerging themes and trends. The medicines audit had not identified the stock of medicines did not correspond with that stated on the records and some care plans and staff files were incomplete whilst others were in need of updating. Quality monitoring visits were completed by the nominated individual and these visits included, speaking to people and staff, observing care and checking records. Any shortfalls were highlighted to the acting manager who then put together an action plan to address the shortfalls with timescales for completion. However the action plan from the most recent visit was not available to view so it was not possible to assess whether this had been effective in identifying areas that needed to improve.

We noted that staff meetings and, relative and residents meetings had been held and attendees were able to contribute to the meetings and to make suggestions of importance to them. However, the minutes of these meetings did not contain a review of the minutes of the previous meeting. In addition, they did not contain a plan to decide what action would be taken as a result of the current meeting, by when and by whom. Consequently, it was not possible to judge the effectiveness of the meetings as a mechanism to improve the service.

The acting manager told us that questionnaires had been sent and feedback sought from people, their relatives, others who were involved in people's care and staff as part of the annual service review survey. They told us and we saw the feedback from the surveys was largely positive however the action plan section of the forms were blank therefore we could not see what actions had or were being taken to address the shortfalls that had been identified to help drive improvement in the service.

The lack of effective quality monitoring of the service is a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

The provider had a clear leadership structure that staff understood. The acting manager and staff told us there was always someone to contact in the event of an emergency or if they needed advice. There was an open and inclusive culture that encouraged people and staff to work in collaboration with each other and to give their views. We saw that the staff team were involved in agreeing ways of working at staff meetings. Staff were encouraged to make suggestions for improving the way they worked and this was evident in the staff meeting minutes. Staff told us they had no reservations about raising concerns under the whistle blowing policy if they had concerns about another staff members conduct.

The acting manager explained it was the ethos of the provider that they worked on the floor delivered care two days a week. They told us this enabled them to form relationships with people and gain a better understanding of their needs. They said this also helped them to have a better understanding of how the service operated on a day to day basis, the challenges staff faced in delivering care and the improvements needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 **Regulation 17 (1)(2)(a)(b)(e) The registered person had not ensured the providers systems and processes for assessing the quality of the service and driving improvement were consistently followed.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13(1)(2)(3)The registered person had not ensured staff followed the providers systems and processes for protecting people from abuse and improper treatment.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19(1)(a)(b)(c)(3)(a)(b)Schedule 3 The registered person had not ensured that the information detailed in Schedule 3 was available for each person employed to work at the service.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Regulation 11(1)(2)(3)(4)(5) The provider had not ensured that people's care and treatment had always been provided with the consent of the relevant person or that people's capacity to give consent had been assessed in accordance to the Mental Capacity Act.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.