

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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Westwood is a residential care home that provides accommodation and personal care for up to nine people who have learning disabilities and some associated physical and/or sensory disabilities. Accommodation is provided in a large house that is set over two floors.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. Eight people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

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

There were not always enough staff at weekends to meet people's assessed needs. The quality assurance systems were not always effective and had not identified some of the shortfalls found at inspection. For example, daily records were not clear and open to misinterpretation. There were no formal systems to analyse and learn from incidents. Staff did not always feel supported in relation to the management of behaviours that challenged and had not received regular supervision this year. Staff told us staff meetings were negative and didn't feel able to share their views.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This mainly related to some restrictions that had been taken in people's best interests but there was no assessment to determine if people had capacity to make their own decisions in relation to these matters.

Although staff told us they did not feel supported in some areas of their work, they were clear that in other ways they felt well supported and were able to speak with the registered manager about a range of matters. Staff received training that helped them to deliver the care and support people needed. This included specialist training in Makaton and caring for people living with dementia and autism.

People received support from staff who knew them very well as individuals. Staff turnover was low, and relatives told us there was consistency in the staff team. People's care and support needs were assessed and

reviewed regularly. This enabled people to receive care that was person-centred and reflected their needs and choices.

The service applied the principles and values of Registering the Right Support and other best practice guidance. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. They were encouraged to take part in daily living tasks with support from staff in areas such as laundry, cleaning, cooking and Hoovering.

People were supported to maintain their own interests. Staff supported people to take part in choosing activities to meet their individual needs and wishes. Two people loved drama and attended a local drama group. Others enjoyed attending day centres and making use of local facilities and amenities. People enjoyed cinema, and theatre trips and had opportunities to have annual holidays.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. Recruitment procedures ensured only suitable staff worked at the service. People were supported to receive their medicines safely.

People's health and well-being needs were met. Where appropriate, staff supported people to attend health appointments, such as the GP or dentist and appointments for specialist advice and support. People's nutritional needs were assessed. They were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day.

There was a detailed complaint procedure, and this was displayed so anyone wanting to raise a concern could do so. An easy read version was also available for people to refer 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 was Good (Published 27 February 2017.)

The overall rating for the service has deteriorated to Requires Improvement. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

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

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.

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

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Westwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people. Not everyone was able to share their views of the service, due to complex communication and support needs. Therefore, we observed their experiences living at Westwood and staff interactions with them. We spoke with the registered manager, nominated individual and four staff members. In addition, we met with three people's relatives.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway three tracked people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training, minutes of meetings and quality assurance records.

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 now deteriorated to 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 enough staff to ensure people's needs could be safely met through the week. However, there were not enough staff on Sundays. We were given copies of four weeks of the rotas. They showed there had been occasions with only one or two staff on duty for eight people which limited opportunities for activities.
- Staff told us it was stressful at the weekends. During the week most people were at day centres. They tried to get everyone out at some point over the weekend but often this left one staff member caring for six or seven people at home. Some people were funded to receive additional one to one staff time for personal care and activities. Whilst the personal care element was provided throughout the week, the activities element was provided at weekends. We could not be assured people always received their full one to one hours at weekends as staff did not know how many hours were meant to be provided for each individual.
- General tasks such as laundry and cooking still needed to be carried out at weekends. The laundry was situated in a building that was separate to the main building. We were told two staff worked together to give medicines which would mean there was no staff member available for general support for people. With only two staff on duty the provider could not ensure people's needs were safely met at weekends. The registered manager needs to review the deployment of staff at weekends. This is an area that requires improvement.
- During the week there were three staff until 10-11am and then two, in addition to the registered manager. Most people went to day centres so there were enough staff to care for those who did not attend. The registered manager worked office hours through the week. One staff member provided a sleep-in duty at night time.
- There were on call procedures for staff to gain advice and support if needed outside of office hours and at weekends. The registered manager told us when staff were lone working at night time, they wore a lifeline pendant so they could request help in an emergency situation if the case arose.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history. Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and observed to be content in their surroundings. One person told us, "Yes I do feel safe." A relative told us, "I am very happy (Person) is here, (Person) is safe and I don't have to worry about (Person) anymore." Another relative said, "Yes (Person) is safe. If you find somewhere like this, you're very lucky."
- Staff had a good understanding of how to make sure people were protected from harm or abuse. A staff

member was able to tell us about different types of abuse and was clear that if they witnessed any abuse in the home, they would not hesitate to blow the whistle on it.

- All staff had received training and knew how to recognise signs of abuse. It had not been assessed as necessary to make any referrals to the safeguarding team since our last inspection.

Assessing risk, safety monitoring and management

- There were guidelines in relation to the management of behaviours that challenged. People who displayed behaviours that challenged had positive behavioural support plans. Where there were known triggers to behaviours these were recorded. There was advice on early interventions that could be taken, how to deal with a crisis situation, and how to support the person to recover from situations. One person's plan had not been reviewed for some time and needed more specific advice in certain circumstances. This is an area for improvement.
- 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. A fire officer had visited the day before our inspection and made some recommendations such as replacing some door handles, removing one door guard and a break glass box. The registered manager said these matters would be discussed with her line manager and promptly addressed.
- Fire drills were held regularly. A staff member was clearly able to describe the actions taken when the alarms sounded. One person who had a hearing impairment had a pillow alert and a wrist watch that alerted them through vibrations, in the event of the alarms sounding.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks and checks on electrical appliance safety. Water temperatures were monitored regularly.

Using medicines safely

- There were safe procedures to ensure medicines were correctly ordered, stored, given and recorded appropriately.
- The home had recently moved from using a monitored dosage system to using boxed medicines. A stock control sheet was in use to count medicines to help identify any resulting safety issues. Two staff worked together to give medicines.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in use that described when they should be used.
- People's records clearly stated how they preferred to receive their prescribed medicines.
- Staff had received both online and face to face training in the management of medicines. In addition, they had to be assessed in terms of competency before they were signed off to give medicines.
- People's medicines were reviewed regularly by healthcare professionals.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed regularly. Aprons and disposable gloves were available and used by staff.
- In response to Coronavirus, the home had introduced additional hygiene practices and ensured that extra hand sanitisers were provided. Staff and people were encouraged to wash hands more frequently and visitors were also asked to wash hands on arrival. Following the inspection, the provider sent us a copy of their contingency plan to deal with the all possible scenarios.

Learning lessons when things go wrong

- There were systems to ensure records were kept of accidents and incidents along with the actions taken in response to each to reduce the likelihood of an event reoccurring.

- Where appropriate, risk assessments had been amended as a result of incidents.

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 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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 Act 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff encouraged people to make informed decisions on a wide range of matters and where appropriate, easy read documentation had been used to aid communication and understanding. However, decisions had been taken in relation to some food restrictions and although these were taken in people's best interests, there was no documentation to demonstrate assessments had been carried out to check if people had capacity to agree to these restrictions. Staff told us sugar and drinking chocolate were locked away and if bread was chosen for breakfast, it would not be available as an option for lunch. Without an assessment of capacity this would not be the least restrictive option. This is an area that requires improvement.
- The registered manager told us a health professional wanted one person to take part in a study that involved a blood test and a scan. The person's relative agreed. The person had refused to go but it was thought there was a genuine reason for the refusal on that particular occasion. Further work was underway to establish the person's capacity to give consent to the procedure.
- One person had a DoLS authorisation. Applications had been submitted in relation to others and the home was waiting for these to be processed.

Staff support: induction, training, skills and experience

- Staff attended regular supervision meetings throughout 2019. Although some supervision meetings had been booked, none had been carried out this year. We received mixed messages about supervision and

support. All staff told us the registered manager was very supportive at times and they could talk to them. However, at other times they felt this was not possible. We have discussed this in the well-led section of the report. One staff member however, said, the registered manager was, "Easy to talk to and very understanding. She wants what's best for the service users and cares what happens to them. Things get addressed and she gives ideas and chats to move things forward."

- New staff completed the provider's induction process. A staff member told us, "Induction was ok. We had opportunities to shadow staff and to read through all the information we needed about how to support people."
- Staff received training that ensured they could meet people's needs effectively. The training programme confirmed staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety and infection control.
- Specialist training was also provided that reflected the complex needs of people who lived at Westwood. This included training on downs syndrome, dementia, epilepsy and autism. The registered manager told us some staff had started a course doing four, three-hour sessions on Makaton. On completion other staff would be enrolled. The society had paid for a staff member to become a Makaton trainer and there were also plans to do a session for one person at the home.
- The provider told us staff had completed virtual training on autism and on dementia. For example, in relation to the dementia training, they were given spikes in their insoles, had to wear dark glasses, and headsets that gave sensory sounds, instructions that were hard to understand, and tasks to complete.
- The provider told us the training had been "A real Eye Opener" and insight into what it is like to have dementia. We asked if any changes had been made as a result of the training. The registered manager said, "When we replace toilet seats, we will ensure they are a different colour. We are mindful that when giving instructions we should break it down into easy requests." We will make sure care plans are updated to reflect 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.
- Relatives were invited to reviews and told us they were kept up to date with changes to care plans.
- People's relatives told us that people had opportunities to visit the service before they moved in and this had helped them to understand the process and made it a smoother transition from home to Westwood.

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

- People had enough to eat and drink. Some people made their own drinks and others were offered and received a choice of drinks throughout the day.
- People told us they liked the food and took turns to cook the main meals with staff support.
- There was a four-week rotating menu which included two choices. One person had a specialist diet, so the second choice was based on their known preferences. Another person's weight had decreased so they had extra calories and an extra sandwich in the evening.
- We were told no processed foods were used, all food was cooked from scratch. Two relatives told us they were very happy with the support their relatives had been given in relation to food. One relative said, "(Manager) has been marvellous, brilliant with (Person's) diet. Health and diet has been very good."
- Staff had received training on nutrition and hydration.

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

- People arranged their bedrooms as they wanted them with personalised objects, photographs and individual furniture, and bedrooms reflected their personalities.

- Communal spaces included a lounge area and a dining area. The kitchen had been adapted with 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.
- One person used a walking aid to support them moving about. They took twice daily walks around the outside of the property.
- One person had a hearing impairment. They had equipment to help them respond appropriately in the event of the fire alarms sounding. They also had an alert on their bedroom door so they knew if anyone was entering their bedroom as before this it could be frightening for them if staff suddenly appeared in their room.
- The home had recently got a computer for one person and arrangements were being made to have this set up. An iPad was also available for people to use to face time relatives.
- 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.

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

- Referrals had been made for specialist advice and support when needed. Records were kept of visits to see professionals and any changes in support and care were discussed with the staff team.
- The registered manager was aware of the need to ensure people had good oral health, appointments with dentists were arranged as required. Records demonstrated people were prompted and where appropriate, supported to look after their teeth. Oral health assessments had been completed for each person and staff had received oral health care training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A staff member told us, "I like working here because it is not an institution, people are encouraged to be themselves with their own personalities. They are all different in their own ways and are encouraged to that way."
- One person is due to have a 'big' birthday this year, so a party was being arranged and family members, peers, friends and staff were invited to attend.
- There was a genuine fondness between people. We saw that when one person returned from the shops another said, "I have a surprise for you. Something yummy for lunch." The person was keen to show the person the lunch they had made for them. People's faces lit up as others returned from outings and they were keen to know how their day had been.

Supporting people to express their views and be involved in making decisions about their care

- A person told us, "I love the staff, they care for me. (Registered Manager) is lovely, she helped me with my money." The registered manager told us she supported the person to budget for things that were important to them. "(Person) had booked to go on a cruise later in the year."
- House meetings were held regularly, and records demonstrated that people had been given choices in relation to activities. In the January 2020 minutes it was noted some people had participated in a community clean-up of the local beach. Records included pictures used to aid people's understanding and people had thumbs up and down cards to show agreement or otherwise with suggestions made.

Respecting and promoting people's privacy, dignity and independence

- A staff member told us, "We always knock on doors and wait for an answer. When giving personal care we give the support that is needed. For example, if someone was using the toilet I would stand outside the door and check when they are ready for me to come in to assist them."
- Staff told us that everyone did their own laundry with varying levels of staff support. We saw this throughout our time at Westwood.
- The registered manager told us, "People help out in the kitchen and they are proud of it. Staff do not have a key, they need to ring the doorbell and people answer it with staff support, it is their home."
- Two relatives told us they took their relatives to their family home for visits regularly. Both said people signed when they wanted to return to Westwood. This gave them confidence their relatives were happy and settled at Westwood.

- A relative told us the registered manager, "Brings structure to the environment. It is their home and she encourages independence. (Person) can make a sandwich now. She has brought her out of herself and developed her more as a person. (Registered manager) can read them really well."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always receive care that was person centred. Two people required support with behaviours that challenged. One person had a behavioural support plan and there was professional guidance that was written in 2016. One of the behaviours presented was hair pulling. We asked two staff what they would do if the person were to pull their hair. They were not able to tell us and told us they needed further guidance. Following the inspection, the registered manager told us this would be reviewed.
- We were told one person was given photos of the staff on duty each day. If certain staff were on duty for the sleep-in this often led to behaviours that challenged. To resolve this, photos of the staff member were given the evening before. The registered manager told us this gave the person time to process this information and since introducing this procedure there had been fewer incidents. However, a staff member told us that whilst this procedure had been done it was no longer in place and that time of day was still very stressful.
- Records showed one person had refused their evening meal and had been given toast instead. There was no record to indicate the reasons for refusing had been explored, or that the person had been offered an alternative meal. Staff agreed that toast was not a suitable alternative to a main meal. The registered manager agreed that the above areas required improvement.
- Each person had care plans and risk assessments that identified and recorded their needs. Care plans were reviewed regularly, and when people's needs changed, and were updated. Whilst care plans were computerised, each person also had a hard copy in their bedroom with pictorial images alongside each section to help people's understanding.
- For some people their routines were very important to them and records clearly recorded what should be done and when. Staff were kind and caring, they knew people well and knew how to support them. They knew people's likes, dislikes and background.
- We observed staff supporting people in a person-centred way; they adapted their approach from person to person. For example, some people needed minimal guidance and others needed clearer communication and prompts or demonstrations to complete tasks.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and how they communicated. Each person had their communication needs assessed and recorded.
- Some people were able to communicate their needs and wishes verbally. Others used a variety of communication methods and tools and staff were skilled in understanding these. Some people used Makaton, a form of sign language, to assist the spoken word. Others used pictures to aid their communication. Where possible, easy read tools were used to assist understanding.
- One person had a large picture board that they used, and staff were gradually adding pictures of the places they went and things they did so they could use to enhance the person's ability to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to carry out every day activities and to be part of the local community. One person had a very close relative living in another care home. They told us they were in regular contact with them by phone and that staff took them to visit her regularly or she came to visit them. Staff told us another person was supported to use social media to maintain contact with their relative.
- Staff spoke with people's relatives on a regular basis, and relatives told us they felt welcome when they visited the home. A relative told us, "I pop in when I can, and I'm always made welcome."
- Each person had an activity programme. Five people attended day centres through the week. Others were retired or had opted out of formal activities. Staff supported them to take part in activities of their choice in line with their individual needs. For some this included regular walks, theatre trips, cinema and cafes.
- Some people attended 'active arts' which is a performing and visual arts course for adults with learning disabilities. One person had staff support to do a voluntary job at a charity shop. They told us, "Yes I like it, I fold clothes."
- One person had a mobility car in their name that was used by their parents to take them to and from their family home and for outings. Due to the location of the home, people either walked to town, used buses or taxis.

Improving care quality in response to complaints or concerns

- No formal complaints had been received.
- There was an easy read complaint procedure for people. The registered manager told us they were hoping to develop the complaints procedure further by having a range of different formats to suit people's individual needs.
- There was a 'niggles book' in place. This included minor matters that had upset people and that could be addressed easily at the time. Records showed the actions that had been taken to resolve matters.
- Relatives told us they found all the management team approachable and would have no hesitation approaching them if they had any concerns.

End of life care and support

- The registered manager told us that if anyone needed end of life care in the future, this would be fully assessed at the relevant time.
- Some people had funeral plans and where possible, people's views had been sought as part of this process. Some people had not wanted to talk about the subject. One person had very definite views. They also told us they had completed a ReSPECT form with a nurse. (Recommended Summary Plan for Emergency Care and Treatment). There was an easy read version of the template for the ReSPECT form displayed on the notice board.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- 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. A new form had been devised as it had been recognised that there was a lack of detail in some visits. The new format allowed for more detail to be recorded and gave space to record feedback from people and staff. However, the governance in place was not robust enough to pick up a number of the recording issues we found or to address matters of staff support.
- There were two incidents where there had been minor physical altercations between people. It was not clear if these incidents had been discussed with the staff who supported people. Within daily records, on another date there was a statement that a person had been screaming and lashing out. It was not clear from the records if contact had been made with anyone or if this had been explored with the staff member.
- There were several incidents where staff had been assaulted. Antecedent, behaviour and consequence (ABC) charts had not been completed to determine in detail what had been happening before, during and after incidents. Some records were open to interpretation and it was not possible to determine fully what had happened. Records did not demonstrate that these had been explored by management. Debrief sessions had not always been carried out. We talked to staff about some of these incidents, but they had not been on duty on these occasions and could not tell us about them.
- Staff told us support following incidents was not always consistent. Three staff told us they did not feel supported in relation to dealing with behaviours that challenged.
- One person had been given PRN medicines for pain relief. We checked the daily records to see if staff had checked if the medicine had been effective or if further pain relief had been offered later. There were no further records related to this.
- Records showed one person had been crying when they came back from an activity as they had less money than they thought they should have. Whilst it was evident they had spent some money there was no investigation to see if money had gone missing or if they had spent all their money.
- Although audits of health and safety arrangements had been carried out regularly, there were areas within the format that had not been assessed and these had been checked and signed off as completed when they were incomplete.
- Records of fire drills lacked detail. Drills were held regularly but had not been fully evaluated and whilst they stated if people left the building there was no comment about staff performance. The registered manager had spoken with the fire safety officer the day before our inspection and agreed to reintroduce a

format that was used in the past for recording more detailed evaluations of drills.

The provider had not ensured good governance had been maintained and records were not up to date and accurate. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were mixed responses to the subject of support and clarity of staff roles. Staff said the registered manager was supportive at times. One staff member said, "Can be incredibly supportive and easy to talk to on a range of matters."
- However, three staff told us weekends could be stressful due to staff levels and pressure to ensure people had opportunities to go out. They said staff meetings were negative and they did not feel able to contribute their views. One said, "The rules change so what is right to do one week is not acceptable the next, we don't know where we stand, and this leads to confusion." Another said, "I dread coming to work on a Monday because I don't know if what I have done is acceptable. There is not a lot of praise."
- We raised the issues above with the registered manager who agreed that weekends were stressful and that team meetings could be seen as a list of instructions to make sure staff knew what was expected of them. They agreed that this is an area that needs to be improved. Following our inspection an emergency meeting was arranged to be held with staff to discuss their concerns in more detail and to try to resolve them.
- There was a handover between each shift that ensured there was time to discuss any changes to people's care and support needs. A full check was carried out in relation to people's finances and medicines. This system ensured accountability and responsibility.
- The registered manager told us, "The wellbeing of staff is very important to us. We give extra money for last minute overtime and pay a bit more at Christmas. We make sure we say thank you to staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Two people and the provider attended a local learning disability partnership board to give a talk on residential care. Feedback included, 'You really flew the flag for both residential services and Mencap. A number of people said to me how good it was. Your ladies were also fabulous and the three of you should be very proud of your achievements!'
- A satisfaction survey was sent to people, relatives and professionals late in 2018 and the findings were published in January 2019. The registered manager confirmed there was no survey in 2019 but said they would be sending out surveys shortly. Results of the last surveys included lots of very positive statements including, "The staff at Westwood are exceptionally caring and supportive as they always have been."
- Staff told us most people were well known in their local area. They liked walking and regularly used local shops, cafes and local amenities.

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 Duty of Candour is to be open and honest when untoward events occurred.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required.
- 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.

Working in partnership with others; Continuous learning and improving care

- The registered manager told us they attended the registered manager's network. They said this was a valuable resource and an opportunity to meet with other managers to hear and share problems but also to discuss and share ideas. For example, staff recruitment had been discussed at a recent meeting.
- Staff worked 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.
- One person, their family and staff were working closely with health professionals as part of a study to assess a health condition.
- The registered manager told us staff training was kept under continual review to ensure people's needs continued to be met. This included both online training and classroom based. The recent training in Makaton was an example of this and as a result of the success of this, it was not being rolled out to all staff.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>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.</p> <p>17(1)(2)(a)(b)(c)(d)</p>