

Avenues South East

Avenues South East - 4 Westhall Park

Inspection report

4 Westhall Park
Warlingham
Surrey
CR6 9HS

Tel: 01883621359
Website: www.avenuesgroup.org.uk

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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

About the service

Avenues South East – 4 Westhall Park (referred to as 'Westhall Park' in this report) is a residential care home providing accommodation and personal care for up to six people with autism and/or a learning disability. At the time of the inspection five people were living at the service which is a converted house in a rural area with its own garden.

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

Right Support:

There was the potential that people could come to harm as staff did not always have access to training to support them in caring for people with specific needs. We have issued a recommendation to the registered provider in relation to this. There was little evidence to show that staff were supporting people to learn new life skills or giving people the opportunity to increase their independence.

People were cared for by a sufficient number of staff whilst indoors, but there were not enough staff on a regular basis to enable people to go out into the community or participate in new activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People's care was not always person-centred; care that focused on the person and their individuality. Some staff did not always demonstrate a respectful approach, communicate or provide information to people in a way they understood. Although we saw some nice occasions when staff engaged with people in a kindly way.

People lived in an environment that required redecoration and refurbishment, although their individual rooms were personalised.

People received the medicines they required and relatives said they felt their family members were safe living at Westhall Park. Staff understood what constituted potential abuse and knew how to report this.

Right Culture:

There had been a lack of registered manager at the service, although the operations project manager had made some improvements to the service since they had been on site.

There were occasions when staff were seen not wearing their masks correctly and we spoke with management about this.

Staff told us they felt supported by their managers and they had the opportunity to meet with them on a one to one basis for supervision.

The registered provider, prior to our inspection, had recognised the shortfalls in the service and had already made the decision to close the service within the next two months. They were working closely with the local authority to find alternative homes for people to move 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 2 March 2018)

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk. This inspection examined those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at immediate risk of harm. Although, we identified that not all staff were given appropriate information about people prior to caring for them.

Enforcement and Recommendations

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

We have identified breaches in relation to person-centred care, respect and good governance. We have also made a recommendation to the registered provider around supporting people's independence and additional training for staff.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always 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 ●

Avenues South East - 4 Westhall Park

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post.

Notice of inspection

This first day of this inspection was unannounced. We announced our second visit to the service on 8 November 2022 to meet with the manager who was not present on our first day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 1 August 2022 to help plan the inspection and form our judgements.

We used all this information to plan our inspection.

During the inspection

People living at the service were not able to speak with us, therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven staff, this included the nominated individual, the operations project manager who had been overseeing management of the service since January 2022, a supporting manager, the senior operational manager and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with four relatives following our inspection.

We reviewed four care plans in varying detail, medicines records and other records relating to the running of the service. Following our inspection, the supporting manager sent us requested information relating to staff training, supervision, meetings and audits. We also received information from the registered provider's regional director.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

- Although risks to people had been well recorded staff were not aware or did not follow guidance regarding how to support people when there were visitors to the service. This presented a risk of harm to the person or the visitor which was escalated by the fact that not all staff were aware of guidance.
- We were told, following a recent accident, that guidance had changed in relation to staff accompanying one person walking upstairs. Despite being told this was in place, the person's care plan had not been updated and there was no risk assessment relating to this. As the service was using a large amount of agency staff, this meant an increased risk of harm to the person or staff as they may not be aware of the new guidance.
- Other risks related to people were well managed. One person required one to one support with their meals. Their food needed to be cut into small pieces, and they used a two-plate system (enables small amounts of food to be placed in front of the person at a time). We saw this was in place at teatime. There was good information and guidance for staff on how to keep people safe in the vehicle when going out in the service vehicle.
- The service was checked for its safety. Legionella, first aid boxes, gas and electrical checks were carried out. There was a current risk assessment in place and fire drills were completed.
- Each person had a personal evacuation plan in place should they need to be evacuated in the event of an emergency.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Staff on both days of inspection were seen not always wearing their masks correctly. One staff member did not have a mask on at all for the first two hours of their shift and other staff were seen with their masks around their chins, or under their nose. This included when they were in close proximity to people. We spoke with the operations project manager (OPM) about this. They said, "They all know they are supposed to wear masks. In the hallway there are boxes of masks. This is a must. When I find anyone, then I would pull them up on it. I will go around and talk about it again to staff." We felt confident this issue would be addressed by the OPM and registered provider.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service was following latest government guidance in relation to visiting in care homes. This meant people were able to meet with their relatives.

Staffing and recruitment

- People were cared for by a sufficient number of staff whilst indoors. Only one person was funded by commissioners for one to one hours with staff due to their complex needs. However, the registered provider had also rostered enough staff on duty to ensure a support worker was allocated to each person throughout the day.
- Despite this, staffing levels did not always allow for people to go out regularly. This was because most people required two to one staffing when away from the service. This meant people did not always have choice in how they spent their time. Staff told us three people went out together one day a week because that was the only day a driver was rostered to work and they acted as an additional staff member. Other people did attend a day centre and were collected for this.
- The service relied on a large amount of agency staff to fill gaps on the rota. This was despite an on-going recruitment drive for new staff. The supporting manager told us, "Staffing has become such a problem. Unfortunately, we haven't been able to get the number of new staff recruited as we would have liked."
- Staff felt there were enough of them to meet people's needs telling us, "We have enough, as we have one to one. We also have on-call and we can always go to resourcing to book staff if staff haven't shown up."
- Staff were recruited through a robust process which saw them providing employment history, evidence of their identification and right to work in the UK and references. Each staff member underwent a Disclosure and Barring Service (DBS) check prior to starting work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received the medicines they required. People's medicine administration records showed no gaps and contained all the required information about the person's GP, allergies and prescription details.
- People had 'as required' medicines and guidance was in place for when this should be administered, although this was rarely required.
- Management worked with external health professionals to review people's medicines with a view to reducing those that were not necessary in line with STOMP (stopping over medication of people with a learning disability).
- Staff trained to administer medicines had their competency assessed regularly to check they continued to follow best practice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Relatives felt their family member was safe living at Westhall Park. Comments included, "I have no qualms at all. I've never been worried about [person's name]" and, "Yes, he's safe because the staff know him."
- Staff received training in how to recognise abuse. Staff were able to describe the different types of abuse. They told us, " (It is to) make sure residents are safe and come to no harm."
- One person, on occasions, was causing harm to other people and safeguarding alerts had been raised to the local safeguarding authority. Staff had worked with the providers positive behavioural support team to

help reduce the frequency of these incidents. We were told, "All the safeguarding concerns have been closed and staff have received one to one distraction training."

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some people living at Westhall Park were at risk of choking and yet there was no evidence staff had received dysphagia (or equivalent), IDDSI (texture level of food and drink) or texture modified diet training. One person required their food moist and cut into small pieces, either by dipping it in soup or serving it with a sauce or gravy on it. This was clearly documented in their care plan and yet, the agency carer supporting this person with their lunch was seen not following this guidance. The risk to people however was reduced as permanent staff were vigilant.
- One person's care plan noted they used an adapted form of Makaton (language programme that uses symbols, signs and speech to enable people to communicate) but no Makaton training had been offered to staff. We were told, "I don't think they have that training (Makaton) down for this service. None of the guys use it." A stakeholder had commented in a recent feedback survey, 'You need to ensure that all training is thorough and detailed and not just a tick box exercise'.
- Staff received induction when starting at the service. Permanent staff told us, "I was given some days to read the care plans and procedures which made it easier when I started working on the floor. I shadowed for almost three weeks, which was nice."
- The agency induction folder contained documentation about people for them to read. Although we found there was no information in the folder about one person. This was rectified at our second visit to the service.

We recommend the registered provider considers additional, specific training to enable staff to maintain the necessary skills to meet the needs of the people they care for.

- Staff told us training was available to them. One said, "I had a few different trainings. Some online and some face to face. We recently completed Active Support (assistance to people focusing on making sure they are engaged and participating in all areas of life) to get people doing things." Another told us, "We do loads of training. Food, medicines, IPC, health and safety and lone working because I do night shifts."
- The supervision matrix showed staff were given the chance to meet with their line manager on a one to one basis to discuss their performance, training requirements or any concerns.

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

- People were provided with sufficient food and drink and staff were supporting some people to lose weight by adjusting their portion sizes, or reducing snacks between meals.
- We asked how people made food choices and staff told us they had a rolling menu and used pictures, although staff were not able to tell us where the pictures were. Staff told us, "We need to get new ones done

so people could choose more and see what was planned" and, "We used to have them, but they got old so we are replacing them."

- Following our inspection, the registered provider told us new pictures had been printed and a board installed in the dining area.

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

- People lived in an environment that required decoration and refurbishment. A staff member told us, "They (management) are working on decorating the place to look more beautiful than it's looking."
- There was a lack of homely feel about the service. Although people's rooms were fairly personalised, communal areas had marked paintwork, peeling work surfaces and worn furniture. In one person's room, there was a large type-written notice sellotaped to their wardrobe reminding staff to lock away all toiletries. This was the first thing you noticed when walking into their room. We spoke with the OPM about this who told us, "This was because of the issue with PICA." They removed the notice and said instead there would be a daily reminder in the handover to staff.
- The extractor fan in the kitchen was not working and the freezer and fridge doors did not close easily. Cupboard doors were either hanging off or missing from the kitchen units. We were told plans were in place to improve the premises. The operational manager told us, "We had the whole of the inside painted last year. We have asked for the kitchen to be completely refurbished and signed a contract for the garden. We are getting quotes for replacement windows and we had a new roof put on conservatory."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Four people had lived in the service for many years and their needs had been assessed at the time. One person had moved in more recently from another of the registered provider's services. Due to the geographical location to the person's previous home the registered provider was able to move staff already familiar to this person to their new home with them. A staff member said, "I was pleased to be able to give him some continuity."
- Staff worked with both external and internal professionals. This included the GP, nurse, speech and language therapy team and the registered provider's positive behavioural support lead. A relative said, "He has had a few health problems and they've (the staff) dealt with these."
- Each person had a hospital passport which gave important information about the person should they need to visit or be admitted to hospital.
- There was evidence in people's records they had seen the dentist, had an annual medical review by the GP and referrals made to other agencies appropriately. Staff said, "The GP mainly comes here for bloods."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Where these authorisations had expired, new applications had been submitted.
- Staff understood the principles of the MCA as capacity assessments and best interest decisions were in place for restrictions such as people's finances, the locked front gate, window restrictors and medicines.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people did not always be cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff did not always show respect towards people. One person was displaying some agitated behaviours and we heard staff consistently telling the person, "[Person's name] go to your room," rather than trying to understand why the person may be upset. A relative told us, "He seems to be more agitated these days."
- People were not supported with their independence. One person's care plan stated the kitchen door was to remain open at all times to ensure the person had access to food and drinks. Staff also told us that only one of the five people would be unsafe accessing the kitchen without staff. However, the kitchen door was locked at all times. This meant people could not go into the kitchen independently and instead had to wait for staff to unlock the door.
- When we reviewed the medicines for people a staff member walked into one person's room without knocking or introducing us to the person. This was not only disrespectful, but against this person's care plan guidance which noted that staff should ensure to knock on their door and wait for a response before entering.

The lack of respect shown to people was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did observe some staff show a caring attitude towards people however. One staff member was very attentive to one person and focused on them before speaking with us. They used terms of endearment when addressing the person and spoke with them in a kindly manner.
- Other staff interacted with people in a nice way in passing and some staff sang with one person or asked another how they were. On our second day of inspection, the service was much calmer and staff were engaged with people in their rooms whilst we were there.
- A staff member said, "We try as much as we can when giving personal care, doors are closed and curtains down."
- There was some evidence of supporting people with their independence in people's care plans. One person was recorded as being able to dress themselves with prompting and being able to wash themselves.
- Relatives were happy with the care their family member received at Westhall Park. Comments included, "Very happy. They (staff) seem to care", "Staff know him inside out" and, "He is happy and quite content."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. 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; End of life care and support

- People were not always given the opportunity to participate in choosing how they wished to be cared for. On our first visit, one person spent their whole time in bed. During that time, their one to one support worker sat on a chair in the person's room beside their bed. There was no evidence regarding what alternative things to do had been offered to the person. On our second visit, we did see the person and staff member looking through a photograph album together.
- Another person should have scheduled allocated support throughout the day to engage in meaningful activities and yet, we only saw staff watching television with this person. On our second visit, staff were in this person's room watching television with them.
- During our first day of inspection one person took hold of our arm and led us to the kitchen. Staff did not respond to this appropriately as one staff member tried to divert the person away, whilst another attempting to use their body to stop the person from going to the kitchen with us. This was an unnecessary intervention and showed a lack of understanding of staff.
- Staff had reduced the number of cups of tea one person was being given although it was not clear why this was happening. There was also no evidence to show how staff monitored this person to check they had sufficient fluid each day. Another person was noted as requiring their continence aids reviewed by the OPM and yet there was nothing in their care plan to reflect they used continence aids.
- Staff however were aware of people's favourite songs and what they most enjoyed doing. For example, one person liked to listen to nursery rhymes and these were playing during the day and another person liked to play the keyboard. Staff told us how one person liked to take a walk and another enjoyed their time at the day centre. One person sat in the kitchen with a staff member for a period of time on our first visit and the staff member said, "He likes to watch what we are doing."
- Some information was recorded in people's support plans in relation to their end of life wishes. For example, one person had recorded the music they would like played, their favourite hymns and their favourite flowers.
- Relative's felt staff knew their family member with one telling us, "They (staff) have picked up on his mannerism's and are very good at distracting him."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was not always presented in a way that was suitable for people. We noted safeguarding and complaint information was in pictorial format, however, notes from the 'tenant's' meeting were typed up and stored in a folder in a locked office.
- Staff told us they did not use pictures to help people choose their meals or food preferences and there was no evidence people were involved in their support plans. Staff were untrained in Makaton which was recorded as a method of communication by one person.
- Each person had a communication care plans which recorded how they displayed their emotions and triggers or signs to look out for that may indicate they were upset. Staff did understand people's basic communication and followed people's lead when they were choosing where to spend their time.

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 not always supported with their social interaction and staff were not meeting the requirements of Right support, right care, right culture in that there was a lack of access to local communities. We were told, "Nobody goes out in the evening." We asked about specific activities for one person and were told, "[Person's name] goes out twice a month, if the driver isn't in, he goes for a walk in the community." We noted over the period of one month, two people did not go out at all.
- Other people, we were told, went to a day centre twice a week for two hours at a time and some went out together once a week on a Friday. One person was supported to go out to visit their family members once a month. Relative's told us, "I was going to visit the other week, but he was going out", "He loves going for a drive" and, "He has a television in his room now. He loves it."
- Some staff felt activities could improve, with one staff member telling us "They (management) are now trying to bring in more activities with having the driver on a Friday and they (people) sometimes get invited to Lingfield (another of the registered providers services) for dinner."
- During our two visits to the service, we saw little going on with people other than sitting on the settee with the television on. This was despite the registered provider promoting Active Support (a method of enabling people with learning disabilities to engage more in their daily lives).
- A stakeholder had commented in a recent feedback survey, 'Individuals being looked after require greater integration into the community to ensure there are a variety of activities available to them'.

The lack of person-centred care, meeting people's communication needs and supporting people in social interaction was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which was made available to people and their family members. Relatives reported in recent survey they knew how to make a complaint. No complaints had been received by the service since our last inspection.
- We read compliments received into the service. These were from external professionals and family members and included, 'Since I have worked with yourselves and the individual, I note that your service has sought to support him well, that you seek GP support when needed and respond to changes. There are improvements to his physical health. The staff listen to advice and try to understand the individual and their need', 'House appears much calmer and gents appear happy and settled today. Thank you for ongoing support' and, 'I have been visiting for over a year and during the past few visits I have noticed a significant change in the home's atmosphere. Now calm and settled'.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a lack of regard of right support, right care, right culture as people were not being given opportunities or being supported to make choices about their own care where they could. People were not getting out and about to enjoy their local community as much as possible and there was little evidence to show people were learning life skills within their home. A professional had commented during a recent survey, "Staff require organisational support to ensure that they can meet people's needs at an even greater level."
- The service did not have a registered manager which is a requirement of registration. The last registered manager had de-registered with CQC in December 2021. Management told us they had recruited on two separate occasions but successful applicants had not commenced at the service.
- The regional director told us, "Due to the planned closure we are no longer advertising this position and in the remaining weeks we will continue with the current management structure."

The lack of registered manager and robust quality assurance of the service which had meant people had not always been provided with a high-quality service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2104.

- The registered provider had already recognised the service needed additional input and prior to our inspection had made the decision to close the service and find alternative homes for people. Following our inspection, we received the notification to remove the registration for this service on 31 January 2023.
- The nominated individual told us that following a comprehensive review of the facilities at Westhall Park they had formed the view that it no longer met the needs of people. They said the lack of en-suite facilities and private spaces meant the accommodation did not meet increasing market expectations or right support, right care, right culture guidance.
- Relatives said they had been involved and included in discussions about their family member's move and had been to see potential new homes. Relative's said, "We went to [service name]. It was very nice. We want him to stay with Avenues Trust as he's been with them for so long" and, "We are fully supportive of the move. It's what's best for him."
- The registered provider had been open and honest with relatives in terms of where the reasons they felt Westhall Park was no longer a suitable service for their family member. Relatives told us communication was good and they had been kept fully informed about the process to date. We heard, "We had an annual

review recently and staff were suggesting more things they could do with him."

- Audits and quality assurance checks took place within the service to check for compliance and safety. This included a regular review of people's care plans and other audits such as medication. A recent medicines audit identified temperature checks were not being recorded daily. We saw this was now happening.

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

- There was a policy in the service around duty of candour and when it should be applied. There were no recorded incidents to indicate staff would have need to use this.
- The service submitted notifications to CQC in line with their requirements of registration. This included for accidents and incidents as well as safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff felt supported working at Westhall Park. They told us, "We have always got someone; a manager around. We have a good manager; she's nice. We have the necessary support to encourage us which keeps us going." And, "Any problem you just go to your manager and they will assist you."
- Staff had regular staff meetings and told us, "We share ideas, like the boards in the guys' rooms. We put on the date and what they are going to do for the day."
- Relatives and external stakeholders were invited to give their feedback through a survey. A relative had commented in the most recent one they felt the support to their family member was excellent, the service was safe, staff were welcoming and knew people well. A stakeholder felt improvements had been made to the service in the last six months to make it safer.
- The OPM felt they had made positive changes to the service. They told us, "I feel there is a lot I've done, compared to where I found the service. I've got compliments and the stakeholders feel there have been improvements. We didn't have tenants meetings and we now have them. We get actions from them and we make sure we deal with them. We are calling relatives every week to give them an update. I want the people to have a better life. We need to respect them, to give them their choices."

Working in partnership with others

- Management and staff worked with external professionals and stakeholders. This included the psychiatric team, the learning disability team, the local GP practice, speech and language therapy and the in-house positive behaviour support team.
- Management were members of the Surrey Care Association and Skills for Care. Both offered peer support and the sharing of best practice and guidance.
- Management were working closely with Surrey County Council to find alternative places for people to live.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider had not ensured people always received person-centred care, respect or had opportunities for activities outside of the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured people always received a good high-quality service.</p>