

Westhope Limited

Westhope Mews

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Westhope Mews is a residential care home providing accommodation and personal care to eight people living with a learning disability and/or Autism at the time of the inspection. The home is registered for up to eight people living on one floor of an adapted building. People had their own rooms with en-suite bathrooms.

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. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were safe, and staff understood how to manage and reduce risks to people. One person told us, "I feel safe because I know the staff care." Peoples medicines were administered safely. People lived in a clean and hygienic environment. There were enough staff to meet people's needs.

People were supported to access health professionals when needed and were supported to live healthy lives. Staff were well trained and understood people's needs. People were offered choices in their day to day lives. 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.

Staff were kind, caring and knew people well. One person told us, "The staff are nice, I can joke with them." Staff supported people to live as independently as possible and promoted them to develop new skills. People were supported to express their views and make decisions about their care. People's privacy and dignity were respected.

People received person centred care tailored to their individual needs. People were supported to be active members of their local community and took part in activities that met their interests. People were supported to maintain relationships that were important to them.

The home was well-led. People, their relatives and staff were positive about the management of the home

and spoke highly of the manager. A relative told us, "They home is well managed. (Manager) is a breath of fresh air. He gets stuck in and knows people really well." There were quality assurance processes in place to continually drive improvements to the service. Staff worked well with other professionals to meet people's needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 13 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Westhope Mews

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

The home did not have a manager registered with the Care Quality Commission (CQC). There was a manager at the home who was in the process of registering with the CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection.

What we did before the inspection

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications sent to CQC about important events at the service and information sent to us from other stakeholders for example the local authority and members of the public.

What we did during the inspection

We spoke with three people who used the service and two of their relatives, the manager, the nominated

individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider) and three members of support staff. We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We completed observations in communal areas. Where people were unable to answer direct questions, we observed their engagement in daily tasks. We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and three staff recruitment records.

What we did after the inspection

We spoke with one health and social care professional to gain their views of the service people received and have incorporated this feedback into this report.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Risks to people continued to be assessed and measures in place to lessen these risks. Staff had a flexible approach to positive risk management which ensured good outcomes for people. For example, one person had a significant choking risk. Staff managed this risk whilst supporting the person to maintain their independence by sourcing adapted cutlery and equipment for them.
- People's risk assessments contained detailed guidance for staff to support them safely. For example, one person had significant mobility needs and required a hoist for all transfers. The risk assessment was very detailed and provided staff with clear guidance.
- Positive behaviour support plans were in place for people, should they need them. For example, when one person became frustrated they could use language that would cause offense to others. Their risk assessment provided staff with good guidance to reduce these behaviours. This led to the person having a reduced number of behavioural incidents.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. We observed staff to respond to people's needs in a timely way throughout the inspection. A member of staff told us, "We have enough staff and people get to do what they want to daily. We are flexible to meet people's needs and move shifts around so people can go out in the evenings and weekends as they wish."
- Recruitment procedures remained robust and ensured staff were suitable and safe to support people before they started work at the home.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person said, "I am happy here. I am safe, the staff really care about me." A relative told us, "They know him and his risks really well and he has never shown any signs that he's not feeling safe there, he is happy there."
- Staff continued to have a good understanding of safeguarding and there were systems and process in place to keep people safe. One member of staff said, "Safeguarding is about protecting people from all types of abuse and keeping them safe. We had training in this area and I would report any concerns to my line manager." A member of staff told us they felt comfortable reporting any concerns to the manager and were confident these would be addressed.
- Records showed that concerns had been referred to the local authority appropriately and notified to the Care Quality Commission in line with the provider's policy.

Using medicines safely

- People's medicines continued to be managed safely. Staff who administer medicines were trained and

had regular competency checks to support safe practice. We observed a member of staff administering medicines to people. They were knowledgeable about people's medicines and kind and compassionate in their approach to people which put them at ease.

- The provider and manager ensured there were additional safeguards in place to support staff to administer people's medicines safely. For example, there were photographs of people with their medicine's records and body maps in place which showed staff exactly where they needed to administer creams for people.
- Protocols were in place for medicines that were prescribed on an 'as needed' basis, these were individualised and gave staff effective guidance about each individual medicine.

Preventing and controlling infection

- The home remained clean and tidy. Staff had training in infection control and there was an infection control policy and procedure in place that was readily available for staff.
- Staff had access to personal protective equipment such as gloves and aprons. We observed staff to use these appropriately during the inspection.

Learning lessons when things go wrong

- Lessons were learned when things went wrong, and accidents and incidents continued to be managed safely.
- The manager had oversight of all accidents and incidents and analysed these to identify trends. For example, one person experienced several incidents of moving unsafely within their chair. These incidents had been analysed by the manager and measures in place to improve the person's safety. This included improved guidance for staff to support the person's behavioural needs.

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

Staff support: induction, training, skills and experience

- Staff received a range of training opportunities to enable them to deliver effective care and support for people living with a learning disability; such as autism awareness, positive behaviour support and communication training.
- Training was tailored to individuals' specific needs. For example, an audit of people's care needs identified that staff required greater training in supporting people with their oral care. This was sought in a timely way by the provider which had a positive impact on staff's practice in this area.
- The provider was dedicated to staff training and development. They had introduced additional learning opportunities such as 'micro training booklets' and distance learning. Staff told us they found these useful and the registered manager said, "We have also identified that staff like short spurts of learning in bite-sized chunks that they can engage in on their own time. This empowers the staff and provides a sense of being respected and trusted."
- People's relatives thought staff were well trained. A relative told us, "The staff are well trained, they appear to know him well and can anticipate his behaviours and things he needs, and I think that is down to good training."
- New staff received a comprehensive induction which included training, shadowing senior staff and spending time with people before supporting them alone.
- Staff received regular support and supervision. A member of staff told us, "We have regular supervisions, they help to improve how you work and give you time to talk with your manager without interruption."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain a balanced diet and had enough to eat and drink. People were complimentary of the food. One person said, "I like the food, it is good and lots of it. You get to choose what you want to eat."
- Staff were aware of people's individual dietary needs, their likes and dislikes and this was reflected in people's care plans. Where people had specific dietary needs, these were known by staff and well planned for. For example, one person was living with Chromes disease, there was detailed guidance in their care plan, which staff knew, to support them safely at meal times with suitable foods.
- People had access to healthcare professionals as and when needed such as GP's, social workers and opticians. People were supported to attend appointments by staff. A relative told us, "They are very good at responding to his health needs. He once had deep vein thrombosis (DVT) and as soon as they spotted redness on his skin they sought medical treatment and it was dealt with quickly."

- Staff worked with other professionals to meet people's needs in a timely way. For example, one person needed hospital treatment. Staff liaised with the hospital learning disability nurses to support the person to feel comfortable during their appointments.

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

- People's needs were met by the design and adaptation of the building. The provider had adapted the building to suit the specific needs of people living there. There was accessible outside space and a communal lounge, dining and activity room which people used freely.
- People's rooms were personalised and decorated as people wished. A relative told us their loved one, "loves boy bands and they have put posters up in their room." The person was proud to show us their room and their posters. There was a homely feel and decoration to the communal areas.

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

- People's needs, and choices were assessed prior to them moving into the home and regularly thereafter. The assessment process involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability, religion and sexual orientation were considered as part of people's initial assessment. This demonstrated that people's diversity was included in the assessment process.

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

- Staff had a good understanding of the principles of the MCA. We observed staff ask people for consent before supporting them.
- If people were assessed as not having capacity to make a specific decision, a best interest meeting was arranged to ensure decisions were made in people's best interest and in the least restrictive way. For example, one person required a lap belt to remain safe when in their wheelchair. The manager held a best interest decision to ensure this was the least restrictive way to support their independence.
- DoLS applications were detailed and decision specific to ensure outcomes for people were met in the least restrictive way. Staff had a good understanding of individual DoLS and what this meant for people living at the home.

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

- People were treated with kindness and respect. One person told us, "The staff are nice to me and kind, they are my friends." A relative said, "Staff are very kind to (person). His needs can be challenging but this doesn't change how staff approach or respond to him. They are always kind." We observed positive interactions between people and staff and it was evident people trusted the staff that were supporting them.
- Staff spoke passionately and respectfully about people and the challenges they faced due to their complex needs. For example, one person had significant needs when they moved into the home. Staff told us how they spent time with the person building trust with them and supporting them to become healthier, interact with staff and attend to their personal care. We observed the person to interact well with staff throughout the inspection. Staff's dedicated approach to supporting the person in a caring manner had improved their quality of life.
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living at the home. Visitors could come to the service at any time and could stay as long as they wanted. A relative told us, "They are always friendly when we visit and make us feel welcome at the home."

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

- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time.
- Staff understood how people communicated which enabled them to express their views and make decisions regarding their care. For example, one person used their own words to describe certain things. Staff understood these words and supported the person to make decisions about aspects of their care such as medicines, using their words.
- People were supported to make their own decisions. People told us they could do what they wanted throughout the day. One person told us, "I can go out when I want to, and I can choose what I want to do."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, one person wanted to develop their skills in the house, staff supported them to develop skills in cleaning. Another person was supported to be independent in making drinks. Staff taught them step by step of making a hot chocolate which they can now do independently. Staff told us people were proud of these achievements.
- Staff understood the importance of confidentiality People's care plans were stored in a lockable room

which supported their information to remain confidential.

- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner. People told us they could spend time alone and this was respected by staff.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care was personalised to meet people's individual needs and people were fully involved in their care planning. Individual care plans were detailed, and guided staff on how to support people in the way they wanted. For example, one person's care plan detailed things they liked to do such as playing a certain game. We observed the person to enjoy playing this game with staff during the inspection.
- People's relatives and a health and social care professional told us staff were responsive to people's health and wellbeing needs. One relative said, "The staff are always knowledgeable when I ask them questions. They seem to be in tune with his needs and always respond to quickly to him." A healthcare professional told us that staff had worked well with one person to support them to partake in personal care regularly which is something they struggled to do before.
- People had access to a variety of activities that were tailored to their interests. One person told us, "I like all the activities, I can do everything I want to do. They take me to work, where I have made friends and socialise, I really enjoy it." For example, one person loved shopping and a certain genre of film. Staff took them to nearby towns to go shopping regularly. They also supported the person to go on a holiday to a theme park based on this genre of film. We saw photos of them enjoying their holiday.
- People were active members of their local community. For example, one person was supported to be part of a local activist group supporting other local people living with a disability. A relative told us, "He goes out regularly and compared to the other placements he has had this is by far the best. He does more of the things he likes here than he ever has done before."
- People had access to different technologies to meet their needs. For example, staff support one person to keep in contact with their family using an electronic tablet to email and video call.

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 and the management team had a good understanding of AIS and people's communication and information needs were met.
- People were given information in a way they could understand. For example, one person had a picture book which they used to communicate with people and staff. Staff understood they could better communicate through pictures and supported the person to develop their communication book. The person could now communicate exactly what they wanted through the book.

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

- Staff understood the importance of supporting people to maintain and develop relationships with people who were important to them. For example, one person had links to a certain part of the local area. Staff supported the person to maintain these friendships by supporting them to visit the area regularly.
- People's family told us they always felt welcome at the home and could be there at any time.
- People were supported to be involved activities that were socially and culturally relevant to them. For example, one person was supported to attend local events and pubs that were relevant to their sexual orientation. This person felt strongly about supporting people of this sexual orientation, living with a disability, in their local area. Staff were supporting them to start a social group in the local community to develop better networks for themselves and others.

Improving care quality in response to complaints or concerns

- There were systems in place to deal with concerns and complaints. The manager responded to complaints in a timely manner and in line with the provider's policy.
- People and their relatives told us that they were comfortable raising concerns. For example, one person had raised a complaint that the lounge television was too noisy next to their bedroom. The management team met with the person in a timely manner and resolved their complaint by keeping the television quiet whilst they were sleeping.

End of life care and support

- End of life care was considered by staff and people's wishes at the end of their life were recorded in their care plans, if they wished. Staff were trained in providing end of life care.
- People's wishes were respected at the end of their lives. For example, one person wanted staff to attend their funeral. The provider arranged staff cover on the day of their funeral so that staff could attend and pay their respects to the person. Their relative said in a thank you letter, 'Thank you so much to you and your wonderful staff for taking the time to attend (person's) funeral. Never in a million years can I thank you all for what you did for (person). It was so reassuring to know she was well cared for.'

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 manager understood the regulatory responsibilities of their role and were in the process of registering with the CQC. They had a good understanding of the duty of candour and the provider ensured procedures were in place to rectify issues openly when things went wrong.
- There was an open and honest approach to people's care which was led by the management team. For example, one person had to cancel their holiday due to unforeseen circumstances regarding their passport. Staff apologised to them and worked with them to deal with the issue and plan another holiday. They have now been on this holiday which they enjoyed.
- People knew the manager and were comfortable in their presence. People and their relatives spoke very highly of the manager and their leadership of the home. One person said, "I am really pleased (manager) is back. He makes me happy and the home and staff happy," A relative told us, "The manager is very good, he is a special type of person. He has vast experience and truly knows how to support people living at the service. He is perfectly suited to this setting and it is clear staff respect him."
- Staff felt valued and well supported by the manager and provider. One member of staff told us, "(manager) is confident and enthusiastic and prepared to listen and compromise, he inspires people. He thinks about the service users, he advocates for people. Another said, "I feel supported within my role. You could not ask for a better manager than (manager) he is the best, so supportive and gives up his time to be there for people."
- Systems and process were in place to assess, monitor and improve the quality of the service being delivered. Actions were taken from audits of the service to drive improvements to the quality of care people received. For example, the management team had identified an issue with staff recording that they had administered people's creams on their medicine's records. They acted on this and put measures in place to check people's medicines records regularly during the day. The manager told us this had significantly reduced the number of recording errors.
- The manager understood the important of continuous learning to drive improvements to the care people received. For example, they and their staff attended regular training to keep their practice up to date. They linked with other managers who work for the provider to discuss concerns, share best practice and learn from one another. The manager told us, "I attend a lot of relevant workshops in my own time to develop my knowledge, particularly around self-advocacy. This has really benefitted the people living here as I can support them to speak about things important to them and I have supported people to join local groups."

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

- People were engaged in the running of the service and their opinions listened to. For example, one person wanted their room rearranging, this was acted on immediately. We observed staff to listen to people's feedback and choices throughout the inspection and act on these such as going into town and other activities.
- The manager ran weekly house meetings with all people living at the home to support them to plan their week. We observed that people were engaged in the running of the home from being involved in shopping and household tasks, which they enjoyed.
- The provider and manager had also introduced a monthly quality meeting which engaged members of the local community, such as councillors. This enabled people to discuss local issues of relevance to them.
- Staff felt listened to. For example, in a team meeting staff raised concerns that they thought communication could improve between them. The manager listened and implemented a range of measures such as a communication book and handover meetings inclusive of all staff. Staff told us this had significantly improved communication.

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

- There was a person-centred culture at the home where people were the focus of staff support.
- People's choices were respected, and they were supported to live in the way they wanted.
- There was a lively and friendly atmosphere within the home with a family atmosphere. One person told us, "we are all a happy family." Another person said, "It is like a big family, a nice place to live."

Working in partnership with others

- Staff and the management team work well with other professionals to meet people's needs. For example, when people had specific health needs staff worked closely with GP's and district nurses to meet these needs in a timely way. We saw records of several occasions where staff had worked with other professionals to meet people's needs.
- A health and social care professional spoke positively of staff's partnership working. They told us staff had worked well with them in their support of someone living at the home.