

Westhope Limited

# Westhope Place

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

At our last inspection in February we rated the service Good overall with Safe rated requires improvement as the provider had not ensured that recruitment processes were safe. At this inspection we found this issue had been rectified and the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This location is registered to provide accommodation and personal care to up to seven people with physical or learning disabilities. At the time of our inspection seven people living in Westhope Place. Not everybody was able to tell their experience but our observations during the inspection told us that people felt comfortable with staff and were content in their home. We saw that interactions both verbal and non-verbal were positive and that people trusted staff to keep them safe.

This comprehensive inspection took place on 7 March 2018 and was unannounced. Due to a significant delay in the inspection process, we undertook a second day of inspection which was announced with the provider on the 29 August 2018.

There was a registered manager in place. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People received a safe service. The provider ensured that people were supported by sufficient staff who knew how to protect people from the risk of harm or abuse. The provider's procedures for staff recruitment helped to ensure people were only supported by staff who were suitable to work with the people who lived at Westhope Place. People could live their lives with reduced risks to themselves. Staff followed safe procedures for the management and administration of people's medicines. Staff followed the provider's health and safety procedures which helped to ensure people lived in a safe and well-maintained environment. There were procedures to deal with foreseeable emergencies and these were understood and followed by staff. People were protected from the risks associated with the spread of infection because staff

had received training and followed appropriate procedures.

People received effective care and support from staff who had the skills, training and knowledge to meet their individual needs. Staff understood the importance of ensuring people's rights were respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat well in accordance with their needs and preferences. People's health and well-being were regularly monitored.

People were supported by staff who were kind, compassionate and who took time to get to know what was important to people. Staff treated people with respect and ensured people could spend time alone whenever they wanted. People were supported to plan their day in accordance with their needs and preferences. Staff communicated with people in accordance with their needs and abilities which helped people make an informed decision. People were supported to maintain contact with the important people in their lives.

People continued to receive a service which was based on their needs and preferences and there was an emphasis on enabling people to be as involved in the planning and review of the support they received. People enjoyed a variety of activities and social events within the service and the local community. Trips out to their favourite places were arranged such as 'Monkey World and the zoo. The service had not received any complaints however systems were in place to enable people to raise concerns in a format that was suitable for example, pictorial. People were supported to practice their faith and attend religious services if and when they wanted. People's care plans detailed their preferences following death which helped staff to ensure their wishes were respected.

People benefitted from a provider and registered manager who promoted an open and honest culture, learned from mistakes and continually looked at how the quality of the service could be improved. People were supported by a staff team who embraced the provider's ethos and who felt valued and well supported. People's views were valued and responded to and people were enabled to be part of the wider community.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

Westhope Place was safe and had met the legal requirement previously in breach.

Risk to people had been assessed. Accidents and incidents were recorded and action was taken to reduce the risk of a re-occurrence. Medicines were managed safely.

Robust recruitment procedures ensured only suitable staff worked at the home. There were enough staff working in the home to meet people's needs. Staff had attended safeguarding training and had a clear understanding of abuse, how to protect people and who to report to if they had any concerns.

### Is the service effective?

Good ●

Westhope Place was effective. People were supported to maintain their independence, have control of their lives and staff supported them in the least restrictive way possible. The systems in the service supported this practice.

### Is the service caring?

Good ●

Westhope Place was caring. People had support to keep well and healthy by staff who knew them. Privacy and dignity was protected and staff were kind to people.

### Is the service responsive?

Good ●

The service was responsive. People were involved in making decisions about what happened at the service.

### Is the service well-led?

Requires Improvement ●

Westhope Place was not consistently well led.

Where shortfalls had been identified though audits, they were not always acted upon.

Meetings were held that so that people could discuss activities and any issues they had. Staff meetings were being held regularly.

# Westhope Place

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 7 March 2018 and was unannounced. Due to a significant delay in the inspection process, we undertook a second day of inspection which was announced with the provider on the 29 August 2018.

The inspection was carried out by one inspector as the service was small. Before the inspection the registered manager completed a Provider Information Return and we used this as part of the inspection process. We require providers to send us a Provider Information Return at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We spoke with the director, six members of staff and to the registered manager. We sampled various records including five care plans, three recruitment files, medicine records, audits, health and safety checks and supervision notes. We spoke to five people who used the service, observed how people were supported and how staff interacted with them.

# Is the service safe?

## Our findings

At the last inspection in February 2016, recruitment practices were found to not always be safe. Staff did not always obtain character references from previous employers. At this inspection improvements had been made and character references had been obtained appropriately.

Robust checks had been carried out to ensure staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups.

Risks associated with the safety of the environment were identified and managed appropriately. There was an issue with the alarm system for the internal front door and this was rectified by an engineer on the first day of the inspection. There had been Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and each person had an individual personal evacuation plan and the fire drills addressed how staff were to assist people on an individual basis. Discussions with staff identified that they knew how to evacuate people in an emergency.

People received medicines safely. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. MAR charts are a document to record when people received their medicines. Records confirmed medicines were received, disposed of, and administered correctly. The registered manager had introduced clear medicine guidance for staff which included information of the medicines use, possible side effects and what may happen if the medicine is missed. There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. People who had been prescribed anticipatory medicines had clear guidance for staff to follow as to what they were for and when it may be needed. Peoples medicines were securely stored in a clinical room and they were administered by senior care staff who had received appropriate training and competencies. We saw medicines were given safely and staff signed the MAR charts after the person had taken them. There was a clear audit trail that defined what action was taken following errors, such as medicines retraining and competency tests. When necessary, medicine errors had been reported to the local authority and the registered manager had followed the guidance for the professional duty of candour.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. The registered manager told us of an incident where the dispensing pharmacist had identified that staff

were treating a medicine as a controlled drug when it wasn't. This had led to some confusion with staff as to which medicines they should be double signing for. An error had been identified in the controlled medicine records where only one member of staff had signed. Once this had been identified the registered manager and director had taken immediate action and ensured all staff received further training and competency assessments. All directives for controlled medicines had been underpinned by a protocol with clear directions for staff to follow in respect of double signatures and checks. This demonstrated that learning from incidents and accidents took place.

Creams, lotions and special toothpaste had been prescribed by their GP. There was clear information in medication records about where to apply the creams and how often to use the toothpaste. Some medication, such as insulin, was stored in a fridge which was now being monitored daily to ensure all medicines were stored at the correct temperature.

Sufficient numbers of skilled and experienced staff contributed to the safety of people who lived at the home. It was confirmed that there were always three support workers were on duty during the day. Documentation and staff confirmed that when people were out in the community or attending an appointment, extra staff were brought in to provide this support. The registered manager was supernummary to the staffing levels and did provide support if required. Both the registered manager and director spent time with people and people knew them well and approached them throughout the inspection. One person was receiving support in bed at present due to their health and this had been managed very well by staff.

Information about reporting concerns and whistleblowing was displayed in the building. Staff knew about whistleblowing and explained to us what this was as well as how to report concerns. Staff had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. They confirmed they had received training in this area.

Support plans included risk assessments such as mobility and nutrition. They were stored securely and had been reviewed and updated. There was a system in place to report and investigate incidents. Four incidents had been reported between January to March 2018. All had been reviewed and had action plans in place with lessons learnt.

We looked at how the premises was maintained. There was evidence some issues identified had been logged on maintenance sheets, with actions in relation to work which had been carried out. The service looked clean. We noticed an odour in some of the en-suites and identified two extractor fans were not working. These had been reported for repair. The service was clean and tidy. Support workers undertook most of the cleaning and people were supported with their laundry. Staff used Protective Personal Equipment (PPE), such as gloves, appropriately during our inspection.

Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Fire drills were carried out monthly. A fire risk assessment was in place and people had a personal emergency evacuation plan (PEEP) in place, with a copy kept within their care plan. A PEEP sets out the specific physical, communication and equipment requirements each person had to ensure they could be safely evacuated from the service in the event of a fire.

Servicing certificates were in date for gas and electrical installations. A legionella risk assessment, to reduce bacteria in the water, was in place and water supplies were being maintained appropriately. Hoists and lifts were being serviced and maintained.

## Is the service effective?

### Our findings

We observed people with non-verbal communication looking relaxed and using positive body language in the presence of support workers. There was a good rapport with friendly interactions.

Staff continued to have the training and support they needed to carry out their jobs effectively. Staff told us they received an induction when they were first employed and were provided with a good variety of training to help them to develop knowledge and skills to support people and understand their needs. They also told us they received supervision. A member of staff said, "There is plenty of training. It helps us to understand our jobs better and how to support people. I had the opportunity to do NVQ (National Vocational Qualification) Level 5 as well." At each supervision staff were given a mini training booklet on a specific subject such as infection control. The director had also introduced distance training to ensure training was enjoyed and on-going rather than a yearly refresher.

Each member of staff had a computerised training record, which the registered manager tracked. Staff were provided with an ongoing programme of training, which included safeguarding, moving and handling, fire safety, medicines, Epilepsy, challenging behaviour and first aid. Staff told us they had updates every six months. Staff competency was assessed after completion of some training, such as for medicines administration.

Healthy eating was encouraged. People participated in menu planning. People had a choice of meals and drinks and were provided with sufficient quantities of food and drink to enable them to maintain a balanced diet. Menus were on display in the dining room and pictures were used to illustrate options. People were being weighed monthly to ensure they did not lose too much weight and become malnourished. We were told specialist support would be sought as necessary.

People's needs had been assessed before they moved into Westhope Place. People's needs were regularly reviewed to note any changes. There was evidence healthcare professionals, such as GPs and dentists were involved in providing care, as necessary.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The manager and staff were aware of their responsibilities under the MCA, and DoLS.

People's consent and ability to make specific decisions had been assessed and recorded in their care plans. Records showed when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. Records showed DoLS applications had been made to the local authority supervisory body in line



with agreed processes. This ensured people were not unlawfully restricted. Staff sought consent from people before delivering care to them during the inspection.

People's individual needs were met by the adaptation of the premises. There was a safe accessible garden area and two communal areas. All communal areas were on the ground floor and accessible to wheel chair users and people with walking aids. Adapted bathrooms and toilets had hand rails in place to support people to be as independent as possible. Communal areas had visual aids of day, month, season or weather to help orientate people and stimulate their memories. There were pictorial menus or pictures relating to food to prompt and stimulate people to eat or drink. The layout of the dining area was beneficial in supporting people with eating their meals and being supported with drinks or an activity. We saw staff crouching down in front of people and also sitting on armrests to assist people to eat.

Staff were provided with training in equality, diversity and human rights. Staff were able to explain their understanding of equalities and diversity. One person told use, "Everyone is equal here."

Advocacy was available to people living at Westhope Place. An advocate is a person who is able to speak on another person's behalf when they may not be able to, or may need assistance in doing so for themselves. This meant people had access to independent support with decision-making if they needed it.

## Is the service caring?

### Our findings

We observed staff supporting people who lived at the service throughout the day. Interactions between staff and the people they supported were positive and done in a caring way, with compassion. There was also a relaxed and pleasant atmosphere.

One person told us, "It's a nice place. I like living here. The staff are good. They take me to visit my mum." Another person said, "It's nice and calm here." They told us they were treated with dignity and respect.

It was evident from observations during the inspection the staff and people who used the service knew each other well, had good relationships and were comfortable with each other. We observed staff treated people with warmth and kindness. We also saw that people approached staff with no reservation and enjoyed staff attention. Staff knew each person well. One person we met was currently on bed rest following surgery. They looked very comfortable, cosy and content. The person continuously smiled and rubbed their head against staff. This was their way of communicating which was lovely to see.

We observed people getting ready for their daily activities. There was respect and understanding between the person and the staff. People were not being rushed and staff were responsive to requests for support. Staff were attentive to people's needs throughout our inspection and were caring.

People were supported to go shopping, to the garden centre and to a local sensory room. Activities were organised by the staff and included arts and crafts. People had their art work on display in their bedrooms. A wish tree had been created and was on display in the lounge. This visually displayed what people wished to do in the coming year, such as to go on holiday. Each person had a planner on their bedroom wall with their weekly activities as well as information about their close family members, hobbies and likes and dislikes. One person showed us that their planner and told us it said they enjoyed cake decoration and cats. Looking at the planner and discussing what was on it made the person happy.

People were supported to express their views. We observed a house meeting with people who used the service. Each person was encouraged to get involved in the planning of activities and menus. Pictures were used to help people choose what they wanted to eat and do.

Support workers gave examples of how they protected people's privacy and dignity whilst offering them care and support, for example, closing doors and using towels to maintain privacy and ensuring they had people's consent prior to carrying out any tasks. Staff knocked on doors and waited for an answer before entering. The staff team was stable and they knew people's likes and dislikes well. People were encouraged to be independent, but staff were there if they needed help.

People's support plans included information and guidance about their individual communication needs and personal preferences including their night time routines, such as times they liked to go to bed and whether they liked to take a drink with them. Staff demonstrated awareness of people's like and dislikes.

People were encouraged and supported to maintain contact with their relatives and others who were important to them. People told us their relatives could visit them and were looked after by staff when they had visited in the past. They also were supported to visit relatives in their homes. People's cultural and religious needs were considered and people were supported to attend church when they wished to.

## Is the service responsive?

### Our findings

People were comfortable and happy in the presence of staff. We saw a support worker supporting a person to use the sensory box, which staff had made for them. They were enjoying the use of the box. Each person regularly met with a named member of staff (Known as a keyworker) to discuss and review their individual needs ambitions.

The care plans we looked at were person centred and contained information about the support people needed. This included information about health and behaviour as well as people's daily routines. Care plans were reviewed regularly and updated when people's needs changed. People were repositioned to reduce their risk of pressure areas developing and repositioning records and fluid balance charts were being completed appropriately.

One person took a communications book with them when they attended a day centre. This was to enable staff there to record what the person had done, so staff at Westhope Place would be kept informed with their progress.

Staff knew what support was required by each person. We reviewed daily notes for people at the service, written by the support workers. Notes included what support had been given as well as activities undertaken.

People were offered a range of social activities. People were supported to attend activities of their choice, such as attending day centres. We saw that people visited areas of their specific interest. One person loved monkeys and visited monkey world regularly, and anything to do with monkeys. One person showed us their nails had been painted by staff which had made them happy. The staff had made life books for people. For those who had no family, staff had researched where they had lived and the books contained photographs of the buildings and of areas that they had visited. This gave staff an understanding of the people they supported.

The provider and staff worked with other healthcare professionals to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. This included having 'anticipatory medicines' available, so people remained comfortable and pain free. Staff could discuss how to manage the medicines with the assistance of the district nurses. End of life care plans were in place for people, which meant staff had the information they needed to ensure people's final wishes were respected. Where people had not been able to engage in these conversations, with the person's permission, discussions had been held with family and those closest to them. The registered manager discussed that they would be enrolling on the gold standard framework for end of life care in the near future. One person had been coming to the end of their life at the beginning of the inspection, however they had improved, gained weight and was bright and comfortable. Both the GP and district nurse team were very impressed of how well the person was. People were being treated in accordance with their wishes and preferences.

The complaints procedure was displayed in easy read format and details were included about who people

could raise concerns with including the registered manager. The registered manager talked us through the complaints procedure; there had been no complaints since the last inspection. People who used the service told us they would report concerns to their key worker or the registered manager but had no cause to complain. We observed a house meeting with people who used the service. The discussed what people should do and who they should talk to if not happy about something.

People's independence was being promoted. People could go out with support on a regular basis. People's needs had been considered in relation to the Equalities Act and there had been some consideration of this in people's care planning. Their communication methods had been detailed as had their needs in relation to cultural or religious preferences. One person told us they went to church every week.

The management team had a good understanding of the Accessible Information Standard and discussed ways that they provided information to people who lived at Westhope Place. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us of pictorial and Makaton methods used in surveys to gain feedback from the people they supported. For those who had a visual impairment staff used large print and said they could if necessary provide information on tape so people listen to the information. We observed very good and appropriate visual aids around the home to include the menu, fire procedures, activities, staff photos and care needs boards. Staff talked of having an achievement board like the one staff had for people who had achieved their set goal. For example, one person had had learnt how to wash her hands before preparing food, staff wanted to celebrate her achievement with a certificate which would then be displayed.

## Is the service well-led?

### Our findings

At our last inspection in February 2016 we rated this key question as Good. At this inspection, we found the key question had deteriorated to requires improvement.

People spoke highly of the service. One person said, "It's the best." Another person told us, "They all have smiles on their faces and are very kind." Another person told us, "I like it here." A health professional told us, "The manager is very good, knows the residents well., the care I think is very good, people respond well to staff." Staff told us they felt well supported by the registered manager and the management team. They said they were quite able to approach the registered manager or the deputy manager at any time and that there was always someone available to talk to. One staff member told us, "I love working here, the residents are all special, and no day is the same."

A governance framework was in place and the registered manager and provider had access to a range of tools to help them monitor, review and assess the quality of the service. These included satisfaction surveys; annual management reviews, care plan audits, medication audits, maintenance programme and provider visits. The quality and depth of audits were not consistent, as there were some areas that need to be developed to ensure that care documentation were consistently updated to reflect changes to people's needs. For example, there were two 'this is me' documents, one that was ready to go to hospital should it be required, and one used in the home. However, for one person they contained different information. Oral mouthcare charts for cleaning teeth did not reflect the MAR sheet or daily notes as they had not been completed for two months. Individual PEEPS were detailed but did not tell staff how to evacuate people if they were in bed at night, or on bed rest during the day. Staff knew because it was included in the fire drills, but agency staff would not have that information, which may impact on safe evacuations. This was an area of practice that required improvement.

The service had maintained their '5' star National Food Hygiene Rating. From the documentation in the care plans and other records, there was good communication with other professionals. The management team worked with other agencies to ensure coordinated and consistent care delivery. This included with the commissioners of care and members of people's health care team.

There was a registered manager in post who had been managing the service for a year. The registered manager had experience in managing services for people with learning disabilities. The registered manager engaged with the staff team, holding regular staff meetings and supervision meetings so staff had the opportunity to discuss their progression and support needs. We looked at the minutes of the staff meetings which were held for all members of the team. Staff could express their views and any concerns they had but they were not always acted upon. For example, staff had voiced concerns about staffing levels but this had not been addressed. Staff said they "loved" working at the service. They were also aware of the management structure.

Meetings were held so people could discuss activities and any issues they had. People's views were recorded and followed up by their key workers. People had asked to be supported on a holiday abroad and this had

been organised by the service. This meant people living at the service could express their views.