

Westhope Care Limited

Westhope Care Limited - 11 Kings Court

Inspection report

11 Kings Court
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Horsham
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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 Care Limited - 11 Kings Court provides personal care for people who live in supported living accommodation. The service specialises in supporting people with a learning disability and/or autism. At the time of our inspection the service was supporting seven people in one supported living setting and two people who lived more independently in the community. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

People's experience of using this service

People were safe. Staff understood how to protect people from abuse or harm. The provider made sure there was current information for staff to follow to minimise identified risks to people's health, safety and wellbeing. Staff followed current practice when providing personal care and when preparing and handling food which reduced hygiene risks. There were enough staff to support people. The provider checked the suitability and fitness of staff they employed.

People and their relatives were involved in planning the care and support people needed. People's care plans set out how their care and support needs should be met by staff. Staff were given relevant training to help them meet people's needs. They were supported by the provider to review and continuously improve their working practices so that people would experience high quality care and support

Staff used people's preferred method of communication to engage with them. This had helped them to develop good understanding of people's needs, preferences and wishes. Staff were warm and friendly and knew people well. They asked people for their consent before carrying out any care or support and respected their wishes and choices about how this was provided. Staff ensured people's privacy was maintained particularly when being supported with their personal care needs.

People were encouraged to be as independent as they could be. With staff's help people learnt and maintained the skills they needed for independent living. Staff supported people to participate in activities and events of their choosing and to maintain relationships with the people that mattered to them. 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 supported this practice.

Staff helped people stay healthy and well. They supported people to eat and drink enough to meet their needs and to take their prescribed medicines. People accessed healthcare services when they needed to. Staff worked well with other healthcare professionals to ensure a joined-up approach to the care and support people received. People and their relatives were happy with the care and support provided by staff.

The provider had arrangements to investigate accidents, incidents and complaints and kept people involved and informed of the outcome. Improvements were made when needed and learning from investigations was shared with staff to help them improve the quality and safety of the support they provided.

People, their relatives and staff were encouraged to have their say about how the service could improve. The provider used this feedback along with other checks, to monitor, review and improve the quality and safety of the support provided. They worked proactively with other agencies and acted on recommendations to improve the quality and safety of the service for people.

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 28 April 2017).

Why we inspected

This inspection was planned based on the previous rating of 'Good'.

Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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 Care Limited - 11 Kings Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 4 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the provider's main office and spoke to the registered manager and to the director of care. We looked at two people's care records and staff records relating to training, supervision and recruitment. We also looked at other records relating to the management of the service, including policies and procedures.

As people using the service were unable to speak with us due to their communication needs, we visited the supported living setting where people lived. We observed interactions between people and staff. We also reviewed medicines management arrangements while we were there.

After the inspection

We spoke to three relatives about their experiences of the care and support provided to their family members.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with had no concerns about the safety of their family members. One relative said, "I don't have any concerns about [family member]. They have been wonderful with them. If they weren't looking after them properly [family member] would show this. That's how I know [family member's] happy and content there." Another relative told us, "Everything I've seen shows me that they care about [family member] and they are safe with the staff." Another relative said, "They know [family member] very well and they are safe with them. They give [family member] the attention they need."
- Staff had received training in safeguarding people from abuse. There was a well communicated procedure for people, staff and visitors to follow to report a safety concern about an individual to the appropriate person or agency, so that they could investigate this.
- At the time of this inspection, there were no safeguarding concerns about people using the service. The registered manager was aware of their responsibility to liaise with the local authority if a safeguarding concern about a person was reported to them.

Assessing risk, safety monitoring and management

- A relative told us, "We just want [family member] to stay safe and they are helping them to stay safe."
- Senior staff undertook comprehensive assessments to identify risks posed to people from their specific healthcare conditions and by their home environment. Information from these assessments had been used to develop detailed plans for staff about how to manage these risks. This helped to keep people safe from injury or harm.
- For people whose behaviour might challenge them and/or others, there was guidance for staff about how to reduce the risk of this behaviour presenting or causing harm to the person or others.
- Staff understood risks posed to people and how they could help people to stay safe. They were trained to deal with emergency situations and events if these should arise.

Staffing and recruitment

- A relative said, "In all the times I've been there I have never found [family member] alone. The staff are always with [family member]."
- There were sufficient numbers of staff to support people. Staff rotas had been planned to take account of the level of care and support people required each day to make sure there were enough staff to meet their needs. During our visit to the supported living scheme we saw staff were present, accessible and responding promptly to people when they needed assistance.
- The provider carried out pre-employment checks on staff that applied to work at the service. Staff also had to complete health questionnaires prior to starting work. These checks helped the provider make sure staff

were suitable and fit to support people.

Using medicines safely

- People were supported to take their prescribed medicines. Our checks of stocks and balances of medicines and records showed people consistently received the medicines prescribed to them.
- During our checks we found one person received their medicines without their knowledge. Records showed that senior staff and the GP had been involved in making the decision to administer medicines to the person in this way, but not the dispensing pharmacist. Without the pharmacist's input there was a risk that some of the medicines the person was taking could become ineffective or set off an adverse reaction when mixed with certain foods or drink. We discussed this with the registered manager who told us they would immediately discuss current arrangements with the pharmacist to ensure these were safe and did not pose any risks to the person.
- Staff had been trained to manage and administer medicines. The provider checked staff's working practice in relation to medicines. This helped the provider make sure staff were working in a consistently safe way.

Preventing and controlling infection

- Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce infection risks associated with poor cleanliness and hygiene.
- Staff were also trained in food safety and understood the procedures that needed to be followed to prepare and store food safely.

Learning lessons when things go wrong

- Accidents and incidents involving people were fully investigated and the provider took appropriate action when needed to address any safety issues.
- The provider analysed accidents and incidents to check for any trends or themes to help them reduce the risk of these happening again. Learning from investigations was shared with staff to help them improve the quality and safety of the support provided.

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

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

- Prior to using the service, people's care and support needs were comprehensively assessed by the provider. The provider took account of information provided by people, their representatives and others involved in their care about their healthcare and medical conditions and the support they needed for this.
- The provider referred to current guidance when assessing people's needs and the type of support they might need. For example, for one person who required a high level of support in terms of moving and transferring, the provider used current guidance to develop information for staff on how to do this in a way that kept the person safe from harm or injury.
- Information from assessments was used to develop individualised care plans for people which set out how, when and from whom they received support. This helped to make sure staff provided support in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. This included refresher training to help staff keep up to date with current practice. Staff also undertook specialist training to support people with their specific healthcare conditions. For example, staff were trained to care for and support people with epilepsy, cerebral palsy and multiple sclerosis.
- New staff had to complete an induction programme before they could work with people unsupervised.
- Staff had supervision (one to one) meetings with senior staff to discuss their working practices, any concerns they had about their role and any further training or learning they needed to help them provide effective support to people.
- The registered manager also undertook regular observations of staff at work which focused on the quality of interaction and support provided to people. This helped the registered manager check staff were providing care and support people needed in a competent and effective way.

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

- People's records set out for staff information about their dietary needs including any specialist needs they had due to their healthcare conditions.
- Staff understood people's dietary needs and took this into account when supporting people to plan and prepare meals. They monitored whether people were eating and drinking enough and if they had concerns about this, they sought support from the relevant healthcare professionals and acted on any recommendations they made.

Supporting people to live healthier lives, access healthcare services and support; staff working with other

agencies to provide consistent, effective, timely care

- People's records set out in detail how staff needed to support them to manage their health and medical conditions. Staff understood the care and support they needed to provide to help people stay healthy and well. They were observant and alert to any changes in people's health and wellbeing and sought support for this promptly.
- Staff had access to a range of healthcare professionals. They sought their advice and support when needed about how to ensure people received effective care and support in relation to their health and medical conditions. A relative told us staff had sought guidance from several healthcare professionals for their family member when they first started to use the service. As a result of these referrals, one of their conditions had significantly improved. A specialist chair had also been obtained for the person which had helped improve their posture when seated.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Assessments were undertaken of people's capacity to make and consent to decisions about specific aspects of their care and support.
- There were processes in place where if people lacked capacity to make specific decisions the provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

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 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; equality and diversity

- Relatives told us people were looked after well by staff. One relative said, "All the staff are so kind and caring...when [family member's] poorly someone always sits with them." Another relative told us, "They have been wonderful with [family member]...they are treated kindly and looked after." Another relative said, "[Family member] is happy and well cared for."
- Relatives told us when their family members needed to go to hospital staff went with them and gave them regular updates about how they were. One relative told us, "When [family member] had to go to hospital, staff went in to visit them and gave us feedback on how they were doing. That was really important." Another relative said, "The staff went in to hospital every day when [family member] was ill and stayed with them."
- We observed positive interactions between people and staff. People were relaxed and comfortable with staff, who were patient, warm and friendly. Staff engaged people in conversations and encouraged people to communicate with them about things that were of interest or important to them.
- When assessing people's needs the provider took account of their specific wishes in relation to how their social, cultural and spiritual needs should be met. These were recorded in people's records so that staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly. A relative told us, "I feel [family member] is treated as any other person should be."

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

- There was detailed information for staff about how people wished to communicate and express themselves. This helped staff understand how to support people to have a say about what they wanted in terms of their care and support. We observed staff used people's preferred communication methods when interacting with them.
- The provider used a specialist tool to help staff identify when a person with complex communications needs might be in distress. Using this tool, they had developed guidance for staff to prompt them to look for changes in people's appearance, vocal signs and mannerisms which would indicate the person was distressed and in need of their support.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and asked for permission before providing any support to people. They explained the support they were about to provide and made sure people were not rushed so that they could do things at

their own pace. People's choices about how they wanted support provided were respected.

- When people wished to have privacy and spend time alone, staff respected this. A relative told us their family member preferred their own company and staff supported them to spend time away from others when they wanted this.
- People were supported to be as independent as they could be. A relative told us, "[Family member] has their independence there and the staff have the time to do things with them."
- Staff helped people to develop skills to undertake tasks such as cleaning, laundry, shopping and preparing and cooking meals. Staff provided positive encouragement and praised people to help build their confidence to do as much as they could for themselves. They only took over when people could not manage or complete tasks safely.
- People's records were stored securely so that information about them was kept private and confidential.

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 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

- People and their representatives contributed to the planning of their care and support. People's records contained detailed information about them, their life history, their likes and dislikes, hobbies and interests, their preferred routines and their preferences and choices for how care and support should be provided. This helped to ensure people received personalised care and support from staff that was responsive to their needs.
- Staff understood people's care and support needs and how these should be met. We saw staff were able to anticipate what people wanted and supported people to do tasks and activities in the way people preferred.
- People's care and support needs were reviewed with them and their representatives to make sure this continued to meet their needs. Any changes to people's needs and the support they required was recorded on their care plans and shared with staff promptly.
- In addition to their care and support needs, each person also had agreed goals to achieve a task or objective of their choice. Staff completed a 'progression report' with each person monthly. This helped people and staff check they were being supported appropriately to meet their agreed goals and objectives.

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.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.
- A range of information had been adapted to meet people's needs. For example, information about how to make a complaint or raise a safeguarding concern was available in easy to read pictorial formats to make this easier for people to understand.

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

- A relative told us since their family member had started using the service they were now, "mentally stimulated and going out to the cinema, theatre and shopping in Sainsbury's. [They] didn't do that before." Another relative said, "[Family member] can't walk as far as they used to. But they get [family member] out and they go to the pub and theatre and outings with the other service users."
- People undertook a wide range of activities and events with staff's support. These included attending a

day centre, going out on shopping trips, going for coffee or a meal, attending community events and shows, drives out in the countryside or to places of interests and holiday breaks.

- People were encouraged to maintain relationships with the people that mattered to them. A relative told us their family member was being supported by staff to make friends at the service. They said, "[Family member] loves the contact and attention." They also said, "We can pop in and see [family member] at any time."

Improving care quality in response to complaints or concerns

- Feedback from relatives received during this inspection indicated a high level of satisfaction with the care and support provided to their family members. One relative told us, "They have turned [family member's] life around. They have gone above and beyond...we've got our [family member] back. They are now so much more communicative and energised." Another relative said, "I think it's very good...I think it's a good place for [family member]." Another relative told us, "We are really pleased...I think [family member] is getting a good quality of life there."

- There were arrangements in place to deal with concerns and complaints in an appropriate way. The registered manager confirmed there had been no complaints made about the service since our last inspection.

End of life care and support

- People and their representatives were supported to state their wishes for the support they wanted to receive at the end of their life. This was recorded in their records. This helped to ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

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 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.

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

- People knew the registered manager well. We saw people were comfortable approaching the registered manager who was focussed on meeting people's needs in that instant.
- Relatives spoke positively about communication and management of the service. One relative told us, "The way the place is run makes me think it's managed very well. The manager is very good and keeps me updated about how [family member] is and how they got on with their appointments." Another relative told us, "The manager is very good and always lets us know about any problems."
- The registered manager held regular team meetings with staff to make sure they were clear about their responsibilities for providing high quality care and support to people.
- Staff were well supported and motivated. The provider rewarded staff who demonstrated excellence in the care and support provided to people.
- The registered manager told us they were well supported by the provider and empowered to make decisions that were focussed on improving outcomes for people using the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff had clearly defined roles and duties. The registered manager checked that staff were up to date in their knowledge of the care and support needs of people using the service and informed about any changes to the service's policies and procedures.
- The registered manager understood their legal responsibilities and when to submit statutory notifications about key events that occurred at the service as required. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.
- The provider investigated all accidents and incidents that happened and made sure people and their representatives were kept involved and informed of the outcome.
- There were arrangements in place for monitoring and checking the safety and quality of the service. Senior staff undertook regular audits and checks of key aspects of the service. Where issues were found through these checks these were addressed promptly and improvements were made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; working in partnership with others

- People, their representatives and staff were provided regular opportunities to have their say about the

service and how it could improve. Staff used people's preferred method of communication to gain their views so that people would not be excluded from having a say in how the service could improve.

- Good relationships had been developed with a range of healthcare professionals involved in people's care. The registered manager made sure recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current practice in relation to people's specific needs.