

Mr & Mrs M S Sadek

# Westwood Care Home

## Inspection report

9 Knoyle Road  
Brighton  
East Sussex  
BN1 6RB

Tel: 01273553077

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Westwood Care Home is a residential care home providing personal care to up to 29 people. The service provides support to adults with a range of needs including care and physical needs. The service comprises of two converted houses, with a lounge/dining area and a garden to the rear of the property. At the time of our inspection there were 16 people using the service.

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

Environmental and building risks were not well managed. Hazards and cleaning standards were not promptly responded to.

We found no evidence of people coming to harm, but medicine management was not sufficiently audited, and staff competence was not regularly checked. There was a lack of information and analysis about incidents, accidents, and quality of care.

Staff did not receive the support and training required to keep them up to date and confident delivering support to people. Staff performance and development was not audited.

Building standards and décor had not been maintained, resulting in some areas of the building being run down and requiring attention.

Governance and audit processes were not robust and did not identify or drive forward areas of improvement. A new manager had recently started in post and was beginning to review the quality of care and draw up action plans for improvement.

People enjoyed their meals and had choices and good access to food and drink. People's dietary needs and preferences were understood and respected.

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 systems in the service generally supported this practice.

People felt well cared for by kind and respectful staff and managers. People felt their preferences were well understood and generally felt listened to but did not have a lot of choices about how they spent their time.

There had been changes to the provider which they were in the process of registering with us.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 14 April 2021).

### Why we inspected

The inspection was prompted in part due to concerns received that care was not provided to people in a safe or person-centred way. A decision was made for us to inspect and examine those risks.

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westwood Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to safe care, the premises, staff training and support, and governance at this inspection.

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

### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Westwood Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by 1 inspector. An assistant inspector made contact with people by telephone to gain their feedback.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there had not been a registered manager in post for over 6 months. A new manager had recently been appointed and was planning to apply to CQC to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received from and about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at Westwood Care Home about their views of care and support. We observed some interactions between people and the staff supporting them. We spoke with 7 people's relatives by telephone.

We spoke with 8 members of staff including the new manager, owners and support staff.

We looked at a range of care records including care plans, risk assessments and medicine records. We reviewed 2 staff records, and the staff training records. We reviewed a range of records relating to the safety and maintenance of the building, and governance of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Risk assessments for the environment were not up to date or robustly managed. The service's Fire Risk Assessment was not up to date and people's personal emergency evacuation plans (PEEP) needed to be reviewed to ensure compliance with evacuation requirements. The provider booked a Fire Risk Assessment appointment during our inspection.
- The provider's approach to the building hygiene, and cleaning routines, was not robust. The provider was receiving advice from the local authority regarding improvements to kitchen and overall building hygiene. We have asked the provider for action plans in relation to recent Food Hygiene and infection prevention and control (IPC) assessments which required improvements.
- Cleaning schedules and audits were not regular or robust to ensure safe standards of hygiene and use of appropriate cleaning methods were in place. The new manager had started an action plan for IPC improvement and governance, which needed to be implemented.

The provider had failed to ensure the fire and building standards were properly risk assessed and maintained. This is a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicine management was not robustly audited and checked. We observed medicines being stored and administered appropriately to people. However, there were no robust auditing and governance systems to check for accuracy, identify errors and ensure processes are aligned with best practice, such as PRN protocols. The approach to medicine administration training and competency did not ensure all appropriate staff were up to date and practicing safely. The provider reviewed this immediately and provided a plan to address training needs and safe administration.
- We saw incidents and accidents were recorded in people's care plans. However, there was no management process to analyse and evaluate this information for themes or improve approaches to risk management.

The provider had not taken adequate steps to ensure safety risks, and incidents and accidents were assessed and mitigated. The provider had not ensured there was adequate governance of medicine administration or that staff competency was up to date. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care needs and risks had been assessed and identified. Areas of risk such as nutritional needs,

skin health, oral care and mobility had been recorded and were reviewed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and able to raise concerns if needed. One person said, "I feel very safe here, staff are very courteous and respectful. I don't have any worries about my care. The managers are very easy to talk to if I was worried." Another person said, "I've never seen anything that worries me here, I feel safe, I think we all are. I know the manager is very approachable and listens."
- Staff did not receive regular refresher training to ensure they were confident about identifying and raising safeguarding concerns.
- Safeguarding processes and staff training needs were being reviewed by the new manager to ensure the policy and procedures were up to date. Since starting in post, the manager had started to assess the staff team's understanding and approach to preventing and reporting abuse.

Staffing and recruitment

- There were enough staff to safely meet people's needs. People told us staff were available when they needed support.
- Staff were safely recruited to their roles and Disclosure and Barring Service (DBS) checks were in place for care staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider was reviewing their policy for rechecking staff DBS checks periodically to ensure staffing remained safe.
- An agency provided some long-term staff who knew people well.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were partially assured that the provider was responding effectively to risks and signs of infection. This was because they had not ensured areas were accessible for cleaning and had cleaning plans in place, however the provider made some immediate improvements during our inspection.
- We were partially assured that the provider was promoting safety through the layout and hygiene practices of the premises. This was because items such as spare equipment, boxes and other items were stored around the building instead of in cupboards, making some areas difficult to clean thoroughly.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- People received visitors without restrictions. Relatives and friends visited people freely.



# Is the service effective?

## Our findings

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

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

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

- There was no robust maintenance risk assessment or environment improvement plan in place. Some parts of the building required repairs and improvements, such as the shared bathroom facilities, the laundry room, staff room and kitchen.
- Basic décor had not been maintained in some areas. We saw some bedrooms had poorly-fitting curtains, some furniture had writing on and some bedrooms had marked walls and tatty furniture. Some relatives and visitors felt unhappy that the décor was neglected.
- Many areas of the building, including staff areas, communal areas and people's rooms, were used for storage. This meant that some bathrooms and bedrooms had lifting or mobility equipment and items stored which did not belong to people. The provider took action following our first visit to clear some of these areas and started to produce an action plan to address other areas.

The provider had failed to ensure building standards were properly and regularly maintained. This is a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not receive regular supervision or appraisals. The new manager had identified these gaps and was taking steps to set up regular supervision meetings.
- Staff training needs had not been routinely assessed or reviewed. This meant that some staff training needs had not been adequately evaluated and updated, such as medicine administration, safeguarding, IPC and fire evacuation.

The provider had failed to ensure staff training needs were reviewed and that regular supervision was in place. We did not find evidence that people experienced harm, however there was an increased risk that staff knowledge and practices were not up to date. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to have enough to eat and drink. People's visitors told us meals, drinks and snacks were readily available through the day. People told us they enjoyed their meals and had choices about what they were offered. We observed people being offered their choice of meals, home baked snacks and drinks.
- People's dietary requirements were recorded and known by staff. Staff knew if people had diabetes,

required nutritional supplements or needed encouragement to eat well.

- People's cultural and religious dietary needs were known and respected.

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 receive regular community nurse visits and to attend regular hospital appointments when required. One person told us, "I'm very satisfied with how [staff] support me. They know what I do and don't want to happen, and they support me to make my decisions." Another person told us, "Staff are very helpful in getting me ready and they make sure everything is in order. I have no complaints or concerns; it all runs smoothly."
- People were referred to the dentist and optician when needed. There were sometimes delays in accessing these services, but people were kept up to date about appointments and availability. The GP was local and visited or consulted with people regularly as required.
- People received the equipment prescribed for them, such as hoists, mobility aids and any specialist beds or seating.

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

- People's needs and choices had been assessed with them. People's care needs were regularly reviewed by senior staff.
- People's changing needs were identified and referred to health professionals for specialist assessment. People had been referred to Speech and Language Therapy services, GP, community nurse and equipment services. Recommendations and prescriptions had been followed.
- Staff knew people's needs and preferences. Areas of need such as oral care, continence and mobility needs were tailored to how people wanted to be supported.
- The provider was moving to an online system of care records and had started the transition from paper to online records. The new manager had identified a process for ensuring people's needs were being reviewed regularly on the new system.

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

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

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's authorisations for deprivation of liberty were being tracked and monitored. Staff understood the principles of the Mental Capacity Act.
- Specialist training and advice was being sourced from local partner agencies by the new manager, to ensure staff received up to date knowledge of dementia and refreshed knowledge of mental capacity.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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. We observed staff being friendly, kind and caring the way they supported people. People told us they felt well cared for, that staff were attentive and that staff and managers were friendly and supportive.
- Staff built respectful relationships with people and their relatives. Relatives gave us examples of how staff created a homely environment and ensured people were included in social interactions. Relatives described the staff as, "Family orientated", "Super kind, Super warm and friendly", "Calm and give respect".

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

- Staff spent time getting to know people and their preferences. People told us their choices for food, their care and how they spent their time were respected. We observed that staff offered support to people, described options and encouraged people to make their own choices. Staff respected people's choices.
- People told us staff were friendly and caring and listened to their views. One person told us, "I like to sit in the lounge here, I don't always like to join in but I sit and listen while I make things. The carers know what I like but always ask me in case I change my mind."
- There had not been regular resident meetings in place, the new manager had recently brought these in. Residents we spoke with were aware of this and looking forward to it.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence were respected. Staff were discreet in offering care and support. We observed people being offered support with where they ate and how they moved around the home.
- Staff understood people needed and wanted different levels of care and support and supported this. One staff member told us, "We know some people need more encouragement than others and we do what we can to offer different support. Everyone is different. People have good and bad days, we have to respect that sometimes people are more independent one day than another."
- We saw interactions where staff showed compassion and kindness when people appeared upset and in need of reassurance.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- People received individualised care according to their expressed preferences. People told us staff and managers knew them well and they received care in the way they wanted. However, where some relatives had questions about people's care and personal care routines they did not always feel the provider was open to discussing or responding to these. Some relatives told us they did not receive communication or updates about their loved ones as much as they would wish.
- We received feedback from some people's relatives and visitors that it was not easy to raise a concern or complaint. Relatives gave us examples of concerns about missing clothes and belongings, queries about access to bath facilities and concerns about décor and the environment. Although there was a complaint policy in place, none of these complaints or concerns were logged. We spoke with the provider about how they recognised verbal concerns and complaints, they agreed to review their processes for seeking and responding to feedback and recognising complaints.
- People's individual histories had been sought and recorded. The new manager was planning to revisit these with people during the transfer to online records, to ensure any additional information could be captured.

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

- People had limited options for social activities and going out. Some people were engaged with activities they enjoyed such as knitting and listening to classical music. However, there was a lack of coordination of meaningful activities and interests which people needed support with. The manager was taking steps to seek people's views and address this.
- There was no activity planner or designated staff member to ensure people's individual and group options for social activities or interests were followed up.
- Visitors were welcomed to spend time with people. Relatives and friends gave us positive feedback about staff being friendly and hospitable when they visited.

Meeting people's communication needs

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

- People received information about their care and support in ways they understood. We observed staff communicating with most people throughout our visits, people appeared happy and engaged with staff.

#### End of life care and support

- At the time of our inspection no one was receiving care and support for end of life needs.
- People were supported to consider choices and decisions about their healthcare and end of life care. Care plans had ReSPECT forms (Recommended Summary Plan for Emergency Care and Treatment) which detailed the views people had. There were DNACPR (do not attempt cardiopulmonary resuscitation) and advance decision records where people had made these.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- There was not currently a registered manager in place. The new manager had recently started in post and was planning to apply to CQC to be the registered manager.
- We found the provider had failed to provide CQC with a statutory notification about a safeguarding concern raised to the local authority. The registered provider must notify CQC about these concerns. We have asked the provider to review their records and provide us with the notification.
- The provider's audit and governance approach did not identify gaps in training or staff support, building safety requirements, health and safety improvements, or improvements which could be made to records or person-centred support.
- The provider had received advice and guidance from the local authority regarding IPC, health and safety and governance improvements but had been slow to respond and action improvements.
- Processes to seek and respond to feedback from people, relatives, visitors and staff was not regular or robust. Resident surveys had taken place last year but there had not been any resident meetings for people to share ideas and give feedback. Staff met daily for handover meetings, but team meetings and staff feedback processes were not in place. There was no regular process for seeking and responding to relative and visitor feedback.
- Some aspects of person-centred care were evident. People and staff told us they were happy and that care was focused on what people wanted and their preferences. However, we also found gaps in how the quality of care was delivered. This was evident in the lack of attention given to people's environment and the lack of a service improvement plan.

The provider had failed to ensure governance systems were effective in monitoring service quality, responding to poor quality and driving improvement. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had notified us of changes to the partnership which they were in the process of reregistering with us.

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 provider understood their responsibilities under their duty of candour. However, there was a lack of analysis when things had gone wrong, to ensure future risks were mitigated.

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

- Feedback processes were not robust. Some people's relatives told us did not always feel able to raise their concerns or queries. We spoke with the provider and the new manager about their approach, they were planning a new relative's survey and staff survey process. People told us they were looking forward to the resident's meeting which had been arranged as they wanted to share their views about the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not taken adequate steps to ensure safety risks, and incidents and accidents were assessed and mitigated. The provider had not ensured there was adequate governance of medicine administration or that staff competency was up to date.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure the fire and building standards were properly risk assessed and maintained.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure governance systems were effective in monitoring service quality, responding to poor quality and driving improvement.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure staff training needs were reviewed and that regular supervision was in place.



