

IMS Care Group Limited

Winchester House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Winchester House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Winchester House accommodates a maximum of nine older people, including people who live with dementia or a dementia related condition, in one residential style building which has been adapted for that purpose. Winchester House is a large detached house situated on a main road in a residential area of Kirby Cross, Frinton on Sea, and is close to local shops. The premises is set out on the ground floor of the building with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service. At the time of our inspection eight people were using the service.

At the last inspection in February 2018, we found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 and the service was rated 'Requires Improvement' overall. The registered manager sent us an action plan detailing the actions that they were going to take to make the necessary improvements. At this inspection we found the service had made all the required improvements and has now achieved an overall rating of 'Good'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were protected from risks relating to their physical and mental health and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence.

Recruitment procedures were in place to help ensure only people of good character were employed by the service. Staff underwent Disclosure and Barring Service (DBS criminal record) checks before they started work.

Staffing numbers at the service were sufficient to meet people's needs. Staff received regular supervision and appraisal.

Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of

medicines was regularly checked.

Staff received thorough training in all areas relating to people's individual health needs and holistic activities. Staff also received support from external healthcare professionals about how to best care for people.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put this into practice. People were involved in all aspects of their care and were supported by staff to communicate their wishes, likes, dislikes and decisions. People were supported through the use of verbal communication, pictorial forms and accessible communication formats.

People were supported to have enough to eat and drink in ways that met their needs and preferences. Meal times were social events and people were supported to ensure their specific needs around food and drink were met.

Staff demonstrated to us they cared strongly about people's wellbeing in every aspect of their lives and worked towards improving each person's happiness and wellbeing. Staff promoted people's equality, diversity and ensured their human rights were upheld. Staff spoke confidently to us about how they upheld people's rights and gave us examples which demonstrated they put people's individuality and personal wishes first.

Staff treated people with respect and kindness. There was a warm and pleasant atmosphere at the service where people and staff shared jokes and laughter. Staff knew people and their preferences well.

The people who lived in Winchester House were provided with high quality, safe, caring, person centred support which was responsive to their needs. People received personalised support and there was a clear understanding that staff saw each person as an individual, with their own social needs.

People had access to health care professionals as and when needed and when people moved into the service staff assessed their needs in order to help ensure they could provide appropriate care. Staff worked in conjunction with external agencies to provide suitable and responsive care to people.

Staff, people and relatives told us they felt comfortable raising concerns. People, staff and relatives felt involved in the service and we heard that people felt the service was well managed. Where ideas and suggestions had been raised these were listened to and relatives told us the registered manager was approachable and managed the service well.

Staff told us they felt supported and valued by the registered manager and enjoyed working in the service. The registered manager was aware of their statutory duties in relation to registration with CQC and as such had notified us of any significant events. The registered manager had a clear vision for the service and the care they wished to provide.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. There were systems in place to assess, monitor and improve the quality and safety of the care and support being delivered.

Further information is in the detailed findings below.

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 ●

The service was safe.

The provider had effective systems in place to assess risk and make plans to protect people from the risk of harm. Staff understood their roles and responsibilities in safeguarding people.

There were sufficient staff that had been recruited safely, to keep people safe and meet people's needs promptly.

People received their medication at the right time and good medicines management processes were in place.

Is the service effective?

Good ●

The service was effective.

Staff worked well together to deliver personalised support.

People's needs were met by well trained and skilled staff, and were supported to make decisions and choices about their care.

People's healthcare needs were met and promoted. People were supported to eat and drink appropriately.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and had developed positive warm relationships with people in the service.

People were satisfied with the care being provided.

People were involved in making decisions about their care supported to develop their independence.

Staff gave due consideration to equality and diversity of people and treated them with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

Care plans reflected the current needs of people.

People and staff told us activities took place for people at the service and these were flexible and people could choose what to take part in as the service was small.

People received individualised care to enable them to be as independent as possible.

There was a complaints procedure in place. People we spoke with told us they had no complaints.

People received compassionate end of life care.

Is the service well-led?

Good 

The service was well-led.

A series of quality checks were in place and were carried out to identify where improvements were required. Their findings were used to improve the safety of the care delivered and outcomes for people.

Staff told us they were well supported by the registered manager, and they understood their roles and responsibilities.

The registered manager had good oversight of the service.

People and relatives told us they could approach the registered manager if they wished to do so.

Winchester House

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 was planned to check 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 was an unannounced inspection which took place on 31st October 2018. It was undertaken by two inspectors. We did however advise the registered manager of the inspection the day before as they lived some way from the service and we needed them to be present on the day of inspection.

Before the inspection, we reviewed the previous inspection report and records held by CQC which included notifications, complaints and safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. In the planning of this inspection, we gathered feedback from a health and social care professional who had recently been involved with the service.

On this occasion we did not request a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because this inspection was to follow up on concerns highlighted at the service's last inspection which rated it as requires improvement overall.

During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. Some people were able to talk with us about the service they received but others could not. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records at the service. These included three staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information with regard to the upkeep of the premises.

We looked at three people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with four people, three staff, and the registered manager who was also the provider and one healthcare professional. We observed the care which was delivered in communal areas to get a view of the care and support provided.

Is the service safe?

Our findings

At our last inspection in February 2018, we rated this key question as 'inadequate' as staffing levels were not always sufficient to meet people's needs promptly. Risks to people were not always appropriately assessed and managed. Good medicines management processes were not always followed and people lived in an environment that posed some risks due to a lack of appropriate assessment and action to mitigate risk. Additionally, appropriate recruitment checks were not always carried out to ensure suitable new staff were employed. At this inspection, we found that improvements had been made in all these areas and this key question is now rated 'good.'

People we spoke with told us that they felt safe in the home and were happy to be living there. One person told us, "Staff are very nice, I feel very safe here." People and staff told us about a range of actions that were completed on a regular basis to help keep people safe. For example, another person told us about the call buzzer they had and told us, "Staff are always on hand." They went on to say, "The manager is another one who is very nice and good. I see them most days and they ask if I am ok."

Staff told us they had received training in safeguarding and knew what signs and symptoms could indicate that a person might be at risk of abuse. They also knew what action to take if they had any concerns about people's safety. One member of staff told us, "I have had safeguarding training and if I witnessed something that concerned me I would report it to [registered manager's name] and if it was something to do with the manager I would get in touch with CQC or social services." Another staff member told us, "I know the people here well and would look out for changes in people's behaviour and the way they were with staff and would report any concerns." People were also supported to stay safe and take positive risks where appropriate.

Care records we looked at contained up to date risk assessments which were reviewed when a person's needs changed. Staff we spoke with had a good understanding of the risks to people and the plans that were in place to reduce those risks. A healthcare professional told us, "I have never had concerns about the service, they always act on any advice given."

People were supported by sufficient numbers of staff. Most people at the service would require at least one to one support when leaving the service and the manager told us there were flexible levels of staffing to make sure people could attend external healthcare or personal family appointments. For example, on the day of inspection, we were told about one person who had recently experienced a bereavement. The manager told us about how that person would be supported to attend the funeral if they wished by ensuring extra staff were deployed.

People were given their medication as prescribed and medication was stored safely. One person told us, "I am on painkillers and they give them to me every four hours. They [staff] keep a record of my medicines and when I have had them." Staff told us and records showed that they had to complete medication training and have competency checks before being allowed to give medication to people. People were encouraged to self-medicate if they were able to do so, but no one was self-medicating on the day of inspection. We observed staff respecting people's wishes for privacy when medication was being administered to them. We

also observed medication being given safely to people during the day and that medicines were stored safely.

We checked three staff files and saw the registered manager had fully checked staff's suitability to work with people prior to them commencing work at the service. These checks included obtaining Disclosure and Barring Service Checks (DBS) and references from previous employers. We were also told any visitors providing a service for people such as chiropodists or hairdressers would be checked in a similar way. Completing these checks reduces the risk of unsuitable staff being allowed to work with people.

People were protected from the risk of infection. The service was clean and tidy and there was equipment and materials such as hand gel, gloves and aprons for staff to use. One member of staff told us, "We have a cleaner now which means we can spend more time with the residents." The manager told us, "Cleaning schedules are in place and is done daily and staff always wear gloves when preparing food and delivering personal care."

Records showed that incidents and accidents were carefully recorded by staff. This enabled the registered manager to monitor trends and patterns and take action as appropriate to reduce the risk of harm to people and staff. Routine checks of fire safety equipment were completed as well as fire drills. In the event of an emergency people's care would continue with the least disruption and staff would know what action to take in the event of a fire. People all had individual personal evacuation plans in place (PEEPS). Staff had undergone fire training and there were routine fire drills held. We also noted equipment such as hoists had been serviced appropriately.

We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The service had been awarded a five-star rating following their last inspection by the FSA. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

A legionella risk assessment had been completed and water temperatures were monitored to ensure people were not at risk from scalds. We viewed a range of health and safety certificates We found equipment was checked for its suitability and safety. We noted the last fire safety visit had highlighted some actions and recommendations. The registered manager told us the checks had been carried out and the work was completed to ensure improvements were made as advised. They produced documentation to validate this. A fire risk assessment had just been completed and the registered manager described the action being taken to address the recommendations made. Staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required.

Is the service effective?

Our findings

At our last inspection in February 2018, we rated this key question as 'requires improvement' as the environment did not always meet good practice guidance for supporting people living with dementia. New staff had not always completed an induction process and staff had not always received training, supervision and appraisals required to support and develop them in their roles. Whilst people were supported to make decisions and choices about their care the registered manager had not fully understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and made appropriate referrals to the local authority. Additionally, whilst people were supported to eat and drink appropriately, care records did not include specific guidance for staff to follow to support people in the management of health conditions. At this inspection, we found that improvements had been made in all these areas and this key question is now rated 'good.'

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that where there were restrictions in place in relation to people's care and treatment, referrals had been made to the supervisory body and were appropriate. People we spoke with told us they made decisions for themselves. Staff had received training on the MCA and had used this knowledge to apply it to people living at the service. Whilst we acknowledge this a few staff lacked knowledge of legislation and guidance relating to The Mental Capacity Act 2005 (MCA) and the manager told us they would address this with the individual members of staff directly. We saw staff involving relevant others, such as relatives and social workers, to help make ensure that the decision was in the person's best interests.

Staff understood people's individual healthcare needs. We saw that when needed, staff observed people discreetly and were available to respond to people promptly. Care records included detailed healthcare support plans that provided clear guidance on how the person should be cared for in the most effective way. The staff team had effective means of communicating with each other to ensure any changes to people's needs were known by all.

All staff told us they had received training to carry out their role effectively and records showed that staff had completed the required training such as safeguarding, food hygiene, moving and handling and dementia care management. Training had all been recently updated for all staff and staff were able to tell us how this

had improved their knowledge and confidence. One member of staff told us, "We had training recently and that has helped me with my role and overall confidence."

Staff told us that they felt supported through a system of formal supervision sessions which took place at least every six weeks with the registered manager. Records of these sessions showed that they were used to reflect on staff's practice and check on staff's well-being. Staff told us this had a positive impact on their morale and teamwork. One member of staff told us, "I have supervision with [registered manager's name] and it's been really helpful. Things have improved a lot since the last inspection."

People told us that they were consulted on a daily basis about food choices and could have what they liked. One person told us, "I like the food here, I am vegetarian so the staff make me whatever I like." Another person said, "The food is very tasty and there is always enough of it." We saw that people sat together in a small group at lunchtime and ate meals at times that suited them and staff were available to support people who needed help with feeding themselves.

Care records showed us that people had access to healthcare services that met their general health needs as well more specific support where required. One member of staff told us, "As [person's name]'s keyworker, I have regular chats with them and know if they are feeling unwell." A keyworker is a member of staff allocated to a specific person who is responsible for keeping an oversight of their well-being, progress and care plans. All of the people had a health action plan which detailed lists of appointments and reviews that had taken place.

Since the last inspection the registered manager had implemented the red bag pathway which looked to improve the way services worked together. A red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the person throughout their hospital episode and is returned home with person. The standardised paperwork will ensure that everyone involved in the care for the person will have necessary information about the person's general health, e.g. baseline information, current concern, social information and any medications, on discharge the service will receive a discharge summary with the medications in the red bag. This meant that the service had systems in place to ensure a person's needs were met when they moved between services.

We also checked the care records for people who had a decision not to attempt cardio-pulmonary resuscitation order (DNACPR) in place. There were DNACPR forms in place for some people. We discussed with the registered manager the need to ensure these are kept under regular review in case a person's needs changed and they required review.

The premises were suitable to meet the needs of the people. There was a main communal lounge for people to access and we saw that people were able to make a choice about spending time with other people or spending time on their own. All of the bedrooms were personalised with belongings, pictures and furnishings that reflected people's likes and background. People had access to their sufficient bathroom facilities. The manager advised that they were considering installing a shower in one person's room as they preferred a shower as opposed to bathing.

Is the service caring?

Our findings

At our last inspection in February 2018, we rated this key question as 'requires improvement' although people were cared for by staff who were kind, attentive and respectful to them, the multiple failings in regulation did not reflect a caring service overall and the provider did not ensure that people's care met their needs at all times. At this inspection, we found that improvements had been made in all these areas and this key question is now rated 'good.'

We received a warm and friendly welcome when we arrived at the service and saw that people were relaxed and comfortable with staff. One person told us, "Staff spend time with me. They always ask how I am. I am fortunate to have this room as I can see people come and go. I am quite happy." Another person said, "the staff here are so caring." Throughout the inspection, we observed staff interacting with people with patience and understanding and comforting people if they were worried about anything. One healthcare professional told us, "The staff seem have a very good relationship with all the residents and are very approachable." We saw that staff were motivated to support people and enjoyed their work. One member of staff told us, "This is the best place I have worked in. It's like a second home and it's like having a second family."

Staff showed a commitment to working in partnership with people and relatives. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people accessing the service and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

Staff treated people with respect and dignity and we saw examples of this during our inspection; for example, people were asked if visitors could enter their rooms or if they wanted to join in with any activities. People were supported with different forms of communication to enable them to make choices about their care and daily lives. This meant people could be fully involved in decision making.

Staff promoted people's equality and diversity. The registered manager talked about a consistent approach to equality and diversity that was embedded into their recruitment and induction process to ensure that all staff live the culture of dignity, courtesy and respect for all irrespective of background or circumstances. People's care plans contained detailed information about how staff were to support people's individual needs, for example, the staff took into account any cultural or religious needs people may have. We saw one person was supported through technology to access remotely religious services they wanted to participate in. Their care plan described how the person wanted to be supported and it was signed by staff and the person involved. People had access to information about local places of worship in appropriate formats and staff told us they would support people to attend these if they wished.

Is the service responsive?

Our findings

At our last inspection in February 2018, we rated this key question as 'requires improvement' as care plans did not clearly reflect the needs of people or the care provided for them. Guidance for staff was not always clear. Additionally, the activities at the service did not meet the needs of all people in a meaningful way. At this inspection, we found that improvements had been made in all these areas and this key question is now rated 'good.'

We saw that people were treated as individuals and their personal likes, dislikes, preferences and daily routines were respected and promoted. People and their relatives had been involved in planning and reviewing their care where possible. During the inspection, we looked at a range of care plans for people with different needs. These had all been revised since the last inspection. We saw that full assessments of care and support needs had been completed for everyone in the service. These covered physical, psychological, emotional and social needs. The care assessments and plans were detailed and comprehensive. People had signed their care plans, where possible. Care folders gave details of people's preferences and also a picture of their previous lives and the involvement of family and friends. Each person also had a daily log of care recorded also.

We looked at activities and entertainment. We noted that there were individual activities happening with people, however as the service was small activity provision was very flexible as some people preferred to stay in their rooms quietly. The registered manager was researching more activity provision in line with people's individual tastes. They told us they provided various activities including quizzes, cards and board games, arts and crafts, bingo, and reminiscence. For example, one person likened themselves as a hairdresser for the queen so the staff had provided them with a hairstyling head so they could style hair. There were plans in place to put up photographs of various activities that people had taken part in. At Christmas the registered manager told us it was a very homely affair with mulled wine and mince pies and that everyone enjoyed Christmas at the service.

People told us, "The staff are good here we sit and chat all the time." There were TVs in communal areas and people had the remote controls and switched them on or off as they wanted. There were also books, DVDs and music in communal areas. Bedrooms were personalised and some people enjoyed spending time in their rooms. There were also lots of books and magazines. Some people had laptops or tablets connected to the internet. Several people had landline telephones or mobiles. We also noted that the service was making 'dementia friendly' improvements and had other things to capture people's interest. There were suitable tactile hand-held toggle muffs that people could be provided with.

No one at the time of our visit used specialist forms of communication like British sign language or braille. The registered manager told us that they would assess the need prior to admission and could access training or local specialists if necessary. There was suitable support for the communication needs of people living with dementia, such as staff reminiscing with people about their past lives.

From August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible

Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. The registered manager had provided the information people needed in accessible formats such as talking books for one person who was blind and large print for those with impaired sight. People therefore had access to the information they needed in a way that helped them understand their care and make choices about how they lived their life.

All the people and relatives we spoke with told us they were happy with the service provided and had no complaints. The service had a complaints procedure which outlined what people could expect from the provider in response to any complaints or concerns they had. One relative told us, "I have never had to complain about anything." The registered manager explained to us that people had the opportunity to give feedback and raise concerns every day as there was regular daily contact with people and the service was small but everyone was close. A section in daily care files that was completed by staff provided a record of people's day and how people had been supported.

Whilst there was no one living at the service who was receiving end of life care we found that some advance end of life care arrangements was in place. For example, decisions about whether people should be resuscitated following a cardiac arrest (DNAR) were in place where this was what or person wanted or in their best interests. Where people wanted to engage in discussions about end of life arrangements, the registered manager would discuss this with people although due to the potential sensitivity of this subject, people could choose whether or not to share their wishes with the manager or staff. People's care plans confirmed discussions held with people and any decisions they might have made relating to their wishes. If people wished to remain at the service at the end of their life the registered manager told us they would fully support people's wishes. People would also get full support from healthcare professionals who support people at the end of their life.

Is the service well-led?

Our findings

At our last inspection in February 2018, we rated this key question as 'requires improvement' as there was a lack of robust oversight by the management team to ensure staff carried out the duties they were employed to do. The registered manager did not always have oversight of the care people received in the service and records of care. This meant they were not able to ensure lessons had been learned when things went wrong. Additionally, quality assurance and audit systems were in place however; their findings were not used to improve the safety of the care delivered and outcomes for people. At this inspection, we found that improvements had been made in all these areas and this key question is now rated 'good.'

We saw that the registered provider who was also the registered manager now had a wide range of audits and checks to monitor the quality and safety of the service. Regular checks were in place to ensure people lived in a safe, comfortable and homely environment. The audits addressed all of the key areas of the operation of the home, as well as people's satisfaction with the service they were receiving. The registered manager analysed these reports on a monthly basis so they had oversight of where any improvements or actions were needed and we saw appropriate action plans were in place.

The registered manager also held regular staff meetings in the service which involved all other staff. At these meetings, action plans were reviewed and updated and there was evidence that actions were taken as a result. For example, repairs to broken equipment and organising staff training had been completed.

Registered persons are required by law to inform us of certain events that happen in the home (such as serious incidents, safeguarding concerns or police incidents) by way of submitting a form called a statutory notification. We found that the notifications we received were detailed, enabling us to have a sound understanding of events proceeding and actions taken following an event or incident within the service.

There was a registered manager in post. 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. The registered manager told us, "I am in the service much more now and feel more confident I am in control of things."

All the people and staff we spoke with were happy with how the service was now managed and felt that the registered manager had had a positive impact on the home. One member of staff told us, "[Registered manager's name] is really good and very supportive. They are very understanding." Another member of staff said, "The staff morale is a lot higher than it was and [registered manager's name] has been here a lot more and a lot of changes have happened since the last inspection. It's a lot different now and better."

Throughout our inspection there was a positive and calm atmosphere throughout the service. We saw that regular staff meetings took place and the minutes of these showed that staff were provided with feedback and any learning from incidents that had taken place in the home were discussed to inform future practice.

People and relatives had the opportunity to provide feedback on an informal basis and via questionnaires that had recently been circulated. People were supported to complete these with their independent advocates and they were in an accessible format to ensure they understood the process. People also attended weekly 'people's meetings' where there was an opportunity to discuss activities, menus and the décor in the home.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for Winchester House was on display in both of these places. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using.