

Westvilla (MPS) Limited

Westvilla Nursing Home

Inspection report

Westfield Road
Retford
Nottinghamshire
DN22 7BT

Tel: 01777701636

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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

This inspection took place on 17 November 2016 and was unannounced.

Westvilla Nursing Home is located in a pleasant residential area in Retford. The home is purpose-built and is registered to provide accommodation for a maximum of 35 people. On the day of our inspection 32 people were using the service.

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

People who used the service and staff at Westvilla knew who to report any concerns to if they felt anything untoward had occurred. People's care records showed that any risk to their safety had been identified and measures were put in place to reduce these risks. There were enough staff with the right skills and experience to meet people's needs. People's medicines were stored and handled safely, but people could not be assured that their medicines were always administered as prescribed. However, the manager was aware of the difficulties and was taking robust action to improve standards with regard to the administration of medicines.

People were supported by staff who had received the training they needed to support people effectively. People had consented to the care that they received. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People spoke positively about the food they received. They were able to have choice in what they ate at each meal and received support to eat if required. People had regular access to their GP and also other health care professionals when required.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Staff encouraged people to remain independent wherever possible and where people showed signs of distress or discomfort, staff responded to them quickly. There were no restrictions on friends and relatives visiting their family members.

People received the care they needed in a way that met their needs. We saw staff provide planned care well. Care plans were written with the involvement of each person and their family. They were reviewed regularly to ensure staff responded appropriately to any change in need a person may have. A wide range of group and individual activities were available for people to participate in if they wished. People were also encouraged to maintain their hobbies and interests and a wide range of community based opportunities were used. A complaints procedure was in place and people felt comfortable in making a complaint if

needed.

The atmosphere within the home was warm and friendly. People living in the home were asked for their opinions with regard to the service that they received, which meant that their views informed decisions to improve the service. Staff understood the values and aims of the service and spoke highly of the registered manager. The registered manager had clear processes in place to check on the quality of the service and to ensure that any improvements identified were made and sustained

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.

People were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

People were supported to make choices, take risks and were protected from abuse by staff who were supporting them.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People's medicines were stored and handled safely, but people could not be assured that their medicines were always administered as prescribed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience to support them well.

People's rights were protected by the use of the Mental Capacity Act (2005) when needed.

People were able to choose what they ate and their nutritional needs were met.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring

way.

People were supported to access advocates to represent their views when needed.

People's independence privacy and dignity were promoted and respected by staff.

There were no restrictions on people's friends and family visiting them.

Is the service responsive?

Good ●

The service was responsive.

People experienced a service which was planned around their changing care needs. There was a range of group and individual activities arranged.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a positive and friendly atmosphere. People's views were taken into account when improvements to the service were being planned.

The registered manager was supportive and approachable and was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Westvilla Nursing Home

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 inspection took place on 17 November 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider had completed a Provider Information Return (PIR). 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. We took this into account when we made the judgements in this report.

During the inspection we observed staff interacting with the people they supported. We spoke with five people who used the service and nine friends and family of people who were visiting Westvilla, as well as two visiting health or social care professionals. We also spoke with the registered manager, the manager, the clinical lead, one nurse, the activities worker and six staff, including domestic staff and cook on the day of our inspection.

We looked at all or part of the care records of four people who used the service, as well as a range of records relating to the running of the service including three staff files, medication records and audits carried out at the service. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

Is the service safe?

Our findings

The people we spoke with were emphatic that they felt safe living at Westvilla. One person we spoke with said, "I am safe and don't get frightened." Another person agreed and told us that they felt that they were safe. Similarly, all of the relatives we spoke with said that they felt their family members were safe living at Westvilla. One relative confirmed this saying, "My relative is safe and I have no concerns at all." A visitor also confirmed that they felt their family member was safe saying, "Everyone is safe here."

Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different types of harm people maybe subject to and told us they would report any concerns to a member of the management team or to the local authority to protect people if they suspected anything untoward had occurred.

Care records contained information about how to support people to reduce the risk of harm to themselves and others. Staff were aware of this information and explained to us how they had used it to keep people safe. Information about safeguarding was available in the home and a safeguarding adults' policy was in place. Records showed that there were very few incidents which occurred that required a referral to the Local Authority Safeguarding team although staff we spoke with knew how they would do this should they need to do so.

People were protected and their freedom was supported and respected because risks were assessed and managed. When we spoke with people they described how they received their care and support in the way that had been assessed for them to receive safely. People also confirmed that staff provided the support people needed to maintain their independence and remain safe. We spoke with relatives who were confident that their family members were safe. One relative told us, "I worry less now that my relative is here." Another relative said, "My relative's possessions are clean and safe." People also told us how staff helped to keep them and their belongings safe. One person said, "They lock up valuables for me and get them when I need them."

We spoke with staff who explained, "People are safe because we make sure they are safe, we are aware of the risks." They went on to describe the things that they did to reduce the risks, for example ensuring that there were no trailing wires which people could trip over. Another staff member reflected on the dogs that visit the home and spoke to us about the measures that were used to keep people safe while enjoying 'canine company.' They added, "A dog can be as much of a trip hazard as a trailing wire to someone with a visual impairment – we have to remember that!" During our inspection, we saw staff use safe practice, for example when assisting people to move using hoists or standing equipment.

The care records that we looked at showed that risks to people's safety had been appropriately assessed. Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our inspection. The risks to people's safety were reduced because the registered manager conducted thorough investigations when accidents or incidents had occurred. Procedures were in place to protect people in the event of an emergency, such as a flood or fire. Each person had an individual

plan to identify available accommodation and the support they would require to evacuate the service. This meant people could be assured that they would continue to be supported to remain safe in an unexpected event.

We saw regular checks and routine maintenance had been undertaken both inside and outside of the home. This included smoke detectors, wheelchairs and the water system to prevent the build-up of legionella bacteria. Our observations of the equipment used within the home supported this; we saw equipment was well maintained. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

People told us there were enough staff to keep them safe and meet their needs. Several people and relatives reflected that staff were always busy because there was always a lot going on in the home, but were confident that staff always had time to speak with them and update them as to their family member. One person who lived at Westvilla said, "Staff are kind and caring but sometimes they get fraught and rush." Relatives we spoke with were assured that there was enough staff to meet their family member's needs during the day and at night. Visiting professionals also were confident that staff had the time to speak with them when they visited as well as to meet the needs of those living in the home.

We spoke with staff who told us that the rota allowed enough staff to provide everyone with the care and support that they needed and also for people to be supported to engage in activities which interested and stimulated them. The registered manager told us that staffing levels were based on people's dependency levels. This included, for example, if a person required more than one member of staff to support them or if people needed support to attend external appointment or activities. Any changes in dependency were considered to decide whether the staffing levels needed to be increased. The registered manager also told us how important it was to know the skill mix of the staff on duty as this would affect the ability of the staff on duty to be able to meet people's needs and this was considered when the duty rota was set. A fixed rota had been set giving each staff member alternate weekends off and enabled this skill mix to be maintained. The manager told us how this had also led to lower staff absence as staff knew when they were working to be able to plan their lives outside of work.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. We looked at the recruitment files for three members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. This showed that the registered manager followed robust recruitment practices to keep people safe.

People's medicines were stored and handled safely, but people could not be assured that their medicines were always administered as prescribed. We saw that there were seven instances in the preceding month when one of the tablets which was due to be administered had been signed as administered, but remained in the blister pack. We spoke with the manager about this. They showed us the work that they had been undertaking over recent months to improve the handling of medicines at Westvilla Nursing Home. We saw that audits had been undertaken and actions taken to address poor staff performance. This had borne improvement. While we were undertaking our inspection a further safeguard was introduced into the system to reduce the risk to people in the future.

People told us how staff supported them to take their medicines, and how they could ask for their pain relief medicine when they needed it. One person took medicines each evening and described the support that they received to do so from staff. Relatives we spoke with were happy that their family members received their medicines when they were needed.

We observed staff administer medicines in a safe way. Staff were patient when required and ensured people had the time they needed to take all of their medicines. We saw that staff stayed with each person to be sure that they had taken their medicines after being given them. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs). These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were clear protocols in place for staff to follow before they administered these medicines and we saw staff observing these when they administered medicines.

Medicines were stored securely in lockable trolleys and a refrigerator within a locked room. The temperature of storage areas and refrigerators were monitored daily and records showed that they were within acceptable limits. This ensured that medicines remained effective. Regular audits were carried out by members of staff administering medication and monthly audits and observations were carried out by members of the management team to ensure that medicines were being managed safely.

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. One person told us, "They (the staff), know what they are doing." Another person had complex needs; they reflected on the nursing staff and confirmed, "The nursing staff are good, day and night." Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities and told us, "Staff seem to know how to look after [my family member]." Another relative we spoke with said, "My relative is well supported and the carers are well matched to them." Visiting healthcare professionals were confident that staff had the skills needed to support people well.

Staff told us they received regular training and records confirmed this. One staff member told us about the training they received and listed off as examples, "Moving and handling, food safety, infection control and dealing with challenging behaviour." We heard from staff how some of the training was provided in house, some through the use of distance learning packs and DVD's, but staff also attended courses that were run externally where this provided a better learning opportunity. We also heard how some training, such as tissue viability, was extended to the domestic staff so that they were aware of the signs that a person maybe at risk of their skin breaking down and could alert care staff quickly.

Newer staff members told us that they had received an induction when they started working at Westvilla. This included a period of shadowing more experienced staff members as they got to know how each person needed to be cared for. This was confirmed by one of the people who lived at the home, who described how new staff were introduced to them and got to know them well, saying, "The new ones (staff) take time to get on board."

We looked at the training matrix which showed that staff had received the training that they required and how any training which needed updating had been refreshed in a timely fashion. The staff told us how they could request additional training should they feel they required it and this was arranged by the provider.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. Staff also told us that they felt well supported when someone living at Westvilla passed away, and told us that counselling would be provided to them by the registered manager if it was needed.

People made decisions about their own care and were given the opportunity to provide consent where possible. Prior to moving into Westvilla Nursing Home, people and their families were involved in completing a 'pre-admission assessment' so that their needs could be identified. This was confirmed by someone who told us, "I had an interview on admission," and understood this to have formed the basis of their care plan. A consent form was signed by people, (or their representative), to indicate agreement with their care plan when they moved into the home.

We saw that each person had a comprehensive person centred care plan which was created and updated using a computerised system. The care plans were reviewed regularly to ensure that they remained up to

date. We spoke to one person who told us, "Yes, I am aware of my care plan." Another person said, "I'm not involved in decision making but they tell me what's happening and I don't disagree." A relative also described to us how they were involved in checking and consenting to their family member's care plan, saying, "I saw the care plan when they first moved here."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

People were supported by staff who had a good knowledge and understanding of the MCA. Both staff and the manager had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed.

The registered manager had made applications for DoLS where appropriate to ensure that people were not being deprived of their liberty unlawfully. We spoke with staff who were able to describe how the Deprivation of Liberty Safeguards were used to protect people, for example those who may seek to leave the home without staff support.

We saw that staff always asked people for their consent before providing any care and support. Staff told us they had attended training on the MCA, and always worked on the presumption that people had the capacity to make decisions for themselves.

People were supported to eat and drink enough to keep them healthy. One person told us, "The food is good." Another person agreed, adding, "No complaints, (about the food) I like the sticky drinks, (referring to their drinks that were thickened by staff so that they could swallow them easily)." Relatives were also of the opinion that the food was good, one joked that they were very much looking forward to their Christmas dinner at Westvilla.

Shortly after we arrived we saw a group of people and staff sitting and enjoying breakfast together. It was a very sociable occasion with much laughter. Staff told us that sitting together meant that people tended to be motivated to eat a little more breakfast which was good for them. At lunchtime there was a choice of two main courses and two deserts.

At lunchtime, people were able to choose who they sat with, or could eat in their room if they preferred. Tables were laid neatly and suitable crockery and cutlery were available to people where this was needed. Where people could not make a choice verbally, meals were plated up and brought to them so that they

could choose the actual meal that they wanted. We saw some people change their mind after starting their meal and they were brought the other option. A good sized portion of food was presented in an appetising way. For example, moulds were used for those who needed blended food so that it was presented appealingly. Staff were present in the dining room throughout the meal, supporting people as required. A menu was on display which showed the range of food that was offered during the week. This showed a range of different foods.

Information about people's dietary requirements and meal time support was readily available for staff who were serving people their food. We spoke with the cook told us how the menu had been developed with the input from those who lived at Westvilla so that they got to eat the sorts of foods they liked. For example, roast dinners were popular, and so these were now offered twice each week. We were also told how, as far as possible, the food was cooked using fresh produce. When a new recipe was being introduced a 'sample batch' was cooked, sampled and adapted to take account of people's preferences and dietary needs, such as soft or enriched diets and to ensure that the food tasted good and appeared appetising. We also saw how food supplements were used and presented in an appetising way in order to encourage those who were at risk of malnourishment to enjoy taking them.

Drinks were offered during the meal and throughout the day. When the drinks trolley made a round each drink was prepared freshly for each person rather than being poured from a pre-prepared flask or pot. One person told us how they particularly liked their glass of shandy with their lunch. Where needed, records were kept to ensure that each person had enough to eat and drink to reduce the risk of people becoming dehydrated. The manager also arranged for an ice-cream van to visit as part of their round during the warm summer days, so that people could enjoy a cool treat if they wished.

People had access to the healthcare professionals they needed at the right time. One person told us how they saw the optician and dentist when they visited the home. A relative stated that they were confident that people had access to any support they needed to maintain their health and were pleased that they were able to accompany their family member to attend appointments if they wished.

Visiting healthcare professionals told us that they found the staff at Westvilla were always keen to take their advice, and always took notice of what they were told. One such professional said, "I have confidence in this service and have placed several people here. They can arrive in a poor state and I have seen them improve massively. I am happy to place people here."

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people such as a podiatrist and the falls team. Staff were aware of the guidance that had been provided and this was implemented within people's care plans.

Staff were also aware of the different situations that may require them to contact emergency services and were clear that they would not hesitate to call for an ambulance if it was necessary. The registered manager told us how positive links had been formed with local GP practices and gave several instances when they had advocated on people's behalf to ensure that they received the access to healthcare advice that they needed.

Is the service caring?

Our findings

People told us that staff were caring and had formed positive relationships with them. One person said, "They [the staff] are very caring and check up on me. I know the girls (staff) and it's like a family." Another person told us, "I like it here; I am looked after. They are kind, no worries." Relatives also told us that they felt the staff to be caring. One relative we spoke with told us, "I see kindness and care and I see the same staff." Another relative said, "Even when I don't need help with my relative the staff still come and check." These views were echoed by a visiting healthcare professional who exclaimed, "The care is second to none. It's definitely brilliant."

Staff told us how they had developed caring relationships with people. One staff member explained to us how some people might use their buzzer to call for staff if they were lonely and wanted some company. The staff member said that this was OK and meeting that need was as important as responding to a call if someone had sustained a fall or needed to use the toilet. Other staff told us how important it was for people to be happy, commenting, "Happy residents, means happy staff." We also heard how some staff had known certain people who lived at the home for many years since their childhood. Staff told us how they were able to talk about the past and share memories which people were fond of which helped keep people's minds active.

The registered manager told us that it was important for people to feel like this was their home. Each person's bedroom had been set out according to their wishes and tastes, with personal belongings displayed if they wished. Where people had wanted to, they had been able to bring their bed or chair from home so that they felt comfortable. Most people liked to sit in their room and where this was the case, they had the things that they wanted close to hand, for example, their tablet computer, some sweets, or magazines that they liked to read on a table by their chair, as well as their call bell and TV remote control.

During our inspection, people were made aware of who the inspectors were and why they were there by the staff that were supporting them. Staff checked with people that they were happy for us to speak with them. We saw that staff were attentive and supportive, speaking with people clearly and directly, but also respectfully. We observed staff respond quickly when people showed any signs of discomfort and provide reassurance when needed.

While there were no visiting clergy at the time of our inspection, we were told that arrangements had been made in the past, and could be made again in the future for people to be visited in Westvilla to make religious observations.

Pet animals were a big part of life at Westvilla. The home had a pet cat and fish which people helped to look after. Visitors and staff were encouraged to bring their dogs with them into work which people enjoyed. This was supported by a policy around pets which provided guidance for the protection of all concerned.

People were supported to make day to day choices such as whether they wanted to join in with activities and whether they wanted to spend time in their room or in the company of others in one of the communal

areas. One person spoke about choosing and told us, "I can do what I want to do. There are some choices." Another person said that when staff were encouraging them to make a decision they were always, "Very caring and they give very clear explanations." This view was echoed by a relative who said, "My relative is encouraged to make choices and be as independent as possible." Other relatives, whose family members were not able to make decisions so easily, described to us how staff involved them as much as possible in making choices.

Staff told us how they got to know each person and how best to enable them to make choices. One staff member reflected that some people might relate better to certain staff and those relationships could be used to enable people to make the best choices for themselves. During our inspection we saw staff offer people support when it was required and also encouraged people to carry out tasks independently when they were able to. Staff told us that it was important to involve people as much as possible so that they could retain their independence. One person liked to use their tablet computer to play games and communicate with family and friends. They had been given access to the wi-fi connection at Westvilla so that they could do this.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. No one was using an advocate at the time of our inspection.

People were treated in a dignified and respectful manner by staff and affirmed this to us when we spoke to them. People's relatives were also confident that their family members were treated with dignity and respect. One relative was particularly impressed with the way that their family member's clothes were cared for and explained to us how they were always ironed nicely and placed carefully back in their drawers and wardrobe. They said that this was really appreciated by their family member who took pride in their appearance.

Personal details for people were kept securely. Most information was stored electronically but were located so that they could be readily accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

Staff told us how important it was to build relationships with people and how this was especially important when providing personal care. They told us how they would always close a person's bedroom door and draw their curtains when providing personal care, for example. Staff we spoke with described how they supported people in a dignified way and we saw this demonstrated in their practice. We saw staff speak with people close by, if they were talking about sensitive issues, so that others could not hear what was being said. If staff needed to speak to each other about a person's needs, this was done using hushed tones, again, so that others could not hear what was being said.

Visitors were able to come to the home at any time and stay for as long as they wanted and many visited during the inspection. One relative told us, "I am always made welcome but not invaded by staff when I visit." Another relative told us how they liked to visit their family member each day, bringing the family dog with them too. They told us how they were able to have lunch with their family member and even had their own slippers at the home so that they were comfortable when they visited. We also spoke with someone who had been supported to maintain a high level of contact with their family and friends since moving into Westvilla. They had a large room with access to the garden so that family could stay overnight with them occasionally and they could enjoy a degree of privacy as a family. During our visit, the person had a group of

friends come to see them and a mobile pizza service delivered the food they had ordered to enjoy together.

Is the service responsive?

Our findings

The service was responsive to people's needs and requests for help. There was always a member of staff checking on those in communal areas as well as other staff who responded quickly when call bells were pressed in other areas of the home. One of the domestic staff said that if a call bell was pressed and they were nearby, they would always respond to find out what the person wanted saying, "Even if I then have to go and get one of the carers, they (the person) have been answered quickly and know they are not forgotten." We saw staff 'look in on' people who chose to stay in their rooms. It was evident that staff had an understanding of people's care needs and how they had changed over time.

Information about people's care needs were provided to staff in care plans. Relatives were confident that people's care plans contained the information staff needed to order to care for their family member. We saw that people's care plans were regularly reviewed and updated when required. Staff told us that they had the time to read people's care plans and were kept informed where there had been any changes.

The home had a program of regular group activities which people could join in with if they wished to and were able to. These tended to take place on the ground floor and people who lived upstairs were supported to attend if they wished. People that were participating in the activities told us that they enjoyed them. One person said, "I like the bingo and card games, in a group. I like games when we can all join in together like a family." A relative we spoke with told us that their family members enjoyed the activities, "Especially chairbics, (a form of seated exercise), and singing. They are very involved." A visiting healthcare professional told us with great warmth, "It's like being at Butlin's as there is always something going on. There is life here."

We spoke with the activities co-ordinator. They told us about the range of activities that were planned saying, "Tuesdays is chairbics – two types - one being more vigorous than the other. Pat dogs on Wednesdays. Karaoke, Bingo, and Baking cakes & puddings." We saw a game of bingo being played during our inspection, which people told us was a firm favourite. They told us the prizes were good, one person was delighted with the bottle of whiskey they had won.

We heard from relatives and from staff how there was an entertainment session, planned for every fortnight, which was usually some form of singer. Special events were also organised such as the Christmas Panto. Relatives told us how they were able to enjoy the special events with their family members. One relative recounted, "They had a concert Viola and Cellist from the Russian Ballet and they were brilliant and certainly enjoyed by everyone. I was very impressed."

We heard how people were able to pursue their hobbies and interests. A relative told us how their family member liked to paint and draw and the staff encouraged them to continue to do this, saying, "They [the staff] encourage my relative to continue their hobbies. They give my family member paints and still life objects for them to paint." The activities coordinator told us, "There is little or no restriction on purchasing activity resources to enable them to do this." Staff explained to us how all of the activity resources were cleaned and kept in sealed boxes until they were needed again so that resources were available when

needed.

The activities coordinator also had planned in individual sessions with people, talking to them, and developing their 'Life story books'. These books were started when a person moved into Westvilla. Information was also provided by people's relatives and friends. The sessions acted as a form of reminiscence for people as well as enabling the activities coordinator to find out more about each person and their life before they came to live at Westvilla.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "I would talk to staff if I was worried. I have no complaints." Another person said, "I would go to see the ladies in the office if I had any concerns." This view was echoed by relatives who also told us that they had had no need to complain but were confident that staff in the office would listen and act if they spoke with them.

Staff we spoke with told us that they would take any actions they could to resolve a complaint that was made to them so that things were put right as quickly as possible. Staff consistently told us that they would ensure that they relayed any concerns to staff in the office if they received a complaint when the registered manager was not available. So that people knew what to do if they had a concern or complaint, the complaints procedure was made available to people and was displayed on the notice board.

We reviewed the records of the complaints received to date in 2016 and saw that two complaints had been made. The complaints had been investigated and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice.

Is the service well-led?

Our findings

People benefitted from the positive and open culture at Westvilla. One person told us, "I cannot think of anything that would improve what is here." Another person said, "The office staff are helpful and find out things for me." A relative told us, "[My family member] asks me to ask staff for things and when I do it's done straight away." Another relative affirmed the view, saying, "It is well led here."

We saw people felt comfortable and confident to speak with the staff that were supporting them. Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good. Visiting healthcare professionals told us that the management staff were friendly and approachable, saying, "Should there be an unexpected and unavoidable issue they look into it straight away."

Staff told us that they felt well supported by the manager and the team leaders. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. We spoke with one staff member who told us, "If we are unhappy about anything we can talk to [the owners] or the manager. They will listen and do what they can. They are all very approachable." Another staff member told us how a support and counselling service was available to them for external professional support if it was needed after someone had passed away in the home.

A noticeboard displayed various links with the local community. For example, the local Lions Club had donated a bingo machine for use in the home. Westvilla had also held fundraising events for local charities such as the Alzheimer's Society and McMillan. Photographs of these events and details of these donations were also displayed.

There was good management and leadership at the service. The position of the offices within the service meant that the leadership was visible and accessible to those using, visiting or working in the service. People and relatives who had had interaction with the registered manager or the management team spoke positively about them. One relative told us, "The manager is approachable and often comes in to chat with us. I am very satisfied for my relative and myself." Staff we spoke with reiterated that they saw the owners of the service regularly and felt confident to speak with them about any concerns that they had, but added they had never needed to.

The conditions of registration with CQC were met. The service had a registered manager who understood their responsibilities. They had been in place since February 2011. They had a good understanding of their responsibilities. Staff confirmed that the registered manager was usually seen by them every day when they were on duty.

The registered manager was also responsible for another home. There was a robust system in place to ensure that management cover was always available at Westvilla. A dedicated manager oversaw the day to

day operation of the home and the registered manager and provider usually visited on a daily basis. A management team was in place which worked across the two services. This ensured that there was always clear leadership available to staff. Sharing the management resources also enabled their skills to be deployed effectively so that people received good, safe care and lived in a well maintained environment. There was good delegation of tasks with each member of the management team knowing what was required of them, and staff knowing who was responsible for what. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way.

People could be assured that the service was of a high quality. People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed. There was a system of audits in place and these had been completed in areas where 'hard data' could be found such as health and safety, the kitchen and medicines administration to ensure that the service complied with legislative requirements and promoted best practice. We saw that actions had been taken where shortfalls were found. Quality audits were also undertaken around various aspects of people's experience of receiving care such as people's well-being and physical care and the activities that people were engaging in. Additional audits were completed around the experience of staff working in the home such as their communication skills and job satisfaction.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through the service user meetings which were held regularly as well as surveys which people told us they completed periodically. One person told us, "My opinion is welcomed and they listen to me." A relatives meeting was also in place. Relatives told us that they attended the relatives meeting and felt that the management listened to their views. We saw that requests for improvements to the home were made at the meeting and responded to by the manager.

Clear communication structures were in place within the service, such that a relative told us that they felt that communication was a strength within Westvilla. There were regular staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, for staff to discuss issues as a group and for areas where improvement was needed to be discussed. Notes were made for staff who were not able to attend to refer to. We saw that the improvements sought by discussion at the team meeting had been brought about by staff changing their practice as requested