

West Bank Residential Home Limited

West Bank Residential Home

Inspection report

Walford Road
Ross-on-Wye
Herefordshire
HR9 5PQ

Tel: 01989562741

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

West Bank Residential Home is located in Ross-on-Wye, Herefordshire. The service provides personal care and accommodation for up to 41 older people. At the time of our inspection, there were 38 people living at the home.

People's experience of using this service:

People who lived at the home, relatives, staff and healthcare professionals told us West Bank had a homely atmosphere and a strong emphasis on the importance of family and community connections.

There was a positive atmosphere within the home. People and their relatives were enabled to be involved in the care and staff were motivated in ensuring people were treated as individuals and had an enjoyable life.

Staff had developed positive, respectful relationships with people and were extremely kind and caring in their approach. People's privacy and dignity were respected by staff who worked to a set of values around providing care centred on each person. People were supported and encouraged to be as independent as possible in all aspects of their lives.

People told us staff concentrated on what was most important to them and made sure they received the care they needed and preferred. People were supported to take part in a rich programme of planned and spontaneous activities which they found interesting and fulfilling. The staff team including the chef had been creative in supporting people to eat and drink enough which helped people to remain well.

Staff anticipated people's care needs and responded to people swiftly, respectfully and with warmth. People were valued for who they were and supported with compassionate care at the end of their lives in ways they preferred.

Staff felt a strong sense of ownership and pride in the service and felt well supported by the management team. There were sufficient staff to meet people's care and support needs. Staff had been recruited safely and many of the staff team had worked at the home for several years which was valued by people living there.

Plans of care had been developed and reviewed with people and their relatives, and the staff team knew people they were supporting well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Risks associated with people's care and support had been appropriately assessed and managed. People told us they felt safe living at the service and with the staff team who supported them. The staff team were aware of their responsibilities for keeping people safe and had received the relevant safeguarding training. Medicines were stored, administered and disposed of safely. Staff followed the providers policies in reducing the risk of cross infections and regularly checks were undertaken to make sure people lived in a clean

environment.

The registered manager was a positive role model and together with their staff team they had a passion to learn about and aim for best practice with people at the heart of their care. People who lived at the home and all staff were actively encouraged to contribute to the evaluation of the care provided and recommendations of where they could aim higher to drive through improvements. Regular quality audits and checks were completed so improvements were continually recognised and there was effective follow up action which made sure people received a high-quality service.

More Information about the inspection is in the full report.

Rating at last inspection:

At our inspection the service was rated Good in all areas and overall. The report was published on 03 October 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received and assess if improvements have been made.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

West Bank is a 'care home.' People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced. We visited the home on 17 April 2019 and made telephone calls to relatives on the 26 April 2019.

What we did:

Before the inspection the provider completed a Provider Information Return (PIR), this is information the provider is required to send us at least annually that provides key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service such as notifications of events the provider is legally required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch

Herefordshire, the local consumer champion for people using adult care services. We used all this information to plan our inspection.

During inspection:

We spoke with five people who lived at the home and four relatives. We spoke with the registered manager, the area manager, two senior care staff, four care staff, two activities coordinators and two visiting professionals. We spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. 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 looked at three people's care records to ensure they were reflective of people's care needs. We also looked at other documents relating to the management of the service such as policies, audits, meeting minutes, safeguarding and training records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- People received their medicines on time, in a safe way and as prescribed by their GP.
- Staff responsible for administering medicines had appropriate training and their competency assessed.
- Medicines were appropriately stored in a locked cupboard and appropriate checks were made on a regular basis of stock levels. This was to ensure there were no discrepancies and prevent over ordering.
- Protocols for medicines required 'as needed' were in place and reviewed with GPs accordingly. We saw staff were administering medicines 'as needed' for pain as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded by the systems and processes in place. The management team understood their responsibilities for keeping people safe, including appropriately reporting and investigating concerns.
- People confirmed they felt safe living at the home. One relative told us, "For the first time [family member] has needed care, we feel we can go away on holiday knowing that [family member] is safe."
- The staff team had received regular safeguarding adults training. Staff knew how to keep people safe from avoidable harm and how to raise concerns.
- There was a whistleblowing policy for reporting concerns. Staff told us they were confident any concerns would be addressed appropriately.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been properly assessed and managed, including pressure sores, malnutrition and falls. Where concerns had been identified, appropriate actions had been taken to reduce risks and keep people safe. For example, one person's risk assessment detailed the measures and specialist equipment needed to help prevent the reoccurrence of a pressure ulcer.
- People in need of assistance to move around the home were supported by staff members that had received training in safely supporting people's physical needs. One relative told us, "[Family member] is safer at West Bank than at home and since moving in to West Bank they haven't fallen. I feel reassured that staff help [family member] to walk about the home safely with their frame".
- Checks had been carried out on the home environment and on equipment used. For example, equipment to support people's physical needs to ensure they were safe to use.
- An up to date fire risk assessment and personal emergency evacuation plans [PEEP's] were in place in the three care plans we looked at. These showed how everyone must be assisted in the event of a fire or other emergency.

Staffing and recruitment

- We found the provider flexibly increased staffing where required to ensure there were always enough staff.

One staff member told us, "They [the management team] will not stretch us. If someone rings in sick one of the team will cover it."

- People confirmed, and we saw there were enough staff available to meet people's individual needs. One person told us, "I ring the bell and they [staff] come quickly."
- The majority of the staff team had worked at the home for a number of years. We found from our observations and discussions with staff that they knew people well and understood their needs. One relative told us, "There is little change in the staff team, most have been around longer than my [family member] has been at West Bank! They know what [family member] needs and the best way to encourage her to join in the activities in the lounges, rather than staying in her room".

Preventing and controlling infection

- Staff followed infection prevention and control procedures to protect people from cross infections.
- We saw gloves and aprons were available and used appropriately by staff.
- The home environment was clean, tidy and odour free in all areas.
- The provider had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency [FSA]. This shows the provider, management and staff team demonstrated good food hygiene standards.

Learning lessons when things go wrong

- The registered manager investigated all reported accidents and incidents to identify if any improvements or changes were required to reduce the risk of the incident happening again.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs had been assessed and their needs identified prior to admission.
- People's needs were detailed in their care plans. This included support required in relation to their culture, religion, likes, dislikes and preferences.
- The staff team were supported by a range of health care professionals in the community. Care and support were provided in line with national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- The staff team had the skills and knowledge to meet people's needs. Formal training had been completed and ongoing refresher training was provided.
- The provider's induction training incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.
- Staff attended regular one-to-one meetings with the management team and received an annual appraisal to support their ongoing development.

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

- People were supported to maintain a healthy balanced diet. Menus were available for people to make their meal choices. People were provided with pictorial examples of the food on offer at each meal time, to help support those people who had communication difficulties to make their own choice.
- People told us they could order additional food items if they wished. We saw food to be plentiful, healthy and easily accessible.
- People spoke positively about the choice and quality of food and drink. One person told us, "We have a meal and sweet. We just eat!". Another person told us, "Meals are lovely, I'm going to get fat!"
- People's special diets were catered for including modified diets.
- Nutritional risk assessments and care plans were in place to ensure people ate and drank enough. People had their weight regularly monitored to ensure they drank and ate enough. Staff were aware to contact the person's GP if the person developed a pattern of consistent weight loss.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team worked with external agencies to provide consistent, timely care. This included having key information readily available to support admissions to hospital and to promote consistency of care.
- People receive timely support when they become unwell. One relative told us, "When my [family member] was poorly recently, they [staff] got the GP in very quickly."
- Records showed people made full use of community-based healthcare services. When needed people

attended healthcare appointments with staff support. Advice and guidance from healthcare professionals was documented and followed.

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

- The provider had recently undertaken a refurbishment of the premises. The home environment was well furnished and homely with indoor and outdoor communal areas.
- People told us their bedrooms were well maintained. We saw rooms were homely and contained personalised items such as pictures, photographs and soft furnishings.
- Bathrooms and other doors were clearly labelled which was beneficial for people with dementia.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff were working within the principles of the MCA. We found the provider were compliant with the requirements of the MCA. A relative told us, the provider facilitated regular meetings with the person, family, and professionals to make best interest decisions and that a DoLS application was made.
- Staff supported people who did not have capacity to make decisions, in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager requested advocate support for those people who lacked capacity to consent to their care and treatment.

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

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 reported staff were exceptionally caring, compassionate, respectful and empowering. One person told us, "It's lovely here. [Staff] are very caring and treat me like I am part of their family". Another person said, "I'd say the home is excellent, I don't know what I'd do with them. I can even still have a tot of whiskey if I want one! "A relative told us, "Staff are all keen and caring. . . having long conversations and laughing very much. There is a homely family atmosphere." Another relative commented, "[Staff] cared for [relative] as well as a family member, they went above and beyond" when the person was unwell.
- Staff had an excellent understanding of protecting and respecting people's human rights and, about the importance of supporting and responding to people's diverse needs. They were totally focused on people in their care and anticipated people's needs and wants.
- Staff's caring culture really shone through as they showed they really cared about making a difference to people's days. For example, one of the activity co-ordinators was dressed in a different costume everyday and they appreciated how it stimulated people. We saw people laughing and chatting about the costume the coordinator was wearing on the day of our inspection. One person told us, "[The activity coordinator] is always dressed up in something funny and really makes me laugh! I wait in anticipation to see what she is going to turn up in this morning!".
- We saw staff offering people with reassurance in a caring way to reduce the risks of anxiety and taking approaches which supported people with their diverse needs. For example, people who needed assistance eating and drinking were discreetly supported to the dining room first and seated with at least one staff member on each table to support people with their meals. This practice meant people had extended time to eat their meal in a quieter environment before everyone else came in to the dining area for the main meals.
- Staff communicated with people in a caring and respectful way. They were empathic and used non-verbal communication, smiles and touch in their interactions with people. They had excellent understanding of people's social, spiritual and cultural diversity, values and beliefs and how these could influence their decisions on how they wanted to receive care, treatment and support. Where people were able, they told us they chose when to get up and go to bed and what to do throughout the day. Where people were not able to express their views, staff noted the person's reaction to plans, care or activities and recorded this.
- The registered manager proudly told us about when one person came to live at the home they would not join in activities. However following perseverance and encouragement from staff they had started to join in activities which had enhanced their sense of wellbeing.
- The management team cared for people and visitors and, were passionate about making sure everyone felt welcomed and cared for. Staff enjoyed spending time with people they were supporting, visitors and each other. One staff member commented, "What I love here is there is no time restriction. I've got time if I need to stay with the person. Care is never rushed." We saw staff visiting people on their day off and warm, kind and caring interactions between people and staff.

- Staff showed a good understanding of equality and diversity and respected people's differences. There were many examples of how staff worked really hard to make people feel as though they mattered.
- The registered manager took a holistic approach to supporting people with their individualised needs. For example, they arranged Holy Communion to be conducted every month and has explored support that might be available from other religious groups and bodies. Where people had moved into the home with other belief systems the registered manager and staff went above and beyond so nobody was discriminated against because of their particular religious and spiritual needs. This included supporting people to celebrate their specific religious holidays and events.

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

- People were supported to make decisions about their daily care. One person told us, "I like to do my own thing, I can join in with things if I want, go to bed when I want, and the staff respect my choices". Another person said, "I prefer the napkin, I wouldn't want to wear an apron or a bib when I'm eating, why should I be any different to you just because I'm old and might spill some of my food occasionally".
- There were various practices whereby people were actively supported to express their views and were fully involved in how their care was provided. For example, a scheme known as 'resident of the day' enabled people's views of their care to be formally reviewed monthly. As part of this scheme people were encouraged to choose something they enjoyed doing and a meal they would really like to eat on the day. People had been supported to visit local restaurants for lunch or if they preferred not to go out, the chef would either cook their meal of choice just for them or would arrange for their chosen cuisine to be delivered to the home for them.
- Some people loved fish and chips, so at their request they were supported to buy them from the local shop or if unable to go themselves staff would fetch them on their behalf.
- The management team knew how to access advocates for people if they needed to have someone to help them speak up about their care. During the inspection an advocate told us, they felt they could call unannounced anytime to the home and be made to feel welcome. They said they had confidence in the way people were cared and supported at the home, as staff and the registered manager strived for the best outcomes for people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw staff knocked and sought permission before entering people's bedrooms, and there were privacy screens in shared bedrooms. Staff understood how important it was for some people's dignity to have beautifully manicured nails. They set special time aside for people to have hand massages, then the people chose their preferred coloured nail varnish which staff applied.
- Supporting people to keep their independence was at the heart of the registered manager and staff teams' culture and values. Staff were specifically motivated to promote people's independence.
- We saw one of the activity coordinators greeted a person who was sketching and noticed the person's pencils needed sharpening. The activity coordinator supported the person to sharpen all their pencils while engaging in conversation regarding what the person was going to draw next. Staff celebrated people's artistic achievements and encouraged people to show visitors their art work on display around the home.
- The registered manager encouraged staff to recognise each person has their own skills and abilities, regardless of the amount of support they may need daily. One staff member said, "Some people are in advanced stages of their dementia journey and can't verbally communicate with us, but they can follow some simple instructions and should be encouraged to participate in their care, rather than have us just do everything for them".
- Information about people was stored in a locked cupboard to maintain their confidentiality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff took the time to seek activities which matched people's individual interests. Staff supported people to participate in a local dementia friendly woodland walk every month and to visit a Victorian style café in the forest nearby. The registered manager was arranging access to an activity centre that has wheelchair accessible swings and trampolines for people to meet their specific needs so all people regardless of their needs had fun and interesting things to do.
- The activity coordinators took time and care to plan exciting and stimulating activities for people over seven days a week. We saw photographs of all the different experiences they had provided for people. They showed people thoroughly enjoying themselves from singing along with entertainers to visits from a variety of animals, themed arts and crafts sessions, and baking opportunities.
- People were supported to continue with their individual hobbies and interests and take part in activities of their choice. One person enjoyed gardening and the registered manager has worked with them to set aside part of the garden area and give them a budget to purchase plants and items. This person's relatives took their family member shopping for the items they needed, and staff assisted the person to maintain their vegetable patch and plants.
- The registered manager arranged regular meetings with people who lived at the home and relatives to address any concerns and wishes of people. One relative told us, "Whatever we suggest, the [registered] manager will address and resolve quickly. At one of our last meetings we all mentioned about the décor of the home and shortly afterwards the [registered] manager arranged for the home to be redecorated. This has made a huge difference, it's really bright now".
- People's rooms had been personalised and the hallways were decorated with artwork from several people who lived at the home. One person enjoyed drawing caricatures and the registered manager has arranged for their artwork to be displayed in a prominent place within the home, rotating the pictures that are on display every so often. One staff member said, "People are so proud that their artwork is on display, this whole building is their home, not just their own bedrooms".
- People had access to the correct type and consistency of food and drinks they required to maintain their safety and health. The chef had researched and provided similar options for people with weight or sugar restrictions, so people didn't feel like they were missing out. We saw people living with diabetes could enjoy the same type of pudding as other people, which had been made with diabetic jam and reduced sugar.
- The activity coordinators had introduced a regular activity to encourage fluid intake, called 'Thirsty Thursday'. This involved people being able to taste test different blended frozen fruit drinks to increase the amount of fluid people drink and is a social activity.
- Where people stayed in their bedroom the activities co-ordinators made sure they visited the person to read to them newspapers or books of their choice, to help avoid isolation.
- People received care and support based on their individual needs. Plans of care had been developed when people first moved into the home and included information about their life history, cultural needs and the

hobbies and interests they enjoyed. This ensured staff understood what was most important to people. One person had a visual impairment and was offered brighter coloured crockery to eat their meals on to increase their independence.

- The registered manager had made a commitment to review people's needs as they changed, at least weekly with people and their relatives. When appropriate, any specific care plans were agreed in consultation with the person and other agencies.
- Staff were assertive in getting the right treatment for people and were persistent in their requests for the most beneficial care. We saw staff worked collaboratively and developed close working relationships with other healthcare professionals to ensure the best possible and most appropriate care for each person. They explained to people and their families about their care and supported them to see GP's, and specialist healthcare professionals.
- People had access to timely medical interventions as required. We saw a person informed staff they were feeling unwell, and staff called the GP immediately, requesting a visit the same day. One professional told us, "The registered manager and staff are very proactive. The [registered] manager frequently asks for advice and prefers to be proactive, rather than reactive. The staff have worked hard to ensure that no one in the home has a pressure wound".

End of life care and support

- People living at the home were supported when they reached the end of their lives. End of life care plans highlighted spiritual and emotional support as well as addressing physical needs. They were completed in liaison with the person's family, district nurse, GP and IMCA if required.
- We saw some people had Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms completed, so staff knew what action to take in an emergency.
- The staff team knew how to support people at the end of their life. One visiting professional told us, "The registered manager requested my input for a person who is nearing end of life. We have completed a best interest's decision with input from the person's family and other professionals. Since the change in the person's health, they haven't been alone, the [registered] manager has made sure that someone is always sat by their bed to comfort them".
- We spoke to one visiting professional who said, "Nothing is too much of an inconvenience for the registered manager, she will come in on her day off or during the night, if she is made aware that a person has taken a turn for the worse and will make sure someone is by their side until the end". Another professional said, "There has never been any question about paying for expensive equipment to keep someone comfortable, regardless of how long left they have with us, whatever that person needs, the registered manager will arrange it within the same day".
- The registered manager is currently working towards accreditation under the Gold Standards Framework. The registered manager told us, "The people living here deserve to be in a familiar place surrounded by their family and staff who love and care for them in their final days".

Improving care quality in response to complaints or concerns

- The management team knew their role and responsibilities when dealing with complaints. The provider had a complaints policy with a clear procedure to manage complaints.
- The management team advised there had been no complaints since the last inspection. People who lived at the home and their relatives told us they felt confident raising concerns with staff or the management team. One person told us, "Any concerns, I would tell the [staff], they will tell [management team] and they will sort it out."
- The registered manager acted on informal concerns and complaints quickly. One professional said, "[The registered manager] has acted immediately on any concerns I've ever raised, and the issue is resolved the same day, with equipment ordered and care plans put in place immediately".
- People we spoke with said they would feel comfortable making a complaint without fear of reprisals. They

said they knew any concerns would be acted upon promptly and to their satisfaction.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others

- There was a real culture of the registered manager and staff working hard to ensure people's needs were kept at the heart of all their care including working with others. On this subject a staff member told us, "I think this is a fantastic service, I know I work here but I have worked in other care homes and they are nowhere near as good as here. All the staff will do anything for people and it all stems from the [registered] manager."
- We saw the registered manager was passionate about improving people's wellbeing and this was reflected in everything they did. They demonstrated an in-depth knowledge of the needs of people they supported and put them at the centre of everything they did. This enthused and inspired staff to do their utmost to deliver outstanding care. Health professionals told us the team were well led and appeared highly motivated to care to the best of their ability. Also, staff always went out of their way to accommodate professionals and carry out care in the way they advised.
- The registered manager was proactive in finding solutions to problems. They sought the views of people in a variety of ways including informal discussions, meetings and surveys. People said comments were welcome at any time. One relative told us, "[Registered manager] always takes the time to chat with us, she is so lovely and approachable".
- People who lived at the home, or their family and friends, completed satisfaction surveys about the care they received. The results were positive, but the registered manager said if any issues had been raised then she would have taken action to sort them promptly.
- The registered manager worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals.
- The registered manager attends the registered managers network events. This enabled the registered manager to share and develop good practice with other local providers of adult social care services.
- The registered manager had developed links with the local schools and encouraged family members to share their musical or art skills with the people at the home. This broadened activities available for people living at the home.
- The registered manager has developed positive and supportive relationships with the local district nursing teams, independent mental capacity advocates (IMCA) and physiotherapy teams. One professional told us, "The [registered] manager works with us to get the best outcome for the person, regardless of the financial cost. The [registered] manager goes above and beyond and even made sure that a person who was going home had bedding etcetera to take home with them".
- The registered manager had developed links with the royal voluntary service (previously known as the women's royal voluntary service) and encouraged volunteers to spend time with people who lived at the home.

- The registered manager has introduced a daily morning meeting known as, '10 at 10 chat' with seniors and the staff team to share updates and discuss any urgent action for the day.
- The registered manager told us, "I am really proud of my home, but I can only do it with the support of the team that I have, they are fantastic and have been here a long time".

Continuous learning and improving care

- The registered manager had significantly improved their overall oversight of the service since the last inspection. The registered manager was working towards undertaking training to further improve quality assurance systems and processes.
- The registered manager kept up to date by accessing training provided by the local authority and had developed links with local services. They had also obtained support and guidance from resources such as Skills for Care.
- Staff felt central to the process of learning and driving improvements in the home. One member of staff commented, "The [registered] manager is a great person to work for. She always asks for our input. There is no hierarchy, it's more a team and family effort."
- The registered manager and staff were continuously driving forward improvements and opportunities to provide fun and interesting things for people who lived at the home to take part in. One professional told us, "It's always a pleasure to visit West Bank, there is always something going on, and people are encouraged to have an input in what happens within the home". The registered manager is currently arranging for the activity staff to develop further dementia friendly activity planning and creation training.
- The registered manager was developing their staff team and keeping them motivated in continually learning from each other to provide high standards of care.
- The registered manager arranged regular training for all staff and in conjunction with staff expressions of interest and has created new roles for ambassadors for mental health, dignity, nutrition, continence and infection control. This has encouraged staff to take responsibility for increasing their knowledge in these key areas and sharing this information with their colleagues.
- Staff were encouraged to reflect on training and information and to demonstrate how their learning was carried over to their practice.
- We saw evidence the registered manager and provider referenced and practised current legislation, standards and guidance to achieve effective outcomes. They continuously sought opportunities for themselves and their staff to learn and reflect on best practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since the last inspection, the registered manager had split the home in to eight zones or 'roads', all named after types of trees, for example 'Willow Avenue'. Each bedroom door was numbered and had been decorated to look like a front door of a property. This along with personalised door colours and memory boxes had benefited people with dementia to enable them to recognise their own room.
- The management team carried out audits to govern, assess and monitor the quality of the service and staff. These included monitoring and auditing medicines, staffing, care plans, equipment and the environment. The registered manager also carried out unannounced monitoring checks at different times of day and night. Where issues were identified, actions had been taken, learnt from and changes made in response to these.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission [CQC] of people's deaths, incidents and injuries that occurred or affected people living at the home.
- The registered manager was aware of their responsibility to have their rating from their last inspection on display. We saw the rating was clearly on display on the provider's website and within the home environment.
- People who lived at the home, relatives, staff and healthcare professionals consistently spoke positively

about the registered manager. One staff member said, "We feel very well supported. Staff are happy, the manager is very open, and they lead well. If we say something needs doing they will act on it quickly".

- Staff were delegated tasks to each defined role which meant they were clear about their roles and responsibilities. Staff said, "There are three handovers a day as each shift changes. The seniors meet and then ensure that we are all aware of any issues and what we all need to do that shift".

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People who lived at the home and their relatives were extremely complimentary about the registered manager and how they ensured care was of a high quality and met their individual needs. We consistently heard from people the registered manager's door is always open and she is very approachable.
- The registered manager demonstrated a commitment to provide person-centred care by engaging with people who lived at the home and relatives. Care and support plans were developed taking people's varied needs into account. One professional told us, "Nothing flusters the [registered] manager, she is always open to suggestions and actively seeks the views of everyone included in that person's care, including their family and other professionals".
- The staff team understood the provider's vision for the service; they knew people who lived at the home and their families, and there was a strong emphasis on family and community which filtered throughout the service.
- The registered manager understood their duty of candour responsibilities and engaged people in investigations and ensured outcomes were communicated following any incidents.
- The registered manager coordinated regular supervisions and team meetings for staff. The registered manager encouraged staff to share their experiences, reflect on recent issues and together as a team looked for solutions.
- The registered manager was hands on, visible, available for support and taught their staff team by leading by example. The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations. Records were well organised, up to date and informative. The visiting professionals we spoke with told us they had confidence in the registered manager and the staff team. When plans were put in place, the staff team followed the directions of external professionals.
- We found the registered manager was an excellent role model in the provision of high care standards. They worked closely with staff to provide excellent person-centred care.
- People who lived at the home and their relatives we spoke with told us the registered manager's door was always open and she was very approachable.

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

- Annual surveys and meetings had been used to seek the views and opinions of people who lived at the home and relatives to influence improvements. People who lived at the home and relatives consistently fed back how well the registered manager consulted with them. The minutes and outcomes of all meetings were displayed in a communal area of the home, so people and relatives can read the documents if they were not able to attend meetings or complete surveys.
- Staff meetings were held every three months to share best practice and keep the staff team updated with any changes to people's care delivery.
- The registered manager and provider ensured staff were rewarded for their loyalty to the service, for example by organising social events and meals outside of work.
- Staff felt valued and supported, they told us personal commitments and medical conditions were considered when planning rotas. The registered manager always thanked them for their work and they "loved" working at the service. Many staff had worked at the home for several years which provided consistency that people valued.

- The philosophy of the service was created and shared by people who lived at the home, all staff and the registered manager. These were based around people being supported to live the lives they chose. Staff had developed a 'can do' attitude which had brought alive creative initiatives which enhanced people's quality of life and provided therapeutic benefit when responding to people's diverse needs.
- Staff and visiting healthcare professionals told us they would be happy for their relatives to live at the home. One staff member told us, "It's the only home in Herefordshire that I would want to live in myself! West Bank has a place in my heart and I deeply care about the place and the people". Staffs caring attitudes and ways shone and, showed people were valued for who they were.