Westholme Clinic Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Westholme Clinic Limited provides personal and nursing care for older people living with dementia and other mental health conditions. It is registered to accommodate up to 55 people and at the time of our visit 50 people were living at the home.

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

At our last inspection to the service in January 2016 we found two breaches of regulations. The provider did not have appropriate arrangements in place for the safe management of medicines. Also, the provider had not ensured the care and treatment of service users was appropriate, met their needs and reflected their preferences. We asked the provider to take action and the provider sent us an action plan in March 2016 which told us what action they would be taking. At this inspection we found that improvements had been made and these regulations were now met. At the last inspection, the service was rated "Requires Improvement" overall. At this inspection, we found that due to the many improvements made by the management team, the overall rating had improved to "Good."

There was a system in place to ensure that medicines were managed safely. All staff authorised to administer medicines had received training and the competency of staff administering medicines was checked on a regular basis.

Each person had a plan of care which was person centred. Care plans contained information which was relevant to each individual and they provided staff with the information they needed to support people and meet their needs.

People told us they felt safe. Relatives told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

There were sufficient numbers of staff employed to meet people's needs. Risk assessments were in place to help keep people safe and these gave information for staff on the identified risk and guidance to mitigate the risks. Safe recruitment practices were followed and ensured only those suitable to work in care were employed.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the manager understood when an application should be made and how to submit one. We found the provider was meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should

anyone be deemed to lack capacity.

Staff had undertaken training to ensure that they were able to meet people's needs. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Health and Social Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard). Trained nurse staff were supported to keep their skills up to date. All staff completed an induction before working unsupervised. Staff had completed mandatory training and were encouraged to undertake specialist training from accredited trainers. Staff received regular supervision and monitoring of staff performance was also undertaken through staff appraisals.

People received enough to eat and drink. People spoke positively of the food and the choice they were offered. We were told, "The food is good, there is always a choice". People who were at risk of malnutrition were weighed on a monthly basis and referrals or advice on diet were sought from suitable professionals where and when needed.

Staff were knowledgeable about people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handover meetings each day. The home was supported by a range of health professionals and appropriate referrals were made for guidance or additional support.

People's privacy and dignity was respected and staff had a caring attitude towards people. We saw staff smiled and laughed with people and offered support. There was a good rapport between people and staff.

Care plans reflected detailed information relevant to each individual and guidance for staff on how to meet people's needs. The provider, registered manager and staff were responsive to people's needs and the registered manager had introduced two programmes that provided meaningful support to help improve the quality of people's lives at Westholme Clinic. People and their relatives spoke positively about the activities they were offered.

The provider had a clear complaints procedure and a copy was given to people and relatives when they moved into the home, there was also a copy of the complaints procedure on the notice board in the home.

The registered manager welcomed feedback on any aspect of the service. The staff team said communication between all staff at the home was good.

The provider had a policy and procedure for quality assurance. The registered manager operated an open door policy for both staff and people using the service and their relatives. Weekly and monthly checks were carried out to help monitor the quality of the service provided. There were regular staff, residents and relatives meetings and feedback was sought on the quality of the service provided through regular quality assurance questionnaires.

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.

There were policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely

Is the service effective?

Good

The service was effective.

Staff were trained in a number of relevant areas and received regular supervision.

People's capacity to consent to care and treatment was assessed and the registered manager and staff were aware of the principles and procedures as set out in the Mental Capacity Act 2005 Code of Practice.

People were supported to have a balanced and nutritious diet. Specific dietary needs were catered for.

Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Is the service caring?

Good

he service was caring.

People told us they were treated well by staff and always treated with dignity and respect. Relatives said they were very happy with the care and support provided.

We observed care staff supporting people throughout our visit. We saw people's privacy and dignity was respected. People and staff got on well together

Staff understood people's needs and provided support the way people preferred.

Is the service responsive?

Good

The service was responsive.

Each person had an individual plan of care and these gave staff the information they needed to provide support to people.

People's needs were assessed and reviewed. Care plans were individualised and reflected people's preferences.

There was a regular programme of activities for people including programmes specifically to enhance well-being for people living with dementia.

The service had a complaints procedure and people and relatives knew what to do if they wished to raise a concern.

Is the service well-led?

Good

The service was well led.

People, their relatives, staff and other professionals were asked for their views about the service so that any improvements or action could be taken.

The provider was proactive in making plans to improve the service and carried out regular audits of the service provision.

People and staff spoke highly of the registered manager and provider. Staff were clear on their responsibilities and told us they were listened to and valued.

Westholme Clinic Limited

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 checked 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 8 and 14 February 2017 and was unannounced. On the first day of the inspection an inspector and an expert by experience conducted the inspection. An expert-by-experience is a person who has experience of using or caring for someone who uses this type of care service. The expert by experience supporting us on this inspection had a background in dementia care. The second day of the inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and checked the information that we held about the service and the service provider. This included the last inspection report and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that some people at the home were living with dementia not all people were able to share their experiences of life at Westholme Clinic. We did however talk with people and obtain their views as much as possible. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with 12 people and four relatives. We talked with six members of care staff, two trained nurse staff, a maintenance person, two domestic staff, the cook, the deputy manager the registered manager and the provider. We also spoke to a social worker who had regular contact with people at the home.

We observed how staff interacted with people and how they supported them in the communal areas of the

home. We looked at plans of care for six people and also looked at risk assessments, incident records and medicines records. We looked recruitment records for three members of staff. We also looked at staff training records and a range of records relating to the management of the service such as activities, menus accidents and complaints as well as quality audits and policies and procedures.

The last inspection was carried out in December 2015 where we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service safe?

Our findings

At the last inspection the arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing, security and disposal) did not always keep people safe. There were gaps in the Medicine Administration Records (MAR). Records of temperatures in the medicines room were not accurately kept and there were no dates of opening on topical creams and ointments. The provider sent us an action plan in March 2016 which detailed the action being taken to address the issues identified. At this inspection we found improvements had been made and this requirement was now met.

Since the last inspection the provider had changed the pharmacy who supplied medicines to the home and they had arranged for the pharmacist to carry out additional training for staff. There was a policy and procedure for the receipt, storage, administration and disposal of medicines and these gave clear guidance for staff. We spent time with the registered nurse who had the responsibility for medicines and they showed us they system being used.

The medicines room was found locked and on entering the room was found to be clean and tidy. Medicines were dispensed from a medicine trolley which was locked when not in use. We saw that temperature monitoring was in place and temperatures were recorded to ensure medicines were stored appropriately. Any medicines that needed to be kept cool were stored in a fridge and the temperature was recorded daily. Creams and ointments had been dated on opening and also had a use by date. This helped to ensure that they remained within date and effective.

We observed a member of staff as they administered medicines to people. They took time with each person, explained what the medicine was for and checked to ensure it had been taken before completing the MAR. All staff who were authorised to administer medicines had received training and this included a competency assessment so the registered manager could be assured that staff knew how to administer medicines safely. We saw there was a policy and procedure for any medicines which were prescribed on an 'as needed' (PRN) basis. These were offered appropriately and the MAR completed. MARs accurately recorded when medicines were given to demonstrate that people had received their medicines as prescribed.

Medicines were ordered and delivered to the home by the supplying pharmacy and a member of staff checked and signed for any medicines received into the home. Any medicines for disposal were recorded and kept locked away in the medicines room until they were collected by the pharmacy.

At our last visit we made a recommendation regarding people's risk assessments as we found that more information in risk assessments would benefit people and help reduce the possibility of any risks occurring. At this visit we found that additional information was recorded regarding risks. We saw that risk assessments were in place in relation to a number of areas such as falls, pressure areas, moving and handling, mobilising around the home and the use of bed rails. Where risks had been identified, care plans detailed what reasonable measures and steps should be taken to minimise the risk to the person. For example, one person's assessment said they were at a high risk of falls; the person used a walking frame but often forgot and tried to mobilise without their walking frame. The care plan then had a section entitled

'what you must do to keep me safe'. The care plan went on to explain to staff that they must be vigilant and ensure the person always used their walking frame when mobilising around the home. This meant measures were in place to ensure risks to people were managed so they were protected from harm.

People told us they felt safe at the home. Comments from people included, "Safe yes, I feel very safe here," and, "I can't fault it. The staff are lovely and always keep me safe". Relatives told us they had no concerns about the safety of their loved ones. One relative told us, "You never see anyone frightened or worried about any member of the staff, they are all so kind and caring".

The service had policies and procedures regarding the safeguarding of adults. Staff were aware of their responsibilities and had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and described the action they would take to protect people if they suspected they had been harmed or were at risk of harm. One member of staff told us, "I would ensure the person was safe and report it to the senior on shift or to the manager".

Appropriate recruitment checks were carried out before staff commenced employment. Recruitment checks included completion of an application form which included details of work history, proof of identification and eligibility to work in the UK. Disclosure and Baring Service (DBS) checks were also carried out. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. For registered nurses, in addition to the normal recruitment procedure, the provider carried out checks to ensure nurses were registered with the Nursing and Midwifery Council (NMC). Staff did not start work at the home until all recruitment checks had been completed.

The registered manager told us that the care staff at Westholme Clinic were called 'Support Partners' as this more accurately reflected their role. We looked at staffing levels across the home including those at weekends. There were sufficient numbers of suitable staff to keep people safe and meet their needs. People, relatives and staff told us that there were enough staff on duty. One relative told us "Whenever I visit there is always enough staff around helping people and providing the support people need. The registered manager told us she regularly carried out an assessment of staffing levels to ensure there were sufficient staff on duty each day. From 8am to 8pm there was a minimum of two Registered General Nurses (RGNs) and eight support partners on duty. From 8pm to 8am there was one RGN and four support partners who were awake throughout the night. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. The registered manager and deputy manager both worked 42 hours per week which were in addition to the regular staffing levels. These hours were flexible and allowed them to carry out management duties and to provide extra support if required. In addition to the RGN's and support partners the provider employed a housekeeper, five domestic staff, three cooks, four kitchen assistants and three maintenance people who all worked flexibly to provide support to care staff. These staff allowed the support partners to concentrate their time in providing care and support to people. Staff said there was enough staff on duty to meet people's needs.

Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation. These were kept in the entrance hall of the home and were readily available for staff or the emergency services as required. A copy was also kept in each person's care plan. The registered manager told us about the contingency plans that were in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

People's safety was protected by the use of suitable and safe equipment to meet their needs. The registered manager told us that regular maintenance checks of the building were carried out. There were three

maintenance staff who shared day to day maintenance tasks. If staff identified any defects they were recorded in a log and reported to the maintenance team who signed these off as each defect was rectified. We looked at maintenance records and these were up to date and showed checks had taken place on portable and electrical appliances, fire extinguishers and lifting equipment. The registered manager said that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises.

Good

Is the service effective?

Our findings

At our last visit we made a recommendation regarding the provider's compliance with regard to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This was due to the fact that capacity assessments had not been always been undertaken and best interest decisions were not always recorded. At this inspection we found improvements had been made.

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). DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.
We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. Where appropriate people's capacity to consent to care and treatment was assessed. These showed whether people had capacity to make specific decisions about their care. Staff confirmed they received training in the MCA and DoLS and this helped them to ensure they acted in accordance with the legal requirements. The registered manager and staff understood their responsibilities in this area. The registered manager told us that although people at Westholme Clinic were frail and some were living with dementia people were able to make day to day choices and decisions for themselves. The manager understood that if a person needed to make specific decisions their capacity to make decisions would need to be assessed. It was also understood by the registered manager and staff that if the person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. We saw that in some people's care plans capacity assessments were in place and had been appropriately completed and best interest decisions had been recorded. The registered manager told us that currently applications for all people living at Westholme Clinic had been made under Deprivation of Liberty Safeguards (DoLS) which applies to care homes. So far 12 had been approved and the others were being dealt with on a priority basis.

Care plans had information about people's ability to make decisions about their care, treatment and support. We saw where people had nominated others as their power of attorney, copies were held in their care plans and people had signed consent forms for staff to provide support to them. We observed staff spoke with people and gained their consent before providing support or assistance.

The majority of people living at Westholme Clinic were living with various stages of dementia but they were still offered choice and staff respected the choices and decisions they made. When we arrived at 10am on

the first day of our inspection people were up, dressed and in the communal areas. The communal areas were split across three main rooms with music playing in some. One area with table and chairs also served as the main dining area. There were comfy chairs in clusters around, a quieter area and there was a conservatory where some people were sitting watching a film.

People told us they were well supported by staff. All of the people we spoke with agreed that the staff were good and knew how to look after people. One person told us as a member of staff walked by "Oh he's lovely" another said "The staff are all so good, nothing is too much trouble". Relatives told us they were very happy with the care and support provided. One relative said "(named person) is quite demanding and has been sectioned in the past. This is the first place where I can relax and know (named person) is safe and all their needs are met. I really have peace of mind". Another said "(Named person) had a blip with a little type of stroke, the GP was called immediately, we were contacted and then afterwards the situation was assessed and discussed in case it happened again, it was all talked through together so plans are in place."

We looked at the training provided for staff. Mandatory training topics included: Moving and handling (Theory and Practical), fire safety, safeguarding, infection control, food hygiene, health and safety, COSHH, first aid and accidents. Additional training topics included: challenging behaviours, dementia, end of life care, diabetes, continence, person-centred care, data protection, catheterisation, MCA/DoLS, and equality and diversity. Staff were satisfied with the training on offer. One staff member told us, "We have all just completed a 16 week course of training provided by the dementia in reach team, this was really good and I have learnt so much".

All new staff members completed an induction when they first started work. The registered manager said care staff completed a four day induction, which included a two day corporate induction and two days covering care practice and essential training. Following this initial induction new staff worked alongside an experienced member of staff until both the provider and the staff member were happy and confident. All new staff were expected to complete the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The registered manager said that of the 21 care staff employed three were currently undertaking additional qualifications and 18 had achieved a minimum of level 2 NVQ Qualifications or Credit Framework (QCF) diploma in health and social care. The registered manager said this was something that the provider encouraged staff to do. The deputy manager had advanced training in dementia and was a qualified nurse in their own country. They were currently working towards obtaining their registration with the NMC. There were eight RGNs employed and they were supported by the registered manager who was also a registered nurse.

The RGNs told us they were supported to complete re-validation and undertake reflective practice to keep their NMC registration up to date. A nurse told us, "If there is a course I would like to attend the registered manager and provider are very good and will arrange it for you." The registered manager said that if any of the RGNs identified a training course which would benefit them and the home the provider would support them to undertake this.

Staff received regular supervision from their line manager every two months. The registered manger currently carried out supervision for care staff and was mentoring the deputy manager so they could take on some of the supervision workload. Supervision records demonstrated a review of multiple areas/issues including: review of work performance, future work targets agreed, training, support and development needs.

People were consulted about their food preferences. Staff told us that menus and people's choices of food were regularly discussed and a recent survey and questionnaire about meals was given to people with a 100% positive response. There was a four week rolling menu that was changed seasonally. We spoke to the cook who told us she only made one choice for lunch as most people always ate the meal that was on offer. A staff member told us, "We do not go round and ask people what they want as they could not remember. We tell them on the day what the main meal is and if they do not want this then the cook will make them something else." On the first day of our visit the main meal was chicken stew followed by semolina. We saw that one person choose to have an omelette instead and this was not a problem. Another person, when offered the semolina said, "I don't want that I want a yogurt" and this was provided to them. All people had drinks served with their meal. There was a choice of different squashes, and/or water. This meant people were supported to have a balanced and nutritious diet.

Staff offered support to people as required. We saw one person being assisted to eat by a support partner; the person was very patiently given their meal and there was lots of gentle encouragement and patience. Some people had aids to support them with their eating such as plate guards and utensils that were easier for people to use. This encouraged people to be as independent as possible with eating and drinking.

The cook advised us she had an awareness of special diet needs and if needed would speak with dieticians and the nurses. She was knowledgeable about allergies and had information about celiac disease and other dietary requirements people may have. We saw that a list of people's dietary needs, allergies and food preferences was displayed in the kitchen to ensure that the cook was aware of people's needs and choices when preparing the meals. People at risk of poor nutrition were regularly assessed and monitored using the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify people who are malnourished, at risk of malnutrition or over weight. All people with special dietary needs were regularly assessed by external professionals, including the GP and dietician to ensure their nutritional needs were being met. Food and fluid charts were in place where required to monitor how much people had eaten and drank on a daily basis to monitor for any changes.

We observed how people were supported at mealtimes and throughout the meal there were sufficient staff to provide support and encouragement. Meals were observed to be well presented and the atmosphere was relaxed and pleasant. Nobody was rushed. Following lunch people were asked where they wanted to go – either the lounge, or to their rooms. Support partners assisted people appropriately and they were chatting to people and engaging them in conversation as they supported them.

People's health was monitored regularly and support was sought promptly when required. Each person had a health section in their care plan which contained information about the person and their health needs. This information helped to ensure people received consistent effective support. People were registered with one of three GP surgeries. The registered manager told us that one surgery had an advanced nurse practitioner who visited the home each week and provided a clinic for those people registered at the practice. Staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians as and when required and this helped people to stay healthy. One person told us "I had to have the GP to come and see me last week, excellent response". A record of all healthcare appointments was kept and this included a record of any treatment of medicines prescribed together with details of any follow up appointments.

The registered manager told us the home had been repainted in certain areas to improve the appearance. We observed rooms to be personalised with memorabilia and photos. People had individual duvets based on their preferences. People's doors had photos relating to the person and families were encouraged to bring in personal furniture. Attention had been paid to the environment in assisting people with dementia

orientate themselves to the space. This included the use of clear signage and wide corridors with handrails to assist people with mobility. Corridors had flowers and murals painted to provide more stimulation around the light and airy corridors. Reminiscence objects and materials were available as were cuddly toys and dolls to encourage people to interact with the environment and objects. Bold colours were used to help people find their way around the building and to see objects better. This including pink doors for toilets and red toilet seats. Some staff did not wear uniforms which created a homely less clinical environment. The provider and registered manager told us that refurbishment around the building was on going. One bathroom was being refurbished and carpets were being replaced in the communal areas. Therefore the provider was investing in the look and layout of the premises to ensure it was bright and comfortable.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. People gave us positive feedback regarding the caring nature of staff and the home. One person said, "I am well looked after. The staff are always friendly and astonishingly wonderful". Another said, "I think they are all excellent, they would do anything for you, you just have to ask".

We saw people were treated with kindness and compassion and staff related to people in a courteous and friendly manner. One person said to a staff member as they walked past, "I love you all," and the staff member replied, "We all love you too".

Staff were able to tell us about the people they cared for, what they liked to do, whether they liked to join in activities and their preferences in respect of food. Staff showed an understanding of confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the home's communication book which was a confidential document or discussed at staff handovers which were conducted in private.

Staff knocked on people's doors and waited for a response before entering. One staff member told us, "I always knock and wait for an answer before going into anyone's room". Another said, "I always make sure the door is closed and curtains are closed before offering any personal care, it's about protecting people's dignity". We observed staff took time to explain to people what they were doing and did not rush people, they allowed them time to take in the information and respected whatever decision they made. We observed respectful conversations between staff and people and there was also laughter and banter. One person said " It's nice here" and a member of staff close by said "This is your home so we are here for you"

We saw one person who was sitting in a chair had the sun in their face. A member of staff noticed this and pulled the curtains over a little to make the person more comfortable. Another person woke up suddenly and was a little startled. Immediately a staff member went over, sat close to the person and gave good eye contact and said "How are you feeling after your sleep, it's alright, let's get you comfortable", The staff member then pulled up a blanket which was over the person's knees. The staff member carried out this task with the minimum of fuss and engaged with the person throughout the process. This enabled the person to understand what was going on. We saw that another person had lost their newspaper and a member of staff helped the person find it.

Westholme clinic is a home for people with a high level of support needs in relation to both their physical well-being and their emotional needs. The staff were very attentive and were capable of diffusing potentially difficult situations. We observed that staff responded calmly to people who were living with dementia and engaged them in conversation if they were becoming distressed. They crouched down or sat next to people to meet them at eye level. They encouraged people and offered choices about what they would like to do and used distraction techniques to help people remain calm. We observed one person walking up and down the landing area and a staff member engaged positively with this person, they asked where they were going and if they needed any help. The person said "I'm just having a look around". The

staff member then told them "That's OK but if you need any help just come and ask me".

There was a good rapport between staff and people and staff used peoples preferred form of address and chatted and engaged with people showing kindness, patience and respect. Everyone was dressed appropriately for the time of year and had their personal care needs met.

As the environment afforded space, light and level corridors people could walk freely. Some people needed support to do this and were provided with a gentle guiding hand and others pottered around tidying cushions on chairs and arranging some of the objects around the home. They were able to do this without restriction and only sat down when they chose to.

Staff were seen to consult people before offering any support and this approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. We saw that people were involved in making decisions about their care. One person who was walking around the home was approached by staff who asked them discreetly if they would like to visit the bathroom, the person responded positively and the staff member provided appropriate assistance. Staff told us that if a person refused care or support they would respect their decisions and would leave them a little while and then go back and offer the support again.. People who preferred to preserve their privacy were able to do so. Staff said we encourage them every day. One staff member said "We ask them what they want to wear, where they would like to sit. "It's up to them, we ask them what they want." Some people choose to stay in their rooms, however the majority of people liked to go to the lounge. A staff member said "We give them choice, It's up to them."

The registered manager told us that she received letters and cards from relatives, thanking staff for the way they treated their loved ones. There was also a comments book which was full of kind words and thanks from appreciative relatives. The comments we saw were all positive about the care and support provided by staff.

Good

Is the service responsive?

Our findings

At the last inspection of the service in January 2016 we found that the registered person did not ensure that the care and treatment of service users was appropriate, met their needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan in March 2016 which detailed the action being taken to address the issues identified. At this inspection we found improvements had been made and this regulation was now met.

Before anyone moved into Westholme Clinic the provider carried out an assessment of the person's care needs so they could be sure that they could provide the support the person needed. This assessment formed the basis of the initial care plan. The assessment included information about the person's social interests, medical history, care needs, continence, behaviour, nutrition, mobility, sleep patterns, and skin integrity. The person concerned and their families were involved in this process.

The registered manager told us that she had made changes to the care plans since our last inspection to make them more person centred. We found that improvements had been made and the care plans reflected people's choices and preferences and care plans had been compiled with input from the person and their family whenever possible.

Each person had a plan of care that identified their assessed support needs. Each care plan was individual to meet their specific care needs. Care plans contained information about the person's background skills and interests. We saw information such as 'Tips for talking to me'. This had information such as, 'Please give me time to absorb what you are saying to me, when I am happy I will smile, please give me good eye contact'. There was also information entitled 'My critical support needs'. This gave staff information about the person's needs and how staff should support the person. In one care plan it explained 'I can become anxious and sad and experience paranoid thoughts which seem completely real to me. I can become angry when others cannot accept what I am describing'. The care plan explained 'Please give me one to one time and listen carefully to what I am saying and give me re-assurance'. Staff said the care plans and this detail gave them the information they needed to give people appropriate care and support and enabled staff to understand how the person wanted to be supported. Staff could then respond positively and provide the support needed in the way people preferred. Care notes provided evidence of multi-disciplinary team working with GP's, community psychiatric nurses, the dementia in reach team and admission avoidance nurses. This enabled the registered manager and staff to get the right support and advice to respond to peoples changing needs.

Daily records compiled by staff detailed the support people had received throughout the day and provided evidence of care delivery being in line with people's care plans. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. Reviews contained an evaluation of how the plan was working for the person and detailed any changes that needed to be made. During our visit we monitored the time taken for staff to answer people's call bells. We observed that staff responded to any calls for assistance within a reasonable time.

The registered manager told us that staff were kept up to date about people's changing needs via the daily meeting that took place. This was conducted by the registered manager or deputy manager. People's needs were discussed and staff were informed of any appointments or visits expected. Staff told us this gave them valuable information about how people were in themselves and highlight if anyone needed any additional support or just if someone needed to be monitored a bit more closely.

People told us they were well supported by staff. Relatives were positive and one told us "It's great to see (named person) so settled. It's nice to see them walking around, I have never seen anyone trying to get them to sit down" Another said "Whenever I visit there is music and dancing, the whole place comes to life." A third relative said "I know (named person) loves the flower arranging".

The registered manager told us about a project they had been adopting in the home to improve the quality of life for people living with dementia. This involved sessions with several people in a quiet peaceful room. These sessions were used to promote meaningful loving touch and sensory input which enhanced people's well-being and quality of life. The registered manager had been working with a local hospice to implement this project and train staff. The registered manager told us they had achieved some positive results from this project. For example we were told about one person who had become disengaged and who would not move or feed themselves. Following several Namaste sessions, the person started to develop eye contact and started to take an interest. They laughed and started to try and feed themselves, which was a very positive result for the person concerned, their family and also the staff.

The registered manager also told us about a music therapy programme they were introducing. This was a programme that involved music therapy for people. The registered manager and staff had been compiling a list of everyone's favourite types of music and put a person-centred playlist in place. These were being put onto individual music players so if people were becoming distressed or just wanting to relax, they could play their own music through headphones. The registered manager said this was proving to be very therapeutic. A friend of one of the people told us they had just spent about 25 minutes with the person who spent time listening to their music. The friend said it had been a wonderful time, the person was smiling and dancing and was really happy. The friend said it was so good to see them having a good time smiling and laughing.

There was a range of other activities on offer for people. One person said "Oh there is plenty to do". Outside there were raised beds that people had planted with winter pansies and one person said "It's nice out there, when the weathers better I like to go out there". Other activities included, music, dancing, games, skittles, TV, films, flower arranging, ball games and memory and reminisce sessions. Any activities that people took part in were recorded in their care plan. This ensured people remained engaged and stimulated to avoid social isolation and withdrawal.

People knew how to make a complaint but all said they had not had cause to. Information on how to complain was displayed in the entrance in large print. This explained how to make a complaint and the anticipated timescales for response. We looked at the complaints recorded by the registered manager. There was just one from November 2016, which had been promptly investigated and resolved to the satisfaction of all concerned.

Good

Is the service well-led?

Our findings

At the last inspection we judged the well-led section 'requires improvement'. This was mainly due to the fact that the registered manager was only recently in post and had not had sufficient time to put her plans for improvement into place and to embed them in practice. At this inspection we found improvements had been made and the registered manager had demonstrated the impact of positive improvements made.

People said the registered manager was good and they could talk with her at any time. People said they felt the home was well-run. Comments included: "The manager is an excellent lady, very approachable" and "Ten out of ten, couldn't ask for better". There were many positive comments from relatives which icluded: "This place has been a triumph for X (named person)," "[Registered manager] is an angel and she would want to know if anything wasn't right so she's more than happy for you to approach her anytime. You just know she's always got time for you" and "The manager will always ring and keep us informed even of little incidents. Not in a way to worry us but keeping us informed".

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager was visible, spent time on the floor and all the people we spoke with said they would go to her if they had any concerns about their care. People, relatives and staff told us the registered manager was very approachable and they would not hesitate to speak with her. Communication between people, families and staff was encouraged in an open way. The registered manager told us they operated an 'open door' policy and welcomed feedback on how they could improve the service provided. The registered manager, deputy manager and provider had taken steps to comply with the Regulations and to improve the quality and safety of Westholme Clinic.

Staff said the registered manager and deputy manager were good and they knew they could speak with them at any time. Staff confirmed they met with the registered manager or their line managers on a regular basis. This helped the senior staff to monitor how staff were performing so they could ensure the home was meeting people's needs. The registered manager and deputy manager said they regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. This enabled them to identify any areas that may need to be improved and gave them the opportunity to praise and encourage good working practices.

The registered manager said questionnaires were sent out every six months to relatives, with the last one being sent out in August 2016. 24 were posted out and 16 received back. There were questions on a range of subjects including pre- admission information, promptness of admission, explanation of care, attitude of staff, standard of care, standard of accommodation and general service issues. One hundred percent of people returning questionnaires said they would recommend Westholme Clinic.

The registered manager told us that regular staff meetings were held and staff confirmed this. The registered manager also held regular meetings with relatives and residents. We saw minutes of these meetings and

they showed that people, relatives and staff were consulted about plans for improvements to the home and feedback was welcomed and acted upon. The registered manager told us that four relatives had agreed to form a committee to represent all relatives and friends in meetings with management and to act as a forum where ideas could be explored.

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. There were numerous weekly and monthly checks and audits that took place and they included; food hygiene, health and safety, care plan monitoring, medicines, audits of weight charts, food satisfaction, privacy and dignity audits, falls, infection control, complaints, staff files complaints, incidents and risk assessments. These audits helped the registered manager to see if there were any issues that needed to be addressed.

We saw that audits of accidents/incidents/infections/complaints were carried out and the audit looked for any trends or if any changes could be made to improve. The audit also looked at staffing levels, supervision and appraisals, medicines, issues from staff and relatives meetings and any dementia friendly issues such as wall decorations, notices and objects of interest. This audit helped the provider and registered manager to see how the home and staff were continuing to meet people's needs.

The registered manager said she kept her own skills and knowledge up to date by attending training. She said she regularly monitored professional websites to keep up to date. She also attended Dementia matrons meetings every two months where managers from other dementia homes got together to discuss practice issues and shared their knowledge. She also attended a managers' meeting organised by a local GP practice where managers from care homes in the area got together and the GP practice organised talks and lectures to improve people's knowledge.

Records were kept securely. All care records for people were held in individual files which were stored in the staff office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records requested on both days of our visit were accessed quickly and we found records relating to the operation of the service, quality audits, policies and procedures and people's personal records including medical records were consistently maintained, accurate and fit for purpose.