

Voyage 1 Limited

Westwood House

Inspection report

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Swindon
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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

We undertook an unannounced inspection of Westwood House on 7 March 2016.

Westwood House is a care home without nursing for up to 10 people. On the day of our inspection, nine people were being supported and one person was in hospital. The care home is located in Swindon. The service has been operating at this location since December 2010.

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

People were safe. Arrangements were in place to protect people who used the service from the risks of abuse and avoidable harm. Staff were knowledgeable about safeguarding and could describe their responsibilities and roles in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

There were enough staff on duty and they were clear about their responsibilities to protect people who lived at the service. The service had safe and appropriate recruitment processes to ensure staff were suitable to care for people.

People had been assessed for risks, such as drinking too many fluids and assessments were in place to monitor and reduce these risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had received an effective induction before they started working with people. They had received all the relevant training and good support and guidance from the management team. People spoke highly of the staff and described how they felt cared for.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA protects the rights of people who may not be able to make particular decisions themselves. Where restrictions were in place for people these had been legally authorised and people were supported in the least restrictive way. Appropriate guidance had been followed where people's freedom was restricted.

People told us they were confident they would be listened to and action would be taken if they raised a concern. The service had systems to assess the quality of the service provided. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

People were addressed and supported in a caring and respectful way and staff were kind and friendly

towards people in the service. People had enough to eat and drink and were supported by staff to eat food they enjoyed. Mealtimes were flexible to meet people's individual needs. Activities were tailored to reflect people's individual preferences. These included activities in the home as well as trips out into the community. People were supported to access health care professionals to ensure their health care needs were met. People's needs were reviewed on a regular basis and external professionals were involved as necessary.

The service benefitted from good leadership. This was evident across the service with positive feedback from individuals, staff and professionals. There were clear and well-kept records in the service which evidenced that the service supported people safely and effectively by helping people to achieve their goals. Management systems were in place to assess and monitor the quality of the service provided. This included gathering views regularly from people who used the service, their relatives and professionals.

Staff spoke very positively about the support they received from the registered manager. Staff supervisions and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service. People told us the service was friendly, responsive and well managed. People knew the registered manager and staff and spoke positively about them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe. Staff had a good knowledge of safeguarding and knew how to identify and raise concerns.

There were sufficient staff deployed to meet people's needs.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe. People received their medicine as prescribed.

Recruitment of staff followed safe practice.

Is the service effective?

Good ●

The service was effective. People were supported by staff that had the skills, knowledge and access to training to support people effectively.

Staff had a thorough knowledge of the Mental Capacity Act 2005 (MCA) and understood and applied its principles. This was supported by detailed recording to ensure people had the least restrictions on them.

People could choose which food and drink they liked and were supported with healthy eating.

Health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good ●

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff understood people's individual needs and people were cared for in a kind, caring and respectful way.

People were supported to maintain their independence and were given the information, support and equipment they

needed.

Is the service responsive?

Good ●

The service was responsive. Care plans were detailed and provided clear guidance for staff on how to support people in the way they chose.

People's care plans reflected their wishes to ensure they received care individual to them. Their care was reviewed regularly.

People were supported to continue with activities they enjoyed and have access to new opportunities, such as work.

People knew how to raise concerns and were confident action would be taken.

Is the service well-led?

Good ●

The service was well led. The registered manager had developed a person centred service which had created a positive culture that was open to input from people who use the service, relatives, staff and professionals.

Staff spoke highly of the support they received from management and enjoyed their roles. The registered manager had developed positive relationships with the people in the service, their relative and the staff.

Good partnership working with professionals was evident.

The quality of the service was regularly reviewed. The registered manager continually strived to improve the quality of service offered.

Westwood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 the 7 March 2016 and was unannounced. This inspection was carried out by two inspectors.

Before the inspection we reviewed information we held about the home, this included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We requested and received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the report issued following a recent local authority monitoring visit.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with four people. 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 also spoke with five members of staff. We also spoke with the registered manager.

We looked at records, which included four people's care records and medicine administration records. We also looked at four staff files and a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's route through the service and getting their views on their care.

In addition we contacted health care professionals and commissioners of services to obtain their views on the service.

Is the service safe?

Our findings

People felt the service was safe. Comments included: "I feel safe thank you"; "Oh yes, very safe" and "It is definitely a safe service, no issues".

The staff team had a good understanding of safeguarding, what constitutes abuse and what to do in the event of suspected abuse. Safeguarding procedures were clearly displayed and safeguarding alerts had been raised appropriately with the local authority safeguarding team. There was a safeguarding champion who ensured they were up to date and following best practice and update staff at team meetings. People were protected from the risks of financial abuse as there were clear arrangements in place for the storage and management of finances. We saw that people's finances were being clearly recorded and accurately accounted for.

Staff told us they would report concerns immediately to their manager, senior person on duty or the Care Quality Commission (CQC). Comments included; "I would immediately tell the registered manager or if needed, I would go outside the service if I had concerns". Details of how to raise concerns and identify suspected abuse were displayed on notice boards for people, relatives and staff. The service had systems in place to investigate concerns and report them to the appropriate authorities.

People had their medicines administered safely in line with documented guidance. Medicines were stored safely and stock levels were regularly checked. We observed people received their medicines in line with the stated guidance by staff that were trained to do so. Medicines were audited regularly. 'As required' medicines had clear procedures in place to ensure they were being safely administered in line with the agreed guidelines for their use. For example, on the day of our inspection one person had been administered the 'as required' medicines due to a highlighted level of behaviour. Staff had described their behaviour clearly and this matched what the procedures stated the medicines should be used for.

People had assessments in place to ensure risks in relation to their needs were supported safely. Where people were identified as being at risk, ways to manage the risks had been described. For example, people with risks in relation to their behaviour that may present as challenging had risk assessments in place with clear guidance to ensure their safety around the house and in public. Records also showed a fire risk assessment to a person whose skin treatment contained paraffin and could ignite if caution was not taken.

Positive risk taking had been assessed. For example one person had been assessed as safe to leave the home alone when they were well but there was a clear care plan in place with support strategies for when going out alone may increase risks. Another person wanted to visit a friend some distance away but they were vulnerable to financial abuse. There was a clear log of decisions and management of risks and the person was able to undertake the visit with risks accounted for and managed. A professional commented "They have worked very effectively with the multi-disciplinary team on complex risks and issues".

There were enough suitably qualified staff to meet people's needs and keep them safe. The registered manager told us, "The rota at Westwood House is completely responsive to the people's needs and

preferences". For example, people who were assessed as requiring one to one support received this. Additional staff were planned in at times where people had chosen to do activities. People benefited from a consistent and stable staff team. People told us there was always staff available to support them.

The service followed safe recruitment practices. Staff files contained application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service to make sure people were suitable to work with vulnerable adults. These checks identified if prospective staff were of good character and were suitable for their role.

Is the service effective?

Our findings

People felt the service was effective. Comments included, "Staff understand me, I trust them", "I like all the staff at Westwood" and "They help me a lot".

Staff received a good induction before they started working with individuals. A staff member commented, "When I first started I received a full detailed induction and was given time to do relevant training. I shadowed other support workers and was given a wealth of knowledge and was also given regular reviews."

Staff we spoke with felt supported. Comments included, "The support is great, we're a close team and support each other" and "I get as much support as I need and also happy to offer it when needed". Staff had access to regular supervision and appraisal. Staff used supervisions to discuss and improve their practise, raise issues and access the support required to fulfil their role in a formal space. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. These processes supported staff to reflect on their work to benefit themselves and the people they supported. Supervision records showed that staff were supported to raise issues regarding the people they supported as well as any issues that may have impacted on their role. Staff received clear feedback regarding the points they raised and issues were followed up at their next supervision meeting. One member of staff told us, "Supervision is excellent, really helpful in making me better at my job". Another member of staff told us, "I look forward to supervision; the feedback you get is always helpful, I have learnt so much".

Staff we spoke with felt they received adequate training. Comments included, "Over the years I have learned new skills that I have never had" and "We get loads and more if we are interested". Staff undertook mandatory training such as fire safety, first aid, and health and safety. Staff told us they had received periodic renewals of mandatory training. Staff received specialised training in epilepsy and autism. Staff were encouraged to take professional qualifications. One staff member was close to completing their Level 3 qualification in Health and Social care and another staff member had been put on a specific team leader course after requesting additional responsibility. All the staff were trained in MAPA (Management of Actual or Potential Aggression). The registered manager said following this training they had noticed many positive changes in the workplace, its culture and the relationships between staff and those they support. For example, one person had risk assessments for restraint to keep them, the staff and others safe. On discussion with the person they requested being left alone when their behaviour was affected. The staff team listened to this and it was added to their support plan. Since then no restraint has been necessary. Staff said following any incident now, a therapeutic response is used and the person asks for a hug which is given and "We then move on".

Staff commented that they felt empowered in their roles. One staff member commented, "The house was very challenging but now very little challenging behaviours occur". The registered manager said the environment had once been very sparse with a television behind a plastic screen to prevent it being broken. There were no personal or homely items for fear of them being broken or used as weapons. The home now had ornaments and a television with no screen. The registered manager felt this was due to having a staff team with "Different values and exceptional skills who were able to build meaningful relationships with the

people they support".

Staff within the service had a good understating of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. We saw excellent examples of how the MCA was being used to respect people's unwise choices whilst ensuring their safety. The service had worked creatively to ensure one person was able to make unwise choices but with the support available should it be needed. Records showed that this support had been instrumental in this person's lifestyle becoming more stable. A professional provided feedback stating "They (staff) have understood very clearly the nature of restrictions in a care plan and the application of MCA principles are evident in their risk assessments and their ability to rethink these on a regular basis – they have developed a care plan that has steadily reduced in restrictions".

People had been appropriately referred or assessed for a Deprivation of Liberty Safeguards (DoLS) authorisation. DoLS are in place to ensure that people's freedom is not unlawfully restricted or when assessed to be in their best interest, is the least restrictive. A professional provided feedback: "All referrals have shown a clear understanding of the rationale of why such a referral should be made linked to the individual presentation of each service user. The documentation was person-centred and showed close understanding of what is important to the individual". The registered manager told us they continually assessed people in relation to people's rights and DoLS.

People benefited from a varied and balanced diet. People were able to choose what they wanted to eat and drink. We saw each person choosing their own breakfast which could be cooked or cereal based depending on their preferences. We also saw that people were encouraged to help make their own lunch and asked what fillings they wanted for their sandwich. A person had reduced their weight with support from the service and was proud of this. Referrals had been made to a speech and language therapist (SALT) for people who had difficulties with communication or swallowing problems. A comment was received saying "Referrals are made when required and staff follow my recommendations".

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentists. The service also accessed support of other professionals such as district nurses when required. The service had allocated a Health Facilitator Champion within the home that was responsible for ensuring each person's Health Action Plan was meeting the required standards.

Is the service caring?

Our findings

People described the service as caring. Comments included, "I am much happier now and staff are helping me to one day move into a flat of my own" and "[staff name] supported me very well. They helped and supported me through a difficult time. I was upset and down but I got through it with [staff name] support and I really appreciate it".

Staff clearly appreciated the relationships they had with the people they supported. Comments included, "People are the reason we come to work every day, they are lovely individuals and all have their own qualities" and "The relationships and support delivered to people from staff has grown more person centred with the staff team involving the people with all aspects of daily living."

Staff felt motivated to support individuals to ensure their wellbeing was optimised. For example, a person at the service was very unwell. Staff repeatedly supported the person to health appointments but their health continued to deteriorate. Staff finally took the person to hospital and insisted upon a scan. A twisted bowel was diagnosed and emergency surgery took place. Staff stayed with the person around the clock (in their own time) as they did not want the person to wake up alone. The person is now recovered and home. Another person who was in hospital at the time of our inspection was being visited by the Deputy Manager when we arrived. The person had stated they did not want staff support at the hospital but would like visits twice daily with a McDonalds and Mars bar, which was happening. We also heard staff reassuring other people in the house about how the person was doing in hospital and offering for them to go on visits with them. This showed that staff had insight into the impact of one of their housemates being unwell and the anxiety this could cause to other people. They ensured that people could keep contact with the person and were updated regularly.

We saw a number of caring interactions throughout the day between staff and the people they supported. For example, one person who was made slightly anxious by our arrival was supported to settle and understand why we were there. We also saw photos around the service which showed many positive experiences that people had enjoyed with their staff team.

The caring culture within the home was clearly benefiting people and making a positive impact on their lives. We saw from one person's care file they had a complex history. This experience had led to a number of issues that had impacted on the person's life. One staff member told us, "[Person] just didn't want to settle, we didn't force them". On the day of our inspection we saw this person had very good relationships with staff and was very much part of the home. We observed the strong relationships they had with the care staff supporting them. A professional commented, "Staff have developed and sustained strong and clear boundaries in their relationship with [person] that has given the necessary environment to develop attachments for the first time".

Positive relationships between people that lived in the service were encouraged. We saw that people got on well and were laughing and joking with each other. We observed people referring to the people they lived with as 'friends'. The service also attended events at other services to maintain friendships with people.

There were photographs around the home of people's friends for people to see. We received feedback from a professional who worked with the home who stated "From my experience it is a great pleasure working with the staff there. The house has an exceptionally positive feel to it and the client I am working with is always doing a number of exciting activities that he has chosen and which he enjoys. I have observed staff interacting and engaging with residents positively".

People were involved in decisions relating to their own care. We observed people being consulted throughout the day. Staff told us people were involved daily in what they wanted and needed. One member of staff told us, "We are talking with people about their needs every day, it's ongoing, not just a monthly process; we offer advice, but respect what people choose". People were supported to maintain and improve their independence. Records showed, for example, that one person over a period of time had been supported to prepare and cook meals. Another person was supported to learn local bus routes for town they move on from the service.

People had access to advocates when needed and referrals had been appropriately made. We had feedback from professionals in respect of their roles of being involved with people in Westwood House. Comments included "The quality of their care of the residents has always been of a very good standard. The staff are very responsive to any enquiries I have made myself and on behalf of my clients. I have always found the home to have a very person centred approach and are very client focused". Another comment stated "I found the staff team very person centred, and communication clear and concise. At all meetings that we had a member of the management team would attend. My client was very fond of a couple of members of staff and they provided clear consistent boundaries, humour, insight and compassion to my client, which [name removed] lacked growing up. I was always welcomed and consulted where needed. In my role I have visited many care homes and Westwood House, in my opinion, was one of the best".

People benefited from a service that respected the importance of equality and diversity. People's cultural and religious needs were identified through their initial assessment and this information was clearly recorded in their support plans.

People's dignity and privacy were respected. There were notes on care plans about requests not to be checked on at night. Feedback from a professional stated "Staff are always friendly towards visitors and treat service users with respect and dignity".

Is the service responsive?

Our findings

People's needs were assessed when entering the service. These assessments were used to design person centred support plans with clear guidance for care staff to follow.

People's support plans were informed by their personal histories along with their views on what they want for their future. We received a comment about the care plans which stated "Support plans are one of the best we have seen. They are clear, up to date, detailed and person centred". People had positive behavioural support plans in place if they required support with managing how they communicated through their behaviour.

People's support plans had been regularly reviewed involving the person and appropriate relatives and professionals. The service was responsive when people's needs changed and accessed the relevant training to provide the appropriate care relevant to that person's needs.

We also found that two 'Person Centred Champions' had also been appointed within the staff team to ensure that the service was meeting people's individual needs and thinking about their futures. This was a new role so the impact of this approach was still very new. We spoke with the staff that were responsible for this role who told us, "We want to make sure that everyone is thought about as an individual and meet their full potential". We saw that some specific support had already been planned through this process such as planning for one person to do a project in the garden and another person to start learning local bus routes.

We saw that people enjoyed a variety of activities that interested them. Each person had their own personalised activity plan to enjoy. Activities included attending day centres, going for walks and many more opportunities such as football and snooker club. One member of staff told us, "They do so much, they are out all the time doing different things, and we also like to support them to try new things". Staff changed their rotas to ensure that people attended activities they had chosen. For example, one person had a long day planned at a football match and his key worker agreed to work a long day to ensure that the person could attend". The home used a local social group to engage with services and events outside the home. The group helped the home to build further community links and supported the home to find appropriate education and work for people. For example, one person had recently started working in a café which gives them the opportunity to meet new people and gain a skill. We spoke with this person who was getting ready to go to work and they said they enjoyed waitressing and helping with the cooking.

People chose where they wanted to go on holiday. A staff member told of us a weekend when they went away. The person they were supporting woke at 4 am and decided to go for a walk on the beach at 5am. Staff and some other people joined the person and although it was an early start this gave the person "A fulfilled and enjoyable holiday with the day continuing in high spirits". They said the person still talks about this to the staff member and other staff.

We saw when people's needs changed the service responded. People's care files showed action had been taken when people's mood fluctuated or health deteriorated. For example, one person was prone to urine

infections; we saw how the service accessed support to improve how responsive they could be to the person's needs. People's needs were reviewed daily as part of an ongoing process but formally reviewed monthly. The first month at the service was also a process of seeing if the placement if working for all concerned. Both monthly and annual reviews involved people and their families.

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. We saw that people's concerns were recorded and managed effectively. We saw that there had been one complaint since the last inspection. One concern had been raised from neighbours in relation to items being thrown into their property. This issue was resolved quickly and respectfully to ensure a positive outcome. Compliments from professionals who visited the service had been received. For example, a professional had written to thank the service on how they had worked with one individual to prevent them being sectioned under the Mental Health Act.

Is the service well-led?

Our findings

Westwood House was managed by an experienced registered manager who had a clear passion for hands on support and improving the service by implementing practice to provide a high-quality service. This approach had ensured the service and the way it was managed was having an impact on all areas of people's lives from their safety to ensuring people had opportunities to live the life they chose. This passion was clear from speaking to the manager, observing the standards expected within the service and interactions with staff and people in the service. Feedback from professionals working with the service was also highly complimentary about the management.

The registered manager also ensured a culture of support for staff to create a high quality service. This started at recruitment level to ensure the right staff were employed to work with people. Values were considered to be essential to a well led service. A staff member said, "Any new team member is considered if they are right for the position by looking closely at their values and attitudes to ensure the highest level is reached". They also said that "Staff are recruited for their value base rather than experience as we can do this with training". The registered manager told us, "If staff feel valued and supported then they will provide better support for people, you support better when you are supported". Staff we spoke with told us, "The expected standards are very clear, but it's done in a way that makes you want to do better, I look forward to team meetings" and "I feel safe to make mistakes here and motivated to do well, I want to make the manager proud". The commitment to quality was shared at all levels of the management structure. The deputy manager told us, "I get all the support I need, managers are very approachable".

Voyage Care had accreditation with a number of schemes such as Investors in People and Skills for Care. These are schemes which evaluate how social care organisations ensure their workforce is effective. A Senior Support Worker in the service was a finalist in the Great British South West Care Awards for Newcomer to Care Awards. The service was proud of being a positive role model for the company which was demonstrated by winning Voyage Care Team of the Year award in June 2015 for providing good quality, person centred and consistent care practices. This was achieved by demonstrating what they offered as a service. It reflected their commitment to individuals and provided a positive role model to other services in Voyage Care. The application for the award stated that the team were cohesive and recognised each other's strengths and weaknesses. It also stated that staff would 'Jump in to help each other be that in swapping shifts to support each other or to recognise when someone is struggling and will step in and take over from them'. The team adopted new ideas well, recognised and embraced change and wanted to better themselves for the needs of the people they supported. The registered manager had stated 'I am forever being asked what they can do to improve themselves for the good of the company'. Other information to support the application included examples of staff approaching the registered manager daily with new ideas and things they liked to try for the people they supported. This included working with people to find jobs, partners and new hobbies. It also stated that "If we do ever have a staffing crisis it is not a crisis for very long as everyone would pull together to ensure the people supported have staff that know them well to again ensure that incidents are minimised and the people we support have the quality of life they deserve". The team were very proud of winning this award as they felt it reflected the high quality care they provided for individuals in the service. The impact for people in the service having a highly motivated and valued team was evident during the inspection as stated throughout this report. Feedback from people in the service and

observations on the day of the inspection supported this. Interactions were positive, humorous and staff we spoke with were very positive about working together as a team and supporting each other. The registered manager was a role model whose passion for excellence had been adopted by all staff in the service.

The registered manager had a clear vision for the service that put people at the centre of what they did. The service had developed their support plans and guidance by using best practice guidance and resourcing access to materials from a national company. This enabled the service to ensure that people in the service were at the centre by embedding these values. These values involved a determination to offer people as many opportunities as possible to be independent and experience new things. Person centred champion roles had been implemented by the registered manager to ensure that people's individual needs and aspirations were discussed and acted upon. For example, one person wanted to go to Old Trafford to watch a football game which was achieved. Another person wanted to meet Johnny Depp. Staff supported the person and their partner to go to London to Madam Tussauds to see his wax figure which was the next best thing. The person kept the picture of himself next to his idol with him. The registered manager told us, "We want people to experience the best things in life they can, anything is possible".

There were clear roles of accountability within the home. These responsibilities were clearly identified and carried out from day to day. This meant the manager had shown confidence in the staff team to become specialised in particular areas and then sharing this information with other staff. People in the service benefitted from staff being skilled in particular areas due to staff being up to date with good practice and having the time to find ways to improve people's lives. For example, a health facilitator to focus on people's health and wellbeing. A new health action plan had been implemented to give a clearer record of health appointments for people supported. The service worked in partnership with other organisations to make sure they provided a high quality service. For example, the service had ensured people were registered on the learning disability register in Swindon and each had a 'Health and Hospital Action Plan' for professionals to record information on in the home. The health facilitator also ensured health care appointments were booked, recorded and support was arranged to attend these if needed. The manager attended professional clinics with specialists to ensure support guidance was current and amended if needed.

The management within the home was described as open and approachable. Comments included, "I can go to them with anything" and "I can call any time of day and ask questions, it doesn't feel like a care home, it's just like calling my [relative] in her own home". Staff we spoke with understood and shared the registered manager's vision. Comments included, "People are treated amazingly well, we are always thinking of ways to make life as meaningful as possible" and "People come first for sure, we are all passionate about supporting people to be happy and experience new things".

Staff told us learning was shared at staff meetings. Comments included; "We have lots of team discussion". Team meetings were regularly held where staff could raise concerns and discuss issues. For example, staff felt the blue health books were not being completed. Blue books contained information on people's health appointments and other health information, but it was felt these were not suitable to ensure everything was up to date. On discussion a decision was made to start using Health Action Plans to ensure people's information was accurate and up to date. This change was assisted further by the development of the health facilitator who took responsibility for co-ordinating people's health needs.

The registered manager met formally with people in the service every three months when they had coffee and cake and discussed items such as compliments, complaints, suggestions, money and house safety. We saw that discussions had taken place about a trip to Thorpe Park and also discussions about the fire alarm. There was also an update about recent trips. Throughout the inspection we saw people in the service approaching the registered manager and they clearly had a good relationship with her exchanging jokes and talking about different things. It was clear that people felt relaxed and valued her presence around the

service.

People benefited from a service that saw feedback as important in improving the service. Surveys were undertaken annually by the service to seek people's opinions on their care and also from relatives and professionals. This was then compiled into an action report in areas such as 'What is working'; 'What's not working' and 'Action with progress updates'. This meant the responses could be meaningfully analysed and action taken where needed. For example, a comment in the 'What's not working' section from professionals had stated there was no move on accommodation for individuals. The service had contacted the provider's development manager and it was noted on the progress update that a property had been located as potential move on accommodation. A further update stated that planning permission was being sought and also a note about meetings with the local authority. This showed that the service were very proactive in moving things forward where a need was identified. It also meant that there was an opportunity for people in the service to be able to gradually move on through the service towards potentially living more independently in the future.

A response from people in the service in the 'What is working' section was that they liked going out regularly. The 'What's not working' section said they wanted more food options available. Action from this was that menus were to be reviewed with people in the house to ensure their choices were considered. Responses from families stated that communication was very strong and they liked the newsletters. They also liked the trips out for their relatives and the good relationships.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Compliance checks were also carried out by the provider's quality team and Westwood House had the highest overall score within the company. This meant that people in the service were kept safe as all areas of the service were monitored and action put in place quickly if needed. The local authority contract team also carried out checks and no concerns were raised from these. The service had an infection control lead. All appropriate health and safety checks had taken place such as fire risks, water safety and vehicle safety. These were broken down into daily, weekly and monthly checklists. Accident and incident audits are carried out following each incident and each incident was investigated with immediate effect. Actions were taken and outcomes were recorded effectively.

The service had formed links with the local community. People were supported to use local facilities and where possible, employment opportunities in local businesses. For example, a person was supported to find employment in a local café. The service saw this as a high priority to ensure people had opportunities to engage in their community and to feel valued. People also attended a weekly group at the advocacy centre. This helped to build further links within the community and assisted in gaining input from other services and support networks.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager was aware of their responsibilities and had reported appropriately to CQC.