

Mr & Mrs M S Sadek

Westwood Care Home

Inspection report

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Date of inspection visit:
14 November 2017

Date of publication:
20 December 2017

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 inspected Westwood Care Home on 14 November 2017. Westwood Care Home is registered to provide care to up to 29 people, some of whom were living with dementia. The service comprises of two converted houses, with a lounge/dining area. There were 20 people living at the service during our inspection.

We previously carried out a comprehensive inspection at Westwood Care Home on 18 October 2016. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to inconsistencies in staffs' understanding and implementation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Additionally, the registered manager/provider did not notify the Commission of incidents as required as part of their registration. We also found areas of practice that required improvement. This was because risks to people's safety had not always been identified and assessed, people's privacy and dignity were not respected at all times, and formal systems for people and staff to provide feedback, such as meetings and surveys were not in place. The service received an overall rating of 'requires improvement'. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas. The overall rating for Westwood Care Home has been changed to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

A registered manager was 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 and associated Regulations about how the service is run.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

The provider had sent CQC notifications in a timely manner. Notifications are changes, events or incidents that the service must inform us about.

Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Medicines were managed safely and in accordance with current regulations and guidance. There were

systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of Equality, diversity and human rights.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia and bowel care training. Staff had received both supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities. They enjoyed the activities, which included singing, films, arts and crafts and themed events, such as reminiscence sessions and visits from external entertainers. People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed. Technology was used to assist people's care provision. People's individual needs were met by the adaptation of the premises.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely. The service was clean and infection control protocols were followed.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good ●

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including on the best way to communicate with people.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them. Peoples' end of life care was discussed and planned and their wishes had been respected.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided. Staff had a good understanding of equality, diversity and human rights.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Westwood Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 November 2017 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was an expert in care for older people.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining areas of the service. Many people could not fully communicate with us due to their condition, however, we spoke with six people, one relative, three care staff, the cook, the deputy manager and the registered manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

At the last inspection on 18 October 2016, we found areas of practice that needed improvement. This was because risks to people's safety had not always been identified and assessed. We saw at this inspection, that improvements had been made.

At the last inspection some people had been placed at risk, as there were not specific risk assessments in place for people to access the kitchen. We spoke with the registered manager, who told us that these risks had now been identified and that assessments had been updated to reflect this and protect people from harm. We saw documentation which supported this. There were further systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff supporting people to mobilise around the service.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

People said they felt safe and staff made them feel comfortable. One person told us, "I have no worries". Another person told us, "I feel safe, sometimes I wake in the night, but they can't improve anything. I have no pain, so I am fortunate". Everybody we spoke with said that they had no concern around safety.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training and this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse were displayed around the service for staff and people. Documentation showed that the provider cooperated fully and transparently with relevant stakeholders in respect to any investigations of abuse.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us how staffing levels were amended to ensure that staff could attend training and ensure that they were up to date with the service's policies and procedures. Management staff were also given supernumerary time to ensure that paperwork was completed in a timely manner. We were told long term agency staff were used for consistency of care, and existing staff would also be contacted to cover

shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "They answer my bell quickly if I need help". A member of staff said, "It's enough staff. We all work together as a team. It's all good". Documentation in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I get my pills every day". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

People were cared for in a clean, hygienic environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. We saw that the service and its equipment were clean and well maintained. We saw that the service had an infection control policy and other related policies in place. People told us that they felt the service was clean and well maintained. One person said, "I like living here, because it is very clean and comfortable. They change my sheets quite often and the room is cleaned every day". Staff told us that Protective Personal Equipment (PPE) such as aprons and gloves had been readily available. We observed that staff used PPE appropriately during our inspection and that it was available for staff to use throughout the service. Hand sanitisers and hand-washing facilities were available, and information was displayed around the service that encouraged hand washing and the correct technique to be used. Additional relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. The registered manager told us that infection control training was mandatory for staff, and records we saw supported this. The service had policies, procedures and systems in place for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence. Any subsequent action was shared and analysed to look for any trends or patterns.

Is the service effective?

Our findings

At the last inspection on 18 October 2016, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were inconsistencies in staffs' understanding and implementation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection, decisions had sometimes been made on peoples' behalf, without their capacity being assessed. Some people, who lacked capacity, had not always had DoLS applications made to ensure that any restrictive practices were not unlawful. In addition, staffs' knowledge of the MCA was not adequate. Subsequent to the inspection the provider wrote to use to inform us of what they would do to meet the regulations. At this inspection, we saw that improvement had been made. We saw that assessments of capacity were in place for people who required them, that staff had received training around the MCA and DoLS and that applications to deprive people of their liberty 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect 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. Applications had been sent to the local authority. The registered manager understood when an application should be made and the process of submitting one. Care plans reflected people who were under a DoLS with information and guidance for staff to follow. For example, we saw that a condition of someone's DoLS was that their medication should be reviewed frequently, with a view to reducing it, and this had been done. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People told us they received effective care and their individual needs were met. One person told us, "I think all the staff are excellent they can't do enough for you". Another person said, "Everyone who works here knows their job".

Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the

service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example around the care of people with dementia. Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, and were kept up to date with best practice guidelines and signed a document to say they had learned. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and signed to show they were understood. Nobody living at the service had a protected characteristic, however, the registered manager explained that staff were knowledgeable of equality, diversity and human rights and people's rights would always be protected.

Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, community nurses and social workers. Access was also provided to more specialist services, such as opticians and physiotherapists if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us, "They look after me well. I went to hospital yesterday, because I have marks on my legs, they are getting me special cream today" Staff told us that they knew people well and were able to recognise any changes in peoples' behaviour or condition if they were unwell to ensure they received appropriate support. Staff ensured that when people were referred for treatment that they were aware of what the treatment was and the possible outcomes, so that they were involved in deciding the best course of action for them. A GP was visiting the service on the day of our inspection, and we saw that if people needed to visit a health professional, for example at hospital, then a member of staff would support them. One person told us, "I had a few Urinary tract infections before I came to Westwood, but I have only had one here. They sent for the GP and he gave me antibiotics and it has never reoccurred. You can't fault them in their care".

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available. We observed lunch. It was relaxed and people were considerably supported to move to the dining areas or could choose to eat in their bedroom or the lounge. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. All the time staff were checking that people liked their food and offered alternatives if needed. People were complimentary about the meals served. A relative told us, "My mother loves her food. They always have three courses for lunch and something cooked, but lighter at tea time". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request. People's weight was regularly monitored, with their permission. Nobody at the service required a special or culturally appropriate diet. However, the registered manager gave us examples of special diets they had provided to previous people living at the service, such as vegetarian and Kosher. They stated that any specific diet would be accommodated should it be required.

People's individual needs were met by the adaptation of the premises. The service comprised of two converted houses, with a large accessible garden and lounge. Other parts of the service were accessible via a lift and stair lifts. There were adapted bathrooms and toilets and hand rails in place to support people. Visual aids in communal areas helped to support orientation of people with dementia to move around the

home and increase their awareness of their environment. One person told us, "The garden is nice and I like to sit there in good weather".

Is the service caring?

Our findings

At the last inspection on 18 October 2016, we found areas of practice that needed improvement. This was because people's privacy and dignity were not respected at all times. We saw at this inspection, that improvements had been made.

At the last inspection that one person's privacy was not respected, as their room had no curtains or blinds. We saw at this inspection that curtains had been put up in this room. Additionally, at the last inspection, a member of staff had spoken in an inappropriate way to somebody. At this inspection, interactions between people and staff were positive and respectful.

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "My eyes are going, but you only have to ask for anything and they will get it for you".

Throughout the day, there was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people. One person told us, "I have a good quality of life". A member of staff added, "We make people happy. When I see them smile, then that makes me happy".

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. Some people had a sensory impairment and staff needed to use adapted ways of communication to ensure that these people received the information they required in relation to their care, and that they could in turn express their choices and preferences. For example, one person had difficulty hearing. Staff used a communication board to convey information. Another person was visually impaired. The registered manager ensured that specific members of staff communicated with this person, as they recognised their voices and this assisted with their understanding. Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Staff demonstrated a strong commitment to providing compassionate care. From talking with people and staff, it was clear that they knew people well and had a good understanding of how best to support them. A relative told us, "My mother is particularly fond of most of the carers and looks forward to their visits". We also spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. Most staff also knew about peoples' families and some of

their interests.

People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and wore jewellery, and it was clear that people dressed in their own chosen style. For example, some men chose to wear casual clothes, and others wore smart outfits. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "I have a bath every Tuesday, they are very dignified and cover me with a towel. They respect your privacy".

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "They wash my legs and feet on Sunday. I decide when". Another person said, "They are very good. They help me to soap and shower every week and if I don't want to be bothered, I can say no". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "They all have a choice. Whether they want a wash, what they want to wear, how they want to spend their day. Even if people have dementia, you have to offer choice". Another added, "We always give choices. We know that some people have their habits and only want the same breakfast or lunch every day, but we have to offer them choice".

Staff supported people and encouraged them, where they were able, to be as independent as possible. We saw examples of people being encouraged to be independent. For example, one person was being encouraged to walk using their zimmer frame. When they stated they wanted to stop, staff were on hand with a wheelchair to assist them the rest of the way to the lounge. Other people were pairing socks and folding napkins, which helped them to keep using everyday living skills. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff said, "I prompt people to promote their independence. Sometimes we play music for people and that will encourage them to get ready in the morning".

The service encouraged people to maintain relationships with their friends and families and to make new friends with people living in the service. People were introduced to each other and staff supported people to spend time together, in this way genuine friendships were formed within the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wished. Visitors told us they were welcomed and always offered a drink. Staff engaged with visitors in a positive way and supported them to join in the communal activities in the lounge, or have private time together.

People's individual beliefs were respected. Staff understood people wanted to maintain links with religious organisations that supported them in maintaining their spiritual beliefs. Discussions with people on individual beliefs were recorded as part of the assessment process. People told us staff would arrange for a priest to visit if they wanted one. One person told us they had regular visits from their church and felt her spiritual needs were respected by staff. They told us, "I like to take Holy Communion and they arrange it".

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns.

People's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. One member of staff told us, "The care plans are good and give me an understanding of what everybody needs". Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. People were given the opportunity observe their faith and any religious or cultural requirements were recorded in their care plan.

Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. We saw a varied range of activities on offer, which included singing, skittles exercises, films, arts and crafts and themed events. On the day of the inspection, we saw activities taking place for people. We saw people engaged in a musical session. There was a lot of laughter and dancing and people appeared to enjoy the stimulation. People told us that they enjoyed the activities. One person told us, "They bring in singers and when it was the Chelsea Flower Show, a lady brought in a screen for slides and we also sang songs about flowers". The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff set aside time to sit with people on a one to one basis in their rooms. One person told us, "I go down to the lounge to celebrate my birthday, but prefer to stay in my own room". The service also supported people to maintain their hobbies and interests, for example one person had been supported to continue playing the piano, and others were very keen to play cards regularly.

Technology was used to support people to receive timely care and support. The service used a call bell system which enabled people to alert staff that they were needed. We saw that people had their call bells within reach and staff responded to them in a reasonable time.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "I have never complained about anything, because there is nothing to complain about". The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012.

Services must identify, record, flag, share and meet people's information and communication needs. Staff ensured that peoples' communication needs were assessed and met. We saw that AIS training had been scheduled for staff and where required, people's care plans contained details of the best way to communicate with them. For example, records for one person, who was hearing impaired contained information and guidance for staff with regards to how to support the person effectively by using a communication board.

Peoples' end of life care was discussed and planned and their wishes had been respected if they had refused to discuss this. People were able to remain at the service and were supported until the end of their lives. Observations showed that peoples' wishes, with regard to their care at the end of their life, had been respected. Records for one person, who was receiving end of life care, showed that they had discussed their wishes prior to their health deteriorating. They had stated that they wanted to be cared for at the service. The person received regular support from staff to ensure their comfort. Anticipatory medicines had been prescribed and were stored at the service should people require them. Anticipatory medicines are medicines that have been prescribed prior to a person requiring their use. They are sometimes stored by care homes, for people, so that there are appropriate medicines available for the person to have should they require them at the end of their life.

Is the service well-led?

Our findings

At the last inspection 18 October 2016, the provider was in breach of Regulation 18 (Registration) Regulations 2009. This was because the registered manager/provider did not notify the Commission of incidents as required as part of their registration. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulation 18 (Registration) Regulations 2009. We also found areas of practice that needed improvement. This was because formal systems for people and staff to provide feedback, such as meetings and surveys were not in place. We saw that improvements had been made.

At the previous inspection we identified that the registered manager, who was also the provider, had not been sending required notifications to the CQC. Notifications are changes, events or incidents that the service must inform us about. We checked our records and saw that since the previous inspection, the registered manager had sent us the required notifications.

At the previous inspection formal systems for people and staff to provide feedback, such as meetings and surveys were not in place. We saw at this inspection that people and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. A relative told us, "We speak to [registered manager] about our [relative], we have discussed her care and his advice is very helpful". A suggestions box was available for people and meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring satisfaction with the service provided. Feedback from the surveys was on the whole positive.

People, relatives and staff spoke highly of the registered manager and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "The manager is very good and brings me my post. He also buys my special soaps and toothpaste". A relative said, "My mother had to be taken to hospital on a number of occasions, they always informed me. When I followed the ambulance I always found [registered manager] already there, it was amazing. He always visited her in hospital as well. My [relative] talks to him about everything, care plans, finance etc. He is very approachable".

We discussed the culture and ethos of the service with people, the registered manager and staff. A relative told us, "This is a wonderful place, they do what I want. They chat to me and watch out for me, I am perfectly happy". A relative added, "There is a human approach here". The registered manager said, "This is a homely business. It is not an institution. It's a warm home where people can do the things that they choose. We respect them, we respect their culture, it is their home". A member of staff added, "The ambience of the home is very nice, we get on well with everyone. We have the time to sit with people and have a chat to get to know them. They are happy here, we talk and joke".

Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management including any issues in relation to equality, diversity and human rights. Management was

visible within the service and the registered manager and deputy manager took an active approach. The registered manager told us, "I listen to all the staff, my door is always open". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "The manager listens to us. We work well together as a team and are friends". Another member of staff added, "We handover every day about the shift and the residents. There is good communication".

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services. Staff had a good understanding of Equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety and medication. The results of which were analysed in order to determine trends and introduce preventative measures. Up to date sector specific information was also made available for staff, including guidance around the Mental Capacity Act 2005 and updates on available training from the Local Authority. We saw that the service also liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery. The registered manager told us, "We are always looking to learn and develop". Additionally, the service engaged with the local community and a local school visited the service to spend time with people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.