

Westhope Limited

Westhope Lodge

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Westhope Lodge is a residential care home providing accommodation and personal care for nine people living with a learning disability and/or autism, at the time of the inspection. The service is registered to provide accommodation and personal care for up to nine people in one adapted building.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People received exceptionally kind and compassionate care. Staff showed real empathy to the people they supported. It was evident that people felt respected and valued through their interactions with staff. One person told us they loved living at the home and staff were, "kind" and "funny."

People's views and choices were at the centre of how people were supported. Staff took time to understand how people wanted their care to be delivered and respected their wishes without fail. People's independence was consistently promoted by staff who empowered people to achieve good outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. A healthcare professional told us, "I would say they go over and above a 'duty of care'. its heart-warming to see the difference it has made when people listen to the people in their care."

People were safe, and staff understood how to manage risks to people. People's medicines were managed safely, and people lived in a clean and hygienic environment.

People had access to a range of activities that met their individual interests. People were active in their local community and were supported to maintain relationships that were important to them.

The home was well-led. People, their relatives and staff were very complimentary of the registered manager. There was a positive atmosphere at the home. One member of staff told us, "We have such a lovely house, we joke together and have a real family ethos. We all care about each other as family." There were quality assurance processes in place to continually improve the quality of the care people received. Staff worked well with other professionals to meet people's needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 15 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Westhope Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The home was inspected by one inspector.

Service and service type

Westhope Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection.

What we did before the inspection

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed notifications sent to CQC about important events at the service and information sent to us from other stakeholders for example the local authority and members of the public.

What we did during the inspection

We spoke with three people who used the service and two of their relatives, the registered manager, and two

members of support staff. We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We completed observations in communal areas. Where people were unable to answer direct questions, we observed their engagement in daily tasks. We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and three staff recruitment records.

What we did after the inspection

We spoke with two health and social care professionals to gain their views of the service people received and have incorporated this feedback into this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to have a good understanding of safeguarding and there were systems and processes in place to protect people from the risk of harm.
- Staff told us they were confident managers would always listen to their concerns for people's safety. A member of staff told us, "I have faith that (registered manager) would act on concerns, she always has done before and she always prioritises people's safety."
- People felt comfortable with staff and had built trusting relationships with them. People and their relatives told us they felt safe. One person said, "The staff make me feel safe because they are kind and listen to me." A relative told us, "My daughter is very safe, there are always staff available which provides me with reassurance."

Using medicines safely

- Medicines were managed safely. There were effective systems for ordering, storing, administering and monitoring medicines.
- Staff administering medicines were trained and had their competency assessed. We spoke with one member of staff regarding medicines practice. They were knowledgeable about people's medicines and why they take them. They knew how to support people within their medicines in the way they wished.
- Where people had their medicines 'as required' there were clear protocols in place for staff to understand what these medicines were for and signs that people may need these, if they could not verbalise their needs.

Assessing risk, safety monitoring and management

- Risks to people continued to be consistently identified, assessed and safely managed.
- Staff had a flexible approach to risk management which supported good outcomes for people. For example, one person experienced seizures at night-time. There was a detailed risk assessment in place which guided staff on how to support and monitor the person safely whilst maintain their privacy and dignity.
- Positive behaviour support plans were in place for people, should they need them. For example, one person could have behaviours that other may find inappropriate. They had a detailed positive behaviour plan identifying these risks and how staff could support the person to safely reduce the risks to them and others. This had reduced the number of behavioural incidents they experienced.

Staffing and recruitment

- Staffing levels remained appropriate to support people's assessed needs. Staffing was well managed, and

the team was coordinated to meet the changing needs of people. A member of staff told us, "There are enough staff here. We work flexibly around activities and things people want to do. If there is a film on at the cinema someone wants to see, and it is outside our working hours we come in at different time, so people can do things they enjoy."

- People told us there were enough staff to meet their needs and that they were reliable. One person said, "All the staff are kind, they are always around to help."
- Recruitment processes were robust and ensured staff were safe to work with people before they started work at the service.

Preventing and controlling infection

- The home was clean. Staff had training in infection control and information was readily available in relation to cleaning products and processes. We observed staff use personal protective equipment (PPE) such as gloves during the inspection.

Learning lessons when things go wrong

- Accidents and incidents were managed safely, and lessons learned to improve the care people received.
- Incident reports were analysed by the management team to reduce the risk of a similar incident happening again. For example, the registered manager identified that one person had an increased number of falls. They reviewed their care plan and risk assessment with the person and staff and changed the layout of the person's room due to the location of their falls. This action had significantly reduced the number of falls the person experienced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and well trained. The provider told us how they tailored their training to be bespoke to the needs of people living at the home. For example, one person was living with a health condition which had a significant impact on their life. The provider had arranged specific bespoke training for staff tailored around that person's needs. One member of staff told us, "first hand and outside experience of the condition gave us a comprehensive overview. It really supported our understanding of the person and it enables us to know them better and where to encourage them a bit more."
- The registered manager recognised the importance of training and had introduced 'staff champions for certain areas of care. For example, one member of staff told us they were infection control champion and received additional training in this area which they then shared with other staff to upskill them. This had improved practices around hygiene within the home.
- People and their relatives were complimentary of staff skills and knowledge. One person told us staff knew what they needed and how to help them. A relative told us, "The staff appear to be very well trained. They pick up on any changes quickly and I have never had any concerns with the support they give my daughter, that makes me sure they are well trained."
- Staff continued to receive regular support and supervision. The management team completed observations of staff practice regularly to ensure people received safe care, in line with their needs.
- New staff received a full induction which included training, shadowing senior staff and getting to know people before they supported them alone.

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

- People continued to be supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes and this was reflected in people's care plans. Where people had specific dietary needs, these were known by staff and well planned for. For example, one person was living with diabetes. Their care plan gave staff good guidance to support their nutritional and health needs, and this guidance was known by staff who had a good understanding of the person's diabetes.
- Staff were creative about supporting people's food and fluid intake. For example, staff, who were hydration champions, had introduced a game which encouraged people to drink more during the hot summer months. We saw photos of people enjoying this game and staff told us this had improved their fluid intake.
- Staff used professional guidance to safely support people's nutritional needs. For example, one person was at risk of choking when eating. Staff had sought professional guidance from the speech and language team and followed this to maintain the person safely. We observed staff to follow this guidance when supporting the person with their breakfast.

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

- People were supported to access healthcare services such as GPs, dentists and opticians as and when needed.
- Staff worked with other agencies in a timely way to promote positive health outcomes for people. For example, one person living with diabetes used to need their blood testing daily due to their condition being unstable. Staff worked closely with the person to improve their health by going for daily walks and introducing other exercises such as swimming. The person now only needs their blood testing when they are unwell. This support from staff had a positive impact on the person's health and overall wellbeing.
- Healthcare professionals told us staff were very supportive and responsive to people's health needs.

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

- People's needs continued to be assessed prior to them receiving the service and regularly thereafter. This meant their preferences were known by staff. This involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability, religion and sexual orientation were considered as part of people's care assessments and reviews, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People's choices were respected and encouraged. People were asked for their consent before being supported. We observed staff asking people what they would like to do before assisting them. For example, a member of staff was making one person a drink. They showed them three of their favourite mugs, so they could choose which they wanted to drink from before they made them a drink.
- Staff and the management team had a good understanding of the principles of the MCA and how to support people in line with these principles. Healthcare professionals told us people were given choices and staff respected their wishes. One professional told us, "I have found them to be very supportive of people to make choices and have their say. It means a great deal to people who would otherwise not be listened to."
- If people lacked capacity to make specific decisions, best interest meetings were organised. The process involved a multidisciplinary team which supported good outcomes for people. For example, one person required a lap belt for their safety but could make an informed decision about having one. The registered manager organised a best interest decision meeting with other professionals to make this decision in the person's best interest which maintained their safety when using their wheelchair.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People, their relatives and healthcare professionals unanimously told us that staff were exceptionally caring. One person told us, "staff are kind and always have time to talk. They make here a happy place." A relative said, "The staff are wonderfully caring. (Person) had had real difficulties and they have never faltered in their compassionate support. It really is heart-warming to see how they care for (person)." A healthcare professional told us, "I find the staff team to be really caring. They have shown a real empathy when supporting (person) through their challenges, it is very evident to me that they genuinely care for their wellbeing."
- People continued to be supported by a management and staff team who provided truly person centred-care. Since the last inspection staff continued to build and develop their relationships with people to ensure they were getting the most out of life. For example, one person was very withdrawn and unsettled when they first moved into the home. Staff worked with them continuously and in different ways until they had built trust with the person, such as sleeping on the floor outside their room for several nights, so they knew someone was close by. When they moved into the home they couldn't walk, talk or manage any of their personal care needs. Staff worked diligently to improve the person's trust in them starting with very small steps such as using cotton balls to clean the person's hands. They can now do all of these things with ease and more, such as cooking and laundry. We observed the person to be very happy throughout the inspection, walking around the home, laughing and joking with staff and completing many tasks independently such as drinking and socialising with others. Staffs true empathy and determination had drastically improved this person quality of life.
- Staff, without fail, showed real empathy and kindness when talking with people. For example, we observed two members of staff having a conversation with a person in the garden about their favourite films. The person was smiling and engaged in the conversation and enjoyed having a joke with staff. Staff were committed to engage with the person despite them not being able to do so verbally. The staff had watched films the person enjoyed, with them and in their own time, to ensure they shared their interests and could engage them in meaningful conversation with them.
- Staff spoke passionately and respectfully about people and the challenges they faced due to their complex needs. One member of staff told us, "We see people for who they are, not their disability. I feel honoured to work with such a fantastic group of intelligent and inspiring people." The registered manager said, "We don't believe that you can't do things there is always a way to accomplish something."
- It was clear that staff continued to help people achieve the best quality of life possible. Following the last inspection, great emphasis had been placed on ensuring people had the opportunity to have new experiences. For example, one person had not been on holiday and expressed an interest in camping. The

registered manager supported the person to research and book their trip and took the person camping. The person had a real interest in music, pampering and eating out. The registered manager did all of these activities with the person, this new experienced broadened their horizons. The registered manager told us, "It gave her a new experience that she wouldn't have had, she has been heard and we have facilitated a new experience for her. We have acted on what she asked for and this has improved her trust in us, it was fantastic to see how much she enjoyed the trip."

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

- The registered manager actively promoted people's right to choice and being involved in decisions about their care. For example, one person wanted to live independently and move out of the home. This decision was not supported by all involved in their care however the registered manager and staff respected their decision and actively supported the person to develop the skills they needed to live independently. They worked continually with them to prepare meals and drinks, go shopping and to manage their personal care. This resulted in the person having the skills to live more independently and they successfully transitioned from the home which had an outstandingly positive impact on their wellbeing. This was supported by a healthcare professional involved who told us, "its heart-warming to see the difference it has made when staff listen to the people in their care."
- Another person had a deprivation of liberty in place which they were unhappy about as they wanted to live more independently over time. The registered manager listened to their views and supported them to challenge this. They were partly successful, and conditions were put on the DoLS to support the person to lead a more independent lifestyle. They now have one to one support with improving their cooking and laundry skills, travelling alone and having their own front door key to access their home as they wish. A member of staff told us, "This lady has gone from being very unhappy to feeling a sense of value as she feel's staff have supported her wishes being heard." The person told us they were happier that they were more independent.
- Staff had an excellent understanding of how people communicated and expressed themselves. Staff adapted their approach to ensure people could make decisions about their care. For example, one person used an electronic tablet to communicate with staff. Staff had downloaded a range of photos onto the tablet which the person used to express their feelings and make choices about their day. Another person communicated their views with a trusted member of staff and wanted to be involved in gardening, staff listened and created wheelchair accessible flower beds where they grew herbs, they were very proud of their achievement and staff supported them further by using these herbs when cooking with them. This showed that staff found different ways to engage with people, build their skills and sense of achievement due to listening to their wishes.
- Staff continued to be exceptional at helping people and their relatives express their views. People and their relatives continued to be constantly involved in their care. For example, one person had experienced a traumatic life event. The registered manager sought additional training for staff to support their understanding of post traumatic stress disorder. They also invited the person's family to the training session. This inclusive approach to person centred support improved everyone's understanding of the person's needs. Staff were then better able to support the person and their relatives to express their feelings and views and be further involved in their care.
- People were supported to be involved in decisions about their care and given support to express their views. We observed all staff throughout the inspection to listen to people's wishes and offer them opportunities to express their views and be involved in their care. For example, a member of staff was asking people what they would like for meals in the week and supported people to express their views by sitting at the computer with them and show them meal options.

Respecting and promoting people's privacy, dignity and independence

- Staff truly supported people to live as independently as possible. Promoting independence had been a key focus following the last inspection. For example, staff have sought innovative ways to improve people's emotional independence. One person had anxiety, staff had worked with them and other professionals to develop strategies for them to cope with their anxieties. They had developed a 'worry book' which the person could use to understand their anxiety and look for solutions to improve their wellbeing. The person is now able to use this independently and better manage their anxiety without the need for staff support or medicines which had greatly improved their independence in day to day tasks. A member of staff told us, "It is great to see how she is more confident in herself and how she can better manage her emotions without help which is something she could never do before."
- Staff had thought about how they could support all people using the service to gain some level of independence, however big or small these steps might be. For example, one person wanted to go to their day centre independently. Staff worked with them to develop the skills to travel safely on their own, they did this in small steps over time. The person now travels independently to and from day centre. They told us they enjoyed doing this alone and it was clear to see they felt a sense of pride in this achievement.
- People's cultural and spiritual needs were fully respected and encouraged by staff and seen as an integral part of their lives. For example, where people had religious needs these were respected and actively promoted by staff who took people to church and religious ceremonies regularly.
- Staff respected people's human rights, equality and diversity. Staff gave us examples of how they supported people's diverse needs including those related to disability and sexual orientation. For example, people were offered time alone in the privacy of their room when they needed this. One person expressed sexual needs and staff supported them to do this privately and sensitively. A member of staff told us how one person used a range of words which they and staff knew when they wanted to talk about something privately, this allowed them to maintain their dignity when needing support with personal care.
- People's privacy and dignity was respected. People's care plans reflected human rights and values such as people's right to privacy, dignity, independence and choice. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- Staff understood the importance of confidentiality and did not discuss personal information about people. People's care plans were stored in a lockable room which supported their information to remain confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives told us the staff were responsive to people's needs. One relative told us, "They respond to her needs really quickly, if she is ever unwell or needs something they deal with it straight away." We observed staff to be very responsive to people and their requests throughout the inspection.
- Care was personalised to meet the needs of individuals. People were at the centre of care planning and fully involved in the process. Individual care plans were very detailed, setting out guidance to staff on how to support people in the way they wanted, and we observed staff to use this guidance effectively. For example, one person's care plan stated they enjoyed a specific genre of films. Staff were aware of this and we saw them watching a film with this person, chatting to them. The person enjoyed this and engaged in the activity.
- People were active in their local community and had access to activities that met their interests. For example, people were supported to attend local community events. One person loved films and staff took them to the local cinema regularly. Another person had not been swimming since they were a child, staff support them to attend their local leisure centre regularly and they have built their swimming skills and enjoyment of being in the water again, which had a positive impact on their health and wellbeing.
- People were supported to arrange local community events. For example, one person had a love of cats and wanted to raise money for a local cat charity. Staff supported them to hold an event at the home including a cake sale. We saw photos of the person, and others, enjoying the event. A member of staff told us the person was extremely proud of this achievement.
- Activities were an important part of people's lives and were led by people's choices. For example, a group of people had chosen to go to a local park during the inspection. One person changed their mind and wanted to go somewhere different, this was facilitated by staff who respected their wishes.
- Staff were responsive to people's health needs. For example, one person was living with diabetes and staff had worked with them to promote healthy eating and a healthy lifestyle. They had introduced activities such as walking and swimming to support them to be healthier. This had a significant impact on the person weight, the management of their diabetes and their sense of achievement. There were initially nervous about swimming and are now confident in the water. This holistic approach to the person's care and support had improved several aspects of their life.
- The registered manager had considered the use of assistive technologies to improve people's experiences. People had access to different technologies to meet their needs. For example, some people enjoyed using laptops and electronic tablets to listen to music and watch films. We observed people staff supporting people to use the internet to do their weekly food shopping, people were using the computer to make meal choices and were encouraged to do this as independently as possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had a good understanding of AIS and what this meant for people they supported. We saw people interact successfully with staff in a variety of ways such as verbally, through picture cards and by observing their body language. It was evident staff understood people and listened to them.
- People were given information in a way they could understand. For example, some people responded well to picture cards when making decisions. We saw that staff used these with people when making daily decisions such as meals, clothing and activities. One person had limited verbal communication and their care plan guided staff to use body language and the persons physical gestures when communicating with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of supporting people to maintain and develop relationships with people who were important to them. For example, one person needed support to go out into the community and see their family as their family could not visit them. Staff supported them to visit their family and take them all out for lunch together to maintain their relationship.
- Staff supported people to follow their interests and activities that were socially relevant to them. For example, one person had a keen interest in music. Staff looked for local community music groups and found one in a recording studio. They now attend this group regularly and really enjoy their time making music with other people. A member of staff told us, "They have recorded their own CD which has been a real achievement for them and we have really seen their confidence grow."

Improving care quality in response to complaints or concerns

- There were systems in place to deal with concerns and complaints. The registered manager responded to complaints in a timely manner and in line with the provider's policy.
- Relatives told us that they were comfortable raising concerns although they had not needed to. One relative told us, "I feel comfortable talking to all the staff and the manager is great, always available and listens to everything we have to say. I have never felt the need to complain about anything."

End of life care and support

- End of life care was considered by staff and people's wishes at the end of their life were recorded in their care plans, if they wished.
- Staff had training in end of life care and people's wishes were respected at the end of their life. For example, one person wanted to live their final days at the home and this was respected by staff who supported them to have a dignified death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the home was positive and enabled people to live how they wanted to.
- There was a relaxed and friendly atmosphere within the home. It was clear that people living at the home were the focus by the personalised support they received. A member of staff told us, "We are so proud of the service we provide to people. We really care and support each other and the people who live here who are the focus of what we do. It is so rewarding working with the people who live here, to achieve new things, and there is nothing more rewarding than that."
- Staff worked in a person-centred way to support people to achieve good outcomes. For example, one person wanted to connect with friends from college to improve their relationships and interactions with others. Staff supported them to access social media and find their old friends. This was successful, and a college friend visited the person at the home. Staff told us this had really improved the person's morale and they had enjoyed seeing their friend. They now keep in regular contact with them which has improved their wellbeing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a good understanding of the duty of candour and honesty and openness were core values of the service provided. For example, when one person's laundry went missing, the registered manager was open with the person, apologised and replaced the missing items.
- The registered manager promoted an open and honest service and led by example. They submitted notifications to the CQC in a timely way and displayed their previous inspection rating clearly in the home.

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

- The registered manager understood the regulatory responsibilities of their role. People, their relatives and staff spoke positively of the registered manager and management team and said the home was well-led. A person told us the registered manager was, "kind." A relative told us, "The home is very well managed. I think that because I never have any concerns, the staff are well trained and caring and that must come from the manger. She is always available to chat and knows my daughter very well."
- People knew the registered manager and were comfortable in their presence. We observed the registered manager to have positive interactions with people throughout the inspection. A member of staff told us, "They are a great registered manager, I have worked in a lot of care homes and she truly listens and that is

why I am here. She goes the extra mile for the people and staff. She is focussed on the people that live here. She has really supported staff to achieve people's goals."

- Staff understood their roles and responsibilities and felt well supported. One member of staff told us, "I like what I am doing I like working with the management, I am really happy. They are very supportive, offer advice and say thank you for our hard work, that makes you feel valued."
- Systems and process were in place to assess, monitor and improve the quality of the service being delivered. Actions were taken from audits of the service to drive improvements to the quality of care people received. For example, an audit of people's oral care found that improvements could be made to the storage of people's toothbrushes to improve oral hygiene. This was actioned immediately.

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

- People and their relatives were given several opportunities to provide feedback during informal chats, meetings, questionnaires and audits of the service. The registered manager used this feedback in a positive way to improve the service people received.
- People were engaged in the running of the service and their opinions listened to. For example, one person requested more pictures up in the corridors and to be more involved in cooking meals during a house meeting. Their feedback was listened to and staff put more photos up in the home to improve the atmosphere and the person now had dedicated nights a week to cook meals with staff.
- Staff felt listened to and were involved in the running of the home. For example, staff raised at a meeting that they wanted additional communication training in sign language which was used by a person living at the home. The registered manager listened and sourced this training for staff.

Continuous learning and improving care

- The registered manager and staff were committed to continuous learning to improve the care people received. For example, they thought of creative ways to continually improve staff knowledge such as regular quizzes on different areas of care during staff meetings. They told us this allowed them to understand areas for improvement and focus training to staff's specific needs to ensure they are continually improving their practice. A recent quiz had identified that although staff had a good level of understanding around the mental capacity act, some required additional training. This was provided and staff understanding had further improved.
- The management team were look for ways to continually develop the service they provided. For example, they had recently introduced a 'dignity in care' medicines audit to improve their person-centred approach to administering people's medicines. They further developed their practice by introducing a conversation with people when they started new medicines to ensure they do not experience any side effects. A member of staff told us, "this approach allows us to make sure people's medicines are working for them in a person-centred way, listening to their opinions."

Working in partnership with others

- Staff and the management team had a good working relationship with other professionals. One healthcare professional told us, "I am confident in the staff. They communicate well with me and listen to my feedback."
- Staff and the management team understood the importance of partnership working to support good outcomes for people. For example, one person moved to the home from another home where they had specific nutritional guidance and received a pureed diet. The registered manager worked with the speech and language team to review this, as the person wanted a more varied diet. The person, with staff support, was able to eat a larger range of foods following this review. We saw photos of them enjoying meals with others which they would not have been able to do if staff had not worked closely with other professionals

to improve the persons wellbeing.