Mr & Mrs M S Sadek

Westwood Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We completed an unannounced inspection of this home on the 24 and 25 March 2015. Westwood Care Home provides residential care and support for up to twenty nine people older people aged over sixty-five years. Some people were living with dementia. At the time of the inspection, eighteen people were living at the home.

Accommodation was provided in individual bedrooms except for one couple who chose to have a twin room. A lift provided additional access to the upper floor. There was a large communal lounge, dining area and garden.

We carried out a scheduled inspection of the home on the 12 August 2014. The inspection identified non-compliance in three outcome areas. The provider completed an action plan which stated all staff would complete adult safeguarding training by the end of 2014. We found this action had not been met and the training was still outstanding by the time of our visit. Staff therefore did not have the skills, knowledge or training and this could have placed people at risk of harm.

There was a registered manager at the home on the day of our inspection. 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.

Summary of findings

People's medicines were not recorded or stored safely. There were inconsistencies in the management of medicines and not all medicines were accurately recorded. We have identified this as an area of practice that requires improvement.

The cleanliness of some of areas of the home such as walls and woodwork had not been maintained to a high enough standard. People were exposed to an environment where cleanliness was not maintained across all areas, increasing risk from poor hygiene maintenance.

Audits of cleaning and maintenance had not identified the failure to complete tasks relating to maintenance, cleanliness and infection control. We have identified this as an area of practice that requires improvement.

The registered person had not protected people against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. We have identified this as an area of practice that requires improvement.

Positive practice which valued the person receiving care, promoted independence and their meaningful activity was not adopted by staff in a systematic way across the whole team. We have identified the continued supervision and development of staff as an area of practice that requires improvement.

The deputy manager had the responsibility of auditing and updating care plans but did not always have time off the floor to complete the essential task to their satisfaction. We have identified this as an area of practice that requires improvement.

People and their relatives were complimentary about the service provided, the staff and the provider. One person said, "Oh yes, people are well looked after. Everyone is so kind and helpful," Staff understood the principles of the provider and these permeated all areas of the home. The provider was committed to the ongoing improvement of the home.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. They were complimentary about the food and drink offered. People were involved in making decisions about the food they ate.

People and their relatives told us they felt the home was sufficiently staffed. Practice was reviewed with regard to safe ways of working and ensured people were not placed at risk.

Staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments were recorded in line with best practice guidelines and staff were aware of who was subject to a DoLS authorisation and what it meant for the individual.

There were procedures in place to assess the standards of care. Incident and accidents were recorded and reviewed for emerging trends or patterns.

People's privacy and dignity was upheld. Staff understood how to recognise abuse and were clear on how to raise a safeguarding alert.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Westwood Care Home was not consistently safe. Arrangements for keeping the home clean and maintained to ensure people were protected from acquiring an infection were not in place across all areas of the service.

People received their medicines on time although these were not recorded or stored safely. Staff demonstrated knowledge of people's needs and when it may be required to be given.

Staff understood what adult abuse looked like and were clear on how to raise a safeguarding alert.

There were risk assessments that recorded the measures taken to keep people safe

Is the service effective?

Requires Improvement

Westwood Care Home was not consistently effective. Staff had not received training in safeguarding to provide effective care and support to people. Positive practice that promoted peoples independence and encouraged meaningful activity was not adopted by staff in a systematic way across the whole team. The registered person did not consistently supervise and develop staff.

Mental Capacity Assessments were completed in line with best practice guidelines. Staff understood Deprivation of Liberty Safeguards (DoLS) and what that meant for individuals.

People saw health and social care professionals, when needed. People received the care they needed for their health needs.

Is the service caring?

Good

Westwood Care Home was caring. People and their relatives were complimentary about the home.

People's relatives and friends were free to be able to visit at any time and were welcomed.

Care was provided with kindness. People were consulted and encouraged by staff to make choices taking account of their needs and interests.

Staff spoke with about the people they cared for and it was clear staff had spent time getting to know people's likes and dislikes. People were cared for in accordance with their personalities and lifestyle.

Summary of findings

Is the service responsive?

Good

Westwood Care Home was responsive. Care plans had enough information to provide staff with the guidance they need to provide personalised care.

There were opportunities for social engagement and stimulation.

There was a complaints procedure in place and staff told us they would raise concerns.

Is the service well-led?

Requires Improvement

Westwood Care Home was not consistently well led. Arrangements were in place to monitor the running of the home but key staff that they did not always have time off the floor to complete auditing tasks.

People and their relatives made positive comments about the management of the home. The manager was open and responsive to the areas of concern identified.

Staff were clear on the visions and values of the home. They expressed a commitment to delivering positive, person centred care.

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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced comprehensive inspection of Westwood Care Home on 24 and 25 March 2015. This inspection was to check that an action plan of improvements by the provider after our inspection in August 2014 had been followed. The inspection undertaken on 24 and 25 March was carried out by two inspectors and a specialist advisor. The specialist adviser brought skills and experience in nursing and caring for older people, including those living with the stages of dementia. Their knowledge complemented the inspection team and meant they could concentrate on aspects of care provided by the home. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what they do well and improvements they plan to make.

Before the inspection we contacted selected stakeholders including two health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided.

During the inspection we spent time with people who lived at the home. We spoke with three relatives or friends of people. We spoke with the provider, deputy manager and four care staff.

We observed the support people received. We spent time in the lounge, kitchen and dining area and we took time to observe how people and staff interacted. Because some people were living with stages of dementia that restricted their spoken language, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four sets of personal records. They included individual care plans, risk assessments and health records. We examined other records including three staff files, quality monitoring, records of medicine administration and documents relating to the maintenance of the environment.

Requires Improvement

Is the service safe?

Our findings

One person told us, "I feel very secure living here. Everyone is happy here" Staff expressed a commitment to providing care in a safe and secure environment. However, we found areas of practice which were not consistently safe.

The management of medicines was not always safe. Staff used medicines administration records (MAR) that documented the medicines prescribed for each person, when they were to be administered and how often. However, not all medicine administered were accurately recorded. The date medicines were received into the home was not always recorded or signed for when they were received. Medicines prescribed to a person 'as required' (PRN) were found in the medicines cabinet with no record in the medicines administration record. A record of the amount of medicine remaining for a person did not correspond to the amount found in the cabinet. We saw one bottle of medicine with no label and missing the name of the person to whom it was prescribed. Medicines were not handled securely and appropriately and risked the safety of people from the lack of consistent monitoring.

People were not protected against unsafe practice in the proper and safe management of medicines. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not robust arrangements in place for keeping the home maintained, clean and hygienic to ensure people were protected from acquiring an infection. The maintenance of some of areas, such as walls and items of furniture had not been maintained to a high enough standard to prevent risks to people. In the lounge we found water marks caused by a leak elsewhere in the building. The leak had been repaired but the resultant damage to the internal wall had not been made good. This had not been identified in any maintenance audit. Furnishings were often worn, notably along the edges of chairs and tables. In one room we saw a badly deteriorated bathroom vanity unit with exposed chipboard and peeling paint. The unit itself was stained internally with water damage, suggesting a leak that had been repaired at some point in the past but not made good. In several rooms wallpaper was peeling at the edges. In another rooms en-suite bathroom we saw water damage on the wall that suggested another leak. In the bathroom identified as the staff toilet infection control measures were compromised by a badly degraded toilet seat which could not be cleaned adequately because of the ware to it. The provider was unaware of the damage until it was pointed out but immediately accepted that remedial work was required to repair and make good the areas.

In several rooms we saw high level cleaning which needed attention, particularly to woodwork, including doors, frames, skirting boards and picture rails. We spoke with the cleaner who also fulfilled the maintenance role within the home. They confirmed they signed for the cleaning completed each day but the cleaning schedule did not allow for high level deep cleans in individual rooms or areas. For example, a person moved into the home on the day of our visit but we had to point out to the provider that woodwork, windows, its surround and hard to reach areas had not been cleaned before their arrival.

The registered person had not protected people against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person regarding skin integrity, clear measures were in place on how to promote their skin integrity or to reduce the risk of it breaking down further. Staff could tell us the measures required to maintain good skin integrity. One member of staff told us, "We ensure people are comfortable, apply creams when they're prescribed and promote and record their drinks." In this way, clear measures were in place along with input from relevant healthcare professionals.

Staff supported those people with poor or reduced mobility to change their position regularly to reduce the risk of damage to their skin. One person was regularly supported to move and transfer using a hoist (mobility aid). Staff told us that they had sufficient and appropriate movement and handling equipment to safely assist the one

Requires Improvement

Is the service safe?

person not able to mobilise independently. For example, they had the hoist and individual sling in the correct size. Staff told us that equipment was maintained in good working order, and accident records showed that there were no accidents or injuries relating to the environment or equipment.

Staff understood what constituted adult abuse and could clearly identify various forms of abuse. Staff understood that abuse was not tolerated and should always be reported. We were confident from what we saw and heard that any concerns of abuse or neglect would be reported to the provider. Documentation confirmed the provider was responsive to any concern of abuse and neglect and raised safeguarding alerts in line with local protocol. We asked staff who they would report their concerns to if the provider was away. One staff member told us, "I would contact the provider and if it was needed, I would contact social services." Staff were aware of their responsibility to raise a safeguarding alert with the Local Authority if it was required. The provider addressed the issue of safeguarding and whistle-blowing as an on-going topic within staff meetings. The provider demonstrated that they understood that safeguarding alerts should be raised in a timely manner and demonstrated knowledge of the process.

People were supported to live independent lives whenever possible while living in a care home. The provider and staff balanced the risk and the positive benefits from being able to take risks against the negative effects of attempting to avoid risk altogether. One staff member told us, "People can take risks but these are risks that they have often arrived in the home doing all their lives, like smoking." The provider recognised the importance of risk assessment but not taking away people's rights to take day to day risks. Staff recognised the importance of respecting and promoting people's freedom. People were supported to continue smoking and to go out with family and friends.

There were enough skilled and experienced staff that contributed to the safety of people who lived at the home. A team of three care staff, cook, cleaner and the provider were available throughout the day. The night shift consisted of two care staff with the provider giving on-call support. Throughout the inspection, we observed that people received care in a timely manner, call bells where they were used by people, were answered promptly. The provider told us, "The staffing levels are based on the needs of people. When needed, I've increased staffing levels to provide additional care. In the evening I've got an additional member of staff in for two hours to provide extra activities for those with dementia who need the extra time." People, their relatives and staff we spoke with commented that they felt the home was sufficiently staffed. One visiting relative told us, "It doesn't matter what time you come in, there are staff in the lounge."

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

We recommend that the provider finds out more about training for staff, based on current best practice, in relation to the provision of safeguarding training.

Requires Improvement

Is the service effective?

Our findings

People and visiting relatives spoke positively of the home and of staff members. One person told us, "They're looking after us alright, don't worry about that." However, we found Westwood Care Home did not consistently provide care that was effective.

At the last inspection in August 2014, the provider was in breach of Regulation 23 of the Health and Social Care Act 2008. This was because staff did not receive appropriate professional development, supervision and appraisal. This meant there were not suitable arrangements in place to deliver care and treatment effectively and to an appropriate standard. A number of staff had not yet undertaken training in the key areas regarded as mandatory by the provider. Not all staff had the up to date knowledge required to deliver appropriate care.

Due to the concerns found at the last inspection, we found people were at risk of not receiving effective care. An action plan was submitted by the provider that detailed how they would be meeting the legal requirements by February 2015. Some improvements have been made in staff training but there remain areas of concern.

Staff gave us conflicting views about the level of support and training they received which might enable them to provide effective care to people. One member of staff said, "Safeguarding training, that does ring a bell but we do so much training. I can't tell you when I last did it without looking it up." At the last inspection, gaps in the training schedules confirmed staff had not received up to date essential training in safeguarding. The provider told us that the training provided by the local authority in this key area was in demand and that they had experienced difficulty placing staff on courses. They told us that were pursuing outside sources of training. The provider completed an action plan which undertook to begin training for staff in November 2014 seeking to complete the training for all by the end of the year. This had not been followed and the training was still outstanding by the time of our visit. Staff therefore did not have the skills, knowledge or training in safeguarding and this could have placed people at risk of harm. Staff had not had the up to date knowledge required to deliver safe and appropriate care to people. This is a continuing breach of Regulations 23 of the Health and Social Care Act 2008, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spent time observing lunchtime in the communal dining area and in other areas of the home such as the adjoining lounge. People were complimentary about the food and drink offered. People told us they thought the food was good, they got a choice and staff would make them something else if they didn't like it. People told us they had enough to eat and drink. People were involved in making decisions about the food they ate. The daily menu was displayed in the dining area informing people of the choices on offer. The cook had a list of people's likes and dislikes available in the kitchen, although we found during our visit that it was out of date and several people on the list were no longer at the home. People told us the provider regularly asked them about their meal.

Most people attended the dining room or lounge for lunch. For these people, tables were laid and people assisted in laying the tables and folding napkins. The deputy manager told us about the 'butterfly effect'. This is an approach to person centred care that takes everyday activities such as folding napkins in preparation for lunchtime and involves the person so that it becomes a meaningful activity for them. The deputy described how this could "Make a difference in their day through the smallest of steps." It was very positive to witness the butterfly effect, adopted following input from the local Health Trusts Care Home In Reach Team's support to the home. However, there was little evidence that the positive practice was adopted by staff in a systematic way across the whole team. For example, at points throughout the day we saw key staff sitting in armchairs, watching TV and unengaged with people. At handover, a member of our inspection team was unable to identify who was the senior carer on duty as they remained detached from the handover process watching television and not interacting or communicating at a time when they could have been providing a lead. We have identified the continued supervision and development of staff as an area of practice that requires improvement. This is a continuing breach of Regulations 23 of the Health and Social Care Act 2008, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service effective?

A formal 1:1 supervision system had been developed since our last inspection to support staff in relation to their roles and responsibilities. Meetings were with the provider and gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals had been completed for staff. Staff commented that if they had any worries they could approach the provider or the deputy manager for advice.

People's health and well-being was monitored on a daily basis. They were supported to maintain good health and received on-going healthcare support. Health and social care professionals from a range of disciplines visited the home on a regular basis and documentation confirmed staff regularly liaised with GPs, physiotherapists, nurses based in the community and speech and language therapists. People commented they regularly saw the GP and visiting relatives felt staff

were effective in responding to people's changing needs. They told us how health concerns were acted on and they were kept informed about any changes in the health of loved ones. One relative told us, "If there's any kind of medical problem it's picked up quickly and we're the first to know."

Staff recognised how people's healthcare needs changed over time and how, for someone living with dementia, they may not always be able to communicate when they are feeling unwell. Staff said, "Changes in how someone is can be seen because we're caring for them every day. We pick up the signs when something is wrong." The provider and staff regularly sought the advice of the GP and district nursing team if they suspected or saw that a person had a symptom or problem that required medical advice. One person told us, "I kept my GP following my move here. I wanted to keep them as I've been with them for years and it wasn't a problem. The home gets in contact with them on my behalf if I need to see them." They recorded the outcome from appointments along with feedback from healthcare professionals.

People had input from a variety of health professionals. Health and social care professionals told us that staff worked with them and any advice and guidance they provided was adopted by staff and incorporated into care plans. They felt staff addressed health care needs as they arose.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) with the provider and staff. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they lack capacity to affect their decision making at a specific time and regarding a specific decision. Only at this point would there be an indication for an assessment. The manager and staff were clear in their understanding of the requirements of the MCA and were able to demonstrate this in relation to a best interest decision to pursue a course of treatment. They understood the concept of consent and were able to speak about how they sought people's permission before care was provided. The provider recognised that some people needed to be helped enabled to make specific decisions and the importance attached to respecting those decisions. They told us, "If the person has capacity to make those decisions, we respect the decisions they make. We consult with families but at the end of the day the decisions are theirs."

The registered person considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. The manager was aware of the changes to the interpretation of the DoLS as a result of court rulings. Where people did not have capacity to make decisions in relation to where they lived the manager had correctly identified that the controls in place at the home represented a deprivation of liberty. The provider had made appropriate applications and four people were currently subject to authorisation under the DoLS.

Good

Is the service caring?

Our findings

People were cared for with kindness in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, "Nothing is too much trouble. The care here is good, kind and caring." Other comments included, "Oh yes, people are well looked after. Everyone is so kind and helpful," and "I'm very satisfied with the care, I never want for anything". Visitors were complimentary about the approach taken by staff, "It's a good place, kind staff and good care."

At the last inspection in August 2014, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008. This was because the registered person had not made suitable arrangements to ensure the dignity, privacy and independence of people and they were not enabled to make decision relating to their care. We saw peoples doors left open when receiving personal care and a manoeuvre using an item of equipment where the person's whole body was not correctly supported leading to a loss of dignity.

Due to the concerns found at the last inspection an action plan was submitted by the provider that detailed how they would be meeting the legal requirements by February 2015. We saw that people's individuality, their privacy and dignity was respected. We were able to look at all areas of the home, including people's own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, "If I wanted to go down to sit in the lounge, I could but I don't always want to, staff respect that. I am happy in my room; I have all my things around me that I need."

We saw staff who strove to provide care and support in a friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Its homely, I am cared for and they do a tough job well. They are all lovely."

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. A relative told us, "[The provider] keep us well informed. We are always consulted; nothing is changed without talking it through." The provider told us, "We support people to do what they want, we put the residents first, and they are the centre of our home." We saw staff ask and involve people in their everyday choices; this included offering drinks and snacks, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage and support people to walk and eat and drink independently. We heard one member of staff respectfully ask if a person wanted assistance with their meal. They replied, "Oh no, I don't want to look like a baby." The staff member replied with compassion, "Oh, you're not a baby; it's just that some people need a little bit of help."

People told us staff respected their privacy and treated them with dignity and respect. Staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. Staff could articulate how they respected people's privacy and dignity. For example, they described how they used a towel to assist with covering the person while providing personal care. They told us how they ensured that a person's dignity was maintained when moving them in a hoist (lifting equipment). Staff explained what they were doing before they started to move them and continued to speak and, if necessary, reassure them throughout the whole process. In this way what could potentially be a stressful experience was carried out in a professional, respectful and sympathetic way.

People received kind care from staff who wished to provide good care. Staff spent time with people who were frailer and who did not always come to the lounge and instead chose to remain in their room, sometimes staying in bed to rest. Staff made sure people who chose this were comfortable. People were supported to dress in accordance with their personalities and lifestyle. People told us that they felt staff understood their or their loved ones health restrictions and vulnerabilities.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and

Good

Is the service caring?

the provider. Staff told us they knew people well and felt they had a good understanding of their preferences and personal histories. The provider told us, "Staff get to know people well because they spend time with them. People's likes and dislikes are recorded and provide the starting point to building up good knowledge about each person." The people we spoke with confirmed that they had been involved with developing their or their relative's care plans.

Staff followed the principals of privacy. There were arrangements in place to store people's support records, which included confidential information and medical histories. The room used to store records was secure. Personal and private information was not left unattended.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The provider told us, "There are no restrictions on visitors." A relative said, "I can visit and stay as long as I want, I am always made welcome and feel comfortable visiting."

Good

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person commented, "Visitors are welcome every day, it keeps me in touch so I know what's going on." A relative said they felt fully involved in the care of their family member. They told us that they visited regularly and were updated with any changes or issues that might affect care. People's care plans identified their needs and reflected their individual preferences for all aspects of daily living. Care documentation contained personal profiles.

People and their relatives told us they were happy with the standard of care provided and that it met individual needs. Feedback from healthcare professionals about the responsiveness of the provider confirmed that they regarded the home as meeting the needs of people in a timely manner. We were told by a healthcare professional the staff requested specialist advice, for example on health matters that could affect a person's nutrition and hydration.

People and their relatives were involved in the assessment of their needs. Some people could not remember details of the consultation but those that were able told us they had been asked about their family history, preferences and key medical information. The care plans reflected this. Staff told us they felt the care plans were detailed enough that they could provide good quality care and use them as a starting point to know the person. Care files held details to provide person centred care. For example, the time people preferred to get up or go to bed.

Care plans commented on people's preferred social activities. For example, a person's file told us that they liked reading books; they had favourite tv programmes and liked to participate in activities generally which reflected their personality and interests. One person reflected that, 'I used to play cards and could knit beautifully. However, I'm now limited by my physical ability but I would like to play cards more."

Everyone had the opportunity to join in with social activities when they happened. We observed an activity based game played in the afternoon by a group of eight people. One person kept the score and even those who chose not to take part got enjoyment from watching and provided a running commentary as the game unfolded. The rota reflected that an activities coordinator worked in the home in the evening. They provided additional activities for people living with dementia on a 1:1 basis.

A complaints procedure was in place and displayed around the home and in people's bedrooms. However, the version displayed contained out of date information in it. When this pointed out to the provider they took immediate steps to remove and replace it with up to date information. People and their relatives told us they felt confident they would be listened to if they raised any concerns or made a complaint. One person told us, "[The provider] is a nice chap. I think to myself thank heavens we found him. He's in and out two or three times a day to see if there's anything we want. I wouldn't hesitate to raise any issues with them but as you can see we are fine here." There had been one complaint since the last inspection in August 2014. Documentation confirmed complaints were investigated and feedback was provided to the complainant.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in August 2014, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008. This was because the registered person did not have suitable arrangements in place to assess and monitor the quality of service provision. They had not sought out the views of people and persons acting on their behalf to enable the registered person to come to an informed view in relation to the standard of care. An action plan was submitted by the provider that detailed how they would be meeting the legal requirements by January 2015. Improvements were made by the provider; however these improvements were not, as yet, fully embedded and need further time to be fully established in to everyday care delivery.

During this inspection we saw that improvements had been made as set out in the action plan completed by the provider. The provider had sent out satisfaction surveys and was in the process of collating them. They told us that they used the information to analyse the responses for shortfalls to improve outcomes for people. The response from people, relatives and friends was overwhelmingly positive. However, the provider acknowledged that one question stood out as having a negative response. Seven out of 15 respondents agreed with the statement that they 'Do not leave the home'. The provider told us they were working on ways to increase opportunities for people to go out more and was confident they were going to meet the identified need.

Other areas of the survey sought feedback in areas as diverse as food and drink, choices, cleanliness and comfort. We noted comments such as, 'The staff are wonderful and always try to get me the food I like', ' They always check on me to see that I'm and take the opportunity to chat to me' and 'When I press my alarm a member of staff always come to me to help me.'

Since our last visit the provider had reintroduced resident and relatives meetings to gather views, at these meetings there were feedback forms given out to seek responses. The results of this feedback were collated and actions planned to address any issues or concerns that were raised. The provider explained that they wanted the gatherings to be informal and facilitated a buffet to also encourage a pleasant social aspect to the meeting for people who may have difficulty following or wanting to attend a more formal type of meeting

Arrangements were in place to monitor the running of the home and the effectiveness of systems in place. These included care plans, health and safety monitoring and emergency procedure checklist. However, we heard from the deputy manager, whose responsibility it was to audit and update care plans, that they did not always have time off the floor to complete the essential task to their satisfaction. The provider told us that additional time could be found to devote to this essential task. They understood the increased opportunities it offered for engaging with people and communicating what they do.

The provider appeared committed to making on-going improvements to the environment of the home. Improvements around the home were slow as the provider told us they were constrained by the budget they worked to. Any work that was required to be undertaken needed to be scheduled which was often a slow process. For example, we identified the presence of previous water leak marks in an en suite bathroom and in the lounge.

Staff valued the people they supported and were motivated to provide them with a quality service. Staff told us the provider had worked to create a culture in the home that was respectful to people. Staff had clearly defined roles and understood their responsibilities in ensuring the home met people's needs. There was a clear leadership structure and staff told us this gave them support and direction. Comments from staff included, "The values of the home are based on providing good care and the management helps this to happen. The provider has a good understanding of what is happening in the home and they take on new ideas". There were vision and values of respecting people and promoting independence that ran through the homes policies and procedures and these were subject to ongoing review and update at the time of our visit. A relative told us, "There is a homely feel to Westwood. My relative is always happy when I visit which means they're doing well."

The provider told us, "I have oversight of all areas of the home." Audits were in place for a wide range of areas, these included medicines, care plans and health and safety. The provider kept a quality assurance log which drew together key themes related to the running of the home. It identified

Requires Improvement

Is the service well-led?

when routine and significant events had occurred and included qualitative comments which were designed to drive improvement. For example, when an activity had been a success or would require reviewing for the future. We saw this document was used to inform. The provider said, "Introducing the log has helped me with identifying where things have worked well or need revisiting."

Systems were in place for the recording of incidents and accidents. Recordings documented the time of the incident, who was involved and what happened. Each incident and accident then considered any further action and what that incident/accident meant for the person involved. For example, one person suffered an unwitnessed fall. The follow up information contained clear guidance on the action staff took and the on-going action required to manage the risk of un-witnessed falls. This enabled a review and audit of the incidents and accidents to look for any emerging themes. Incidents and accidents were managed well on an individual basis and people received appropriate care following them.

The management structure at Westwood Care Home provided clear lines of responsibility and accountability. The provider was in day to day charge of the home, supported by the deputy manager. In the absence of the provider or deputy manager, a senior carer was always on shift, and the provider could be contacted in the event of an emergency.

The provider was visible within the home although they deferred to the care staff to provide support to people. The home emphasised communication sharing within the team and between health and social care professions and the team. Staff commented they all worked together and approached concerns as a team. For example, where people's health changed or new issues arose, it was clear staff discussed the change and collectively thought of ways to improve, make changes or manage change.

Values were in place which influenced the running of the home. Although the home didn't have a governing statement of aims or objectives the values ran through all the homes policies and procedures. The provider and staff had a firm understanding of the home's values. Staff wanted to provide care that was individual to that person and it was clear staff recognised each person in their own entity. From observing staff interaction, it was clear individual staff had spent considerable time with each person, gaining an understanding of their life history, likes and dislikes. Care was personal to each person and staff clearly focused on the individual and their qualities.

The provider had established a professional support network The provider attended meetings of a forum established by the local health service to learn about and share best practice around the care of people living with dementia. The provider told us, "We can discuss issues which affect our homes and draw on each other's experiences on how we can improve."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The registered person had not protected people against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (a) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person had not ensured the proper and safe management of medicines. People were not protected against unsafe practice in the proper and safe management of medicines. Regulation 12 (2) (g).