

FitzRoy Support Webb House

Inspection report

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Date of inspection visit: 16 and 17 December 2015
Date of publication: 15/02/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



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

Webb House provides accommodation for up to 20 people. There were 17 people living at the home at the time of the inspection. People living at Webb House had range of learning and physical disabilities including multiple sclerosis, stroke and acquired brain injuries following accidents. Some people had lived with learning and/or physical disabilities since birth and a number had lived in institutional care all of their adult lives. Most people required help and support from two members of staff in relation to their mobility and personal care needs.

Accommodation was provided over two floors with a passenger lift that provided level access to all parts of the

home. The home was built on a slope which meant both floors had direct access outside. People spoke well of the home and visiting relatives confirmed they felt confident leaving their loved ones in the care of the staff at Webb House.

There is a registered manager at the home. 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

The registered manager is also the registered manager for two further homes and spends her time at each location during the week. The deputy manager was responsible for the day to day running of the home and was present throughout the inspection.

This was an unannounced inspection which meant the provider and staff did not know we were coming. It took place on 16 and 17 December 2015.

People were looked after by staff who were kind and caring. They knew people really well and had a good understanding of people's individual care and support needs. Staff supported people to make choices and respected their right to make decisions. People were supported by staff who treated them with dignity and demonstrated an interest in their welfare and views. However, care plans did not always reflect the support people needed or received. There was an audit system in place however this had not identified all the shortfalls we found in relation to people's records.

There were risk assessments in place and staff had a good understanding of risks and what steps they should take to mitigate the risks. Although people were supported to maintain a healthy diet and were involved with the planning of menus there were no nutritional assessments to identify people who may be at risk of malnutrition.

There was a robust recruitment procedure in place which people were included people who lived at the home. They were involved in interviewing prospective staff which helped to ensure staff with the appropriate

experience, skills and character were employed to work at the home. There were enough staff to meet people's individual care needs however staff did not always have enough time to spend with people on a one to one basis. We saw the provider was currently recruiting volunteers to support people.

There was an open and relaxed atmosphere within the home, where people were encouraged to express their feelings, whilst respecting others. People told us that when they had a problem or were worried they were happy to talk with any of the staff. Whenever people had raised concerns or issues prompt action had been taken to address them.

Information was available for people throughout the home in a format that they could understand and was easily accessible. For example there was information about the risk of abuse and what people could do if they felt this had happened to them.

People were involved in the day to day running of the home through meetings and discussions about the food, refurbishment of the home and what they done each day. Some people represented others at regular provider meetings to discuss the development both of the home and the organisation. We saw people had been involved in developing the feedback surveys that were due to be sent out following our inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Webb House was safe.

Risks were safely managed. Individual risk assessments were in place for people and staff had a good understanding of the risks associated with people they looked after.

Although there were enough staff to meet people's care needs, there was not always enough staff to spend time with people as individuals

People's medicines were managed safely.

Recruitment procedures were in place to ensure only suitable people worked at the home.

Staff had a good understanding of abuse and how to protect people from the risks.

Good



Is the service effective?

Webb House was not always effective.

People were supported to maintain a healthy diet and were involved with the planning of menus. However, there were no nutritional assessments to identify people who maybe at risk of malnutrition.

Staff were suitably trained and supported to deliver care effectively.

Staff ensured people had access to external healthcare professionals when they needed it.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Requires improvement



Is the service caring?

Webb House was caring.

Staff knew people well and displayed kindness and compassion when supporting them.

Staff treated people with respect and their dignity was maintained.

People were involved in day to day decisions and supported to maintain their independence.

Good



Is the service responsive?

Webb House was responsive.

People received care and support that was responsive to their needs because staff knew them well.

Good



Summary of findings

There was a complaints policy in place and we saw complaints that had been raised were dealt with appropriately in a timely way.

Is the service well-led?

Webb House was not consistently well-led.

We found areas that needed improvement during the inspection however these had not been identified within the service's quality monitoring processes.

There was an open positive culture at the home, where management and staff were committed to providing a good quality of life to people who lived there.

Requires improvement



Webb House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 was an unannounced inspection on 16 and 17 December 2015. It was undertaken by an 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people,

looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff files, staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at four care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection, we spoke with ten people who lived at the home, 1 visiting relative, and five staff members including the registered manager and deputy manager. We also spoke with three healthcare professionals who visited the service.

The previous inspection of Webb House was in May 2013 where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe at Webb House. One person said, “There are some very vulnerable people here, and I must admit they really do look after them,” another person told us, “Everything is safe, I am safe and so are my things.” Visitors to the home told us their loved ones were safe. One visitor said, “(Relative) feels safe, if not I’d be the first to know about it.”

Although there were enough staff to support people with their day to day care needs there was not always enough staff to spend time with people as individuals. This is an area that needs to be improved. Staffing levels were based on financial considerations rather than people’s individual assessed needs. There were seven support staff working during weekdays and six at the weekend. We were told this was because people did not have health related appointments to attend at weekends where staff would be required to support them. The deputy manager worked five days a week and the registered manager was at the home two or three days a week but contactable for advice and support other days. In addition there were housekeeping and kitchen staff. We observed staff were busy throughout the day and whilst it appeared people’s care needs were met staff one staff member said, “Getting out can be an issue for people who are not able to get out on their own because there aren’t enough drivers.” We saw one person supported by staff in a taxi as no drivers were available. Staff told us this had been acknowledged by the provider and there was current recruitment for staff who were able to drive. People told us staff attended to them when required however one person told us, “Response by staff is good, someone comes quickly, but if it’s not an emergency they ask you to wait if they have other stuff to do.” The deputy manager told us they were aware people were not able to go out as often as they wished and were working with people to address this for example through the use of volunteers.

There were a range of risk assessments and care plans in place and staff had a good understanding of the risks associated with looking after people at Webb House. For example some people had been assessed as at high risk of developing pressure sores and one person had a pressure sore. Staff identified people at risk of developing pressure sores and told us about the steps they took to prevent them. This included the use of pressure relieving air

mattresses and regular position changes. A risk assessment for another person who smoked included guidance to ensure staff could observe this person at all times whilst smoking. Staff had a good understanding of what individuals needed and how this was provided.

Medicines were stored, administered, recorded and disposed of safely. People’s medicines were stored in locked cupboards in their own rooms, this enabled staff to spend time with people and discuss their medication needs in a confidential and relaxed manner. We observed medicines being given at lunchtime, these were given safely and correctly as prescribed and in the way chose to take them. For example one person took their medicines with a yogurt rather than a drink. Some people had been prescribed ‘as required’ (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain PRN protocols were in place. These were clear and provided guidance about why the person may require the medicine and when it should be given. Prior to administering PRN medicines staff asked people if they had any pain or required any pain relief. Not everybody who experienced pain was able to express this verbally, and guidance included information about how this may be shown, for example restlessness or agitation. There was an ongoing auditing system in place where staff who had administered medicines asked another colleague to check whether they had done this correctly. One staff member told us, “I like someone else to check when I’ve finished that way anything I’ve done wrong will be picked up immediately. I’d hate to think I’d forgotten someone and they suffered as a consequence.” All staff received training to ensure they had the appropriate skills to give medicines safely and competently. Staff told us if a medicine error occurred they would not administer medicines until they had undergone further training and been assessed as competent.

Staff received training on safeguarding adults and they knew who to contact if they needed to report abuse. They told us how they would respond to allegations or suspicions of abuse. They confident any abuse or poor care practice would be quickly identified and addressed immediately by any of the staff team. They knew how to contact number the local authority to report abuse or to gain any advice. Information about safeguarding adults was including appropriate contact telephone numbers was available in the staff office. People were protected, as far as possible, by a safe recruitment practice. Records included

Is the service safe?

application forms, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults. There was information available to people about their rights in relation to being safe from the risk of harm or abuse, this was presented in an easy to read format that was easy for people to understand.

At the time of the inspection the home was undergoing refurbishment. This included painting of the communal corridors and an extension to the lounge. As a result the lounge had been boarded off to allow essential works to take place. As a result there had been a temporary loss of cupboard space and some items for example board games had been left on tables and gave a slightly cluttered appearance. Staff explained this was a temporary measure and whilst they could have been stored away they would

not have been accessible to people. Whilst the home was generally clean and tidy throughout there was some dust and debris which staff were aware of and we were told was as a result of the building work. However, this did not affect the health and safety of people who lived there. Systems were in place for the monitoring of health and safety of the home for people, visitors and staff. Environmental and health and safety risk assessments and checks had been completed for example a fire safety inspection and call bell tests. There were regular servicing contracts in place for example gas, lifts and hoists.

There were systems in place to deal with an emergency which meant people would be protected. There was guidance for staff on what action to take and there were personal evacuation and emergency plans in place. The home was staffed 24 hours a day with an on-call system for management support and guidance.

Is the service effective?

Our findings

People and their visitors told us staff were well-trained, committed and capable. Comments included, “Staff know how to look after people,” and “The staff really know what they’re doing.” People told us the food was good and they had a choice of what to eat and drink. One person said, ““The food’s always good and lovely,” another told us, “There’s a good cook.”

We found aspects of Webb House were not always effective. There were no nutritional assessments in place to demonstrate people were at risk of malnutrition or dehydration. One person’s care plan stated they required a high calorie diet but there was no information about why this was required or how staff could support this person. Although the person had been weighed this had not been done regularly and there was no guidance about how often they should be weighed. There was no information to show if their weight was within normal limits for their height. We saw people were weighed but there was no information in their care plans to inform staff how often this should be. There was no evidence of any analysis to identify if people were gaining or losing weight or what actions had been where people had lost weight. Although staff had a good understanding of people’s dietary needs this is an area that needs to be improved.

Food was freshly cooked each day following people’s meal choices. The cook and staff had a good understanding of people’s dietary needs in relation to specialised diets for example diabetic or pureed. The cook was committed to providing food that people chose and enjoyed. We observed that lunchtime was an enjoyable experience for people and those that needed support had one to one provided. This was calm, patient and at people’s own pace. The atmosphere was pleasant and we observed good interaction between people and staff. People were able to choose where to eat their meals either in the dining room or others remained in their rooms. One person said, “The other day I had chicken korma, they brought it to my room because I was in bed.” People told us they received the appropriate support with their meals. One person told us about the support they required with their meals and added, “They (staff) have to stay with me while I eat, they’re very helpful.” People had access to hot drinks and snacks throughout the day. One person told us, “Staff make me a sandwich at 9 pm.” There was a hot drinks machine in the

lounge and drink making facilities in the dining room which people could use as they wished, with or without support. People were involved in planning and developing the menus through weekly meetings with the cook.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person’s best interests and with the least restrictive option to the person’s rights and freedoms. Providers must make an application to the local authority when it is in a person’s best interests to deprive them of their liberty in order to keep them safe from harm. We saw applications for DoLS had been made when required. We observed staff asked people’s consent prior to delivering any care or support. Information in care plans informed staff people were able to refuse care or treatment. One care plan informed staff the person could chose not to take their medicines and what steps to take to ensure this person was appropriately supported. However, where people required bed rails or lap belts in their wheelchairs there was no information to show how these decisions were made. There was no information about people’s mental capacity or whether DoLS were required. This is an area that needs to be improved.

Staff received regular training. This included safeguarding, infection control and moving and handling. Moving and handling competencies were assessed annually through observation of staff to ensure they were supporting people appropriately. Staff also received training specific to the needs of people who lived at Webb House such as epilepsy and acquired brain injury awareness. This enabled them to provide appropriate support to people. Records showed that training was ongoing and further training was booked for staff. Staff received induction training when they started work. This was over four days and based on the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a supervision programme in place and

Is the service effective?

we saw staff received regular supervision where they were able to discuss any concerns or identify training needs. However, staff told us they were able to discuss issues with the management team at any time.

People had access to external healthcare professionals who were involved in supporting them to maintain their health. This included GP's, dentists, chiropodists, psychiatrists, district nurses and dieticians. Staff supported people to attend health appointments. Everybody had a 'hospital passport'. Hospital passports are communication booklets which provide important information about the person should there be a need to go to hospital. They include information such as: "Things you must know about me," "Things that are important to me" and "My likes and dislikes." These were clearly written and provided hospital staff with a straightforward understanding about supporting each person. Healthcare professionals told us staff contacted them appropriately when advice or support was required. One healthcare professional said, "They (staff) are determined to get things right for people."

It had been recognised by the provider that Webb House required some updating and refurbishment to make it a

pleasant home for people to live in and better meet their needs. There was a new kitchen, this included adjustable height worktops, hob and sink which people were able to use with support to prepare their own drinks and snacks. One person had very limited mobility and was unable to open their bedroom door therefore an electronic door entry system had been installed and this person was able to open their door independently. Three sensory baths had been installed. These included bubbles, mood lighting, aromatherapy and a music facility. We were told one person used the bath to ease their pain and as a result had reduced the amount of pain killers they needed to take. Doorways in communal areas on the lower floor had been widened to provide easier access for people in wheelchairs. During the inspection the lounge area was being extended. We saw there were ongoing discussions with people about how they wanted the layout of the lounge when it was completed. We were told once the basic work had been completed people would be involved in deciding how they would like the room laid out, this included the placing of electrical sockets and a colour scheme. People told us what they would like in the lounge, this included sewing and an exercise area.

Is the service caring?

Our findings

People told us they were supported by staff who were kind and caring. One person said, “We’ve got some decent staff right now,” Other comments included, “They’re lovely,” “They’ve got a lovely sense of humour,” “They look after me very well,” and “They always help me do what I want to do.” One staff member said, “I know I shouldn’t say this but we really do love these guys (residents), we care for them very much.”

Throughout the inspection we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. There was friendly banter and good humour between people and staff. Staff made time to talk to people whilst going about their day to day work. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries. There were clear bonds of friendship among people, most of which had known each other a long time.

Everybody had a “Get to know me” profile. This was a booklet that had been completed with the person and was presented in an easy to read format. It included information about what was important to people, what a good day or a bad day would look like and people’s individual likes and dislikes. For example for one person a good day included being first person up and another person liked to have their music playing. There was also a detailed daily routine for one person who was unable to communicate verbally. Staff had a good understanding of people’s individual preferences and routines.

Staff were aware of people’s physical and psychological support needs. They provided comfort to people through verbal reassurance and displayed an empathy with people. One person appeared anxious at times and approached staff to discuss their concerns. We observed staff engaging with the person, offering reassurance and support. This was provided appropriately and with care and compassion. Staff knew people well and were able to tell us about people’s choices, personal histories and interests. Some people had lived at the home for many years, which for some people was all of their adult life and as a result had become used to an “institutionalised” way of life. Staff were currently supporting people to become more independent and helping them to make decisions about their lives and the day to day running of the home. This had resulted in

some people becoming anxious and distressed about the changes. We observed staff supported people to make their own changes at their own pace, working patiently and offering constant reassurance. Conversations with staff they demonstrated a caring attitude towards people and a commitment to providing a good standard of care and help people to achieve the most from their lives.

It was clear from our observations that staff were able to engage effectively with people who were less able to communicate verbally due to their complex needs. There was information in the care plan for one person who had difficulty communicating verbally. There was a description of what signs the person may make and their meaning. For example if they pointed at the window it meant they would like to go outside. We observed staff talking with this person; they were calm and patient and gave the person time to respond. Staff explained the more they got to know the person the easier communication had become which meant the person was enjoying a better quality of life as their needs were understood.

People’s privacy and dignity was respected. Bedroom doors and curtains were kept closed when people received support from staff and staff knocked on people’s doors and waited to be invited in on all occasions. Bedrooms had been decorated to people’s own tastes and personalised with their own belongings that reflected their hobbies and interests. Staff supported people to dress in their personal style and respected the choices they made.

Although the home was busy the atmosphere was calm and relaxed. People were getting up and spending their day in a manner that suited them. People made decisions about what they wanted to do during the day and staff respected their choices. People were able to move freely around the home and spend time as they chose. Some people chose to stay in their bedrooms listening to music or watching television. Others spent time in the lounge or dining room enjoying visiting pets and engaging with staff and other people.

A person who had lived at the home had recently and suddenly passed away. People and staff told us how upset and saddened they were. They told us they had attended the person’s funeral and a celebration of the person’s life had taken place at the home. Photographs of the person and readings from the funeral service had been displayed for people to see. This showed staff had recognised people would be missed by their friends in the home and allowed

Is the service caring?

people a time to grieve and celebrate the person's life. This demonstrated that people received care from staff who knew them well and responded to their individual needs in a caring and compassionate way.

Is the service responsive?

Our findings

People told us they received the care and support they needed and chose. They said it was personalised to their individual preferences. People told us they were able to choose how to spend their day, whether they spent time in their room, joined others in the lounge or took part in activities. They said they were involved in decisions about their day to day care. People told us if they had any complaints these were addressed promptly. People told us they were happy to raise complaints with the staff and knew they would be addressed.

Although not all information staff required to support people had been recorded in their care plans this did not impact on people's care because staff knew people, their individualities and needs well. Staff told us how they were supporting people to become more independent which included preparing their evening meals, making a cup of tea or doing their own laundry. Some people had goals set for example not getting involved with other people's arguments. We observed a staff handover where staff discussed how they were supporting one person with their continence through prompting and reminding. People's "Get to know me" profiles contained information about what made a good day for them, for one person this meant doing household tasks, whilst we saw this happened although there was no care plan or guidance in place. People received care which was personalised to reflect their needs and wishes because staff knew them well.

Care plans were written and reviewed with people and although care plans were not personalised there was personalised information within the "Get to know me" profiles. The registered manager told us she was aware of this and new documentation was due to be introduced which would incorporate all the necessary information in a more person-centred format. Staff had received person-centred training to support them through this change.

People told us and we observed they were able to do whatever they wished during the day. We saw people getting up at times that suited them and spending time where they chose. Staff were updated about people's ongoing and changing needs when they came on duty and throughout the day. Staff told us communication was important to ensure people received the care they required.

People were supported to continue with their interests and hobbies, to keep contact with their family and friends and take part in work and social opportunities. Some people liked to take part in daily tasks and activities throughout the home. One person had taken on the responsibility for a series of daily checks around the home. This included ensuring fire equipment checks, ensuring fire exits were not blocked and corridors were clear. This had been recorded within the daily logs. Another person had responsibility of sorting the post into individual pigeon holes for people to collect. We observed people asking staff throughout the day if there were tasks they could do for example the washing up. People were supported to maintain interests and hobbies. We spoke with people about their interests and saw memorabilia displayed in their rooms. People who wished to were supported to go out. One person was planning to spend time with family for Christmas and staff were supporting them to plan their journey.

There was an activity program in place plus a range of activities such as arts and crafts, music and games were available for people whenever they wished. People were reminded and encouraged to take part in activities. One person who was required to spend some time in bed was supported to get up to attend an activity. This person told us previously when they had been unable to get up the activity had been brought into their bedroom. To support more people to go out more often the registered manager and staff were encouraging the use of volunteers at the home. One person had developed a small poster they were distributing to recruit a volunteer to support them at weekends to pursue their hobby. We saw the poster contained information about the person, what support they needed and the support the volunteer would receive which included appropriate employment checks and training to support the individual.

There was a complaints procedure which was accessible to people in an easy read format

that was easy for people to understand. People told us whenever they had concerns or complaints they could discuss it with staff and know it would be addressed. We were told "If I have any concerns I talk to them (staff) and they deal with it immediately," and "I would always tell someone if I weren't happy."

Is the service well-led?

Our findings

People told us the registered manager or deputy manager were always available to talk to. Staff told us the managers were approachable and supportive. One person said, “I can always go to (registered manager) or (deputy manager), they will always sort things out.”

Although there was a system in place to monitoring the management and quality of the home this was not always effective. We highlighted areas for improvement during the inspection that had not been identified within the service’s quality monitoring processes. The care plan audit of September 2015 had not identified the care plans did not always reflect the care and support people required and received. They had not identified the lack of nutritional assessments and risk assessments or the lack of information related to DoLS decisions. People were assessed as being at high risk of developing pressure sores however there was no care plan or guidance in place to inform staff what steps to take to prevent and reduce the risks. One person had developed a pressure sore; staff told us about the care they provided to promote healing however there was no guidance in the care plans. Where pressure relieving air mattresses were in place there was no guidance to show what the correct setting should be or whether staff checked to ensure they were properly inflated. Where people had goals set there was no plan or guidance about how people could achieve their goals. We were told some people were being encouraged to make their own hot drinks and evening meals but there was no guidance in place for staff to follow. One person required support from staff to enable them to smoke. This person had limited ability with all movement and there was no information about how staff supported them to smoke, for example how was this person able to light their cigarettes. The provider had not identified the records did not include sufficient guidance for staff to ensure consistency or demonstrate evidence that people’s needs were met. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audits had identified other areas for improvement such as more information was required in relation to recording activities people enjoyed and participated in. We were told the provider had introduced a new online audit tool which would identify areas for each home to improve and develop. For example what training updates were required

for staff. This enabled the registered manager to plan future training dates for staff. Accidents and incidents were analysed to identify themes and trends. We observed a high number of incidents related to one person and we saw evidence of action taken to address this. We saw regular meetings had taken with the person and measures put in place to support and encourage them. Staff told us there had been a reduction in incidents as a result and they had developed a trusting relationship with the person.

People were asked for their feedback and involved in changes, improvements and developments at the home. Every opportunity was made to ensure people knew Webb House was their home. This happened on a day to day basis and at more formal meetings. This included the current extension and refurbishment of the home where people were consulted and made decisions about the future layout of the new lounge area and decoration of communal areas. There were regular resident meetings, including menu planning meetings with the cook, to discuss changes, ideas and concerns. People were involved in recruiting staff. They took part in interviews and accompanied prospective candidates on a tour of the home. This enabled people to assess if they would like to be supported by the candidate and whether they would fit in to the team at Webb House. Some people were representatives at provider forums where they were involved in the development of the organisation at a higher level. Information for people displayed around the home was in an easy read format to enable everybody to have access to information they could understand. On occasions agency staff were used at the home. Following an agency staff shift people were asked to complete a feedback form to advise the registered manager about their experience with the staff member. Following feedback a decision was made with people about whether the staff member would be acceptable to work at the home in the future. People had been involved in developing a feedback survey which was due to be sent out to everyone who lived at the home during 2016.

There was an open culture at the home and this was promoted by the management team who were visible and approachable. It was clear they knew people, staff and visitors well and everybody was happy to approach them and discuss any concerns. The deputy manager was responsible for the day to day running of the home; people appeared very comfortable and relaxed with her and were observed to approach her freely. Staff told us said they felt

Is the service well-led?

well supported within their roles. One staff member said, “It’s a good team, we look after each other, we have a good manager who’s very supportive.” Staff told us they had

regular meetings and were encouraged to participate and feedback their ideas. One staff member told us there had been a lot of changes at the home, they said, “They’re changes for the better for the residents.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance People's personal records were not accurate and up to date. Regulation 17(1)(2)(c)