Barchester Healthcare Homes Limited

Westergate House

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Westergate House on 25 July 2017. This was an unannounced inspection. Westergate House provides accommodation and nursing care for up to 76 people. The home is set in gardens and consists of a main 'house' connected to a newer building, known as the annex. The annex, is home to the 'memory lane community' which cares for people living with dementia. The 'memory lane community' was divided into two communities, known as 'Fontwell' and 'Goodwood.' On the day of the inspection, care and support was provided to 62 people living at Westergate House.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

At the last inspection undertaken on the 2 June 2015 we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to the principles of the Mental Capacity Act 2005 (MCA) not being adhered to. The provider sent us an action plan stating they would have addressed all of these concerns by July 2015. At this inspection we found the provider had made improvements and was now meeting the requirements of the regulation.

Staff demonstrated good knowledge and understanding of the Mental Capacity Act (MCA 2005). Decision specific mental capacity assessments were now in place which considered a range of decisions. Documentation reflected where best interest decisions had been made. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered. Staff sought and obtained people's consent before they helped them.

People were supported to maintain their nutrition and hydration. People felt that they had enough food and drink and observations confirmed that drinks and snacks were offered throughout the day. People could choose what they had to eat and drink and felt that the food was good. For people at risk of malnutrition, appropriate measures had been implemented to ensure they received drink supplements. Foods (where required) were fortified with cream, milk and cheese to increase their calorie intake. People's dining experiences throughout the home was mostly positive . Staff supported most people to have a positive dining experience. They were supported in a sensitive and respectful way according to their needs.

People had access to relevant health professionals to maintain good health. Records confirmed that external health professionals had been consulted to ensure that people were being provided with safe and effective care. People's clinical needs were assessed and met. People received good health care to maintain their health and well-being.

Systems were in place for the safe storage, administration and disposal of medicines. People told us they

received their medicines on time and in their preferred manner. We identified minor concerns regarding two people's medicine regime and lack of access to prescribed medicines. The provider was responsive to our concerns and took action. In response, they also completed a clinical incident analysis to explore why the incidences had occurred.

Arrangements were in place for the provision of meaningful activities and stimulation. The provider employed two dedicated activity coordinators and was in the process of recruiting a third activity coordinator. There was a homely, friendly and relaxed atmosphere within the home. Staff and the registered manager was committed to enabling people's voices to be heard and listened to. Community meetings were held monthly and every month a range of actions were taken based on people's feedback. Links with the local community had been established and the registered manager continually strived to improve the running of the home. There was a sense of community at the home, complete with dogs as people were able to move to the home with their pets.

Systems were in place to monitor the quality of the service provided and regular checks were undertaken on all aspects of running the service. The registered manager had a range of tools that supported them to ensure the quality of the service being provided. Staff received training and support to deliver effective care to people.

People were treated with dignity and their rights and choices were respected. Observations showed people being treated in a respectful and kind manner. People's privacy was maintained; when staff offered assistance to people they did this in a discreet and sensitive way. People confirmed that they were treated with dignity and their privacy was maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Westergate House was safe.

People were safeguarded from the risk of abuse. A safeguarding champion was in post and staff were trained and understood how to protect people from abuse and knew how to report any concerns.

Dependency assessments were completed to identify safe staffing levels. Recruitment practice was safe and systems were in place for the safe storage, administration and disposal of medicines.

Risks to people had been identified, recorded and detailed guidance provided for staff to manage these safely for people.

Is the service effective?

Good

Westergate House was effective.

People were happy with the food provided and were able to choose what they had to eat and drink.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to health care services to maintain their health and well-being.

Staff had a clear understanding of the Mental Capacity Act (MCA) 2005 and there were procedures in place to ensure that the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

Westergate House was caring.

People were supported by staff that were kind and caring. Positive relationships had been developed between people and staff. Staff appeared to know people well.

Visiting was not restricted and people were supported to maintain relationships with people that mattered to them.

Staff communicated effectively with people and treated them with compassion and respect. People's privacy and dignity was respected by staff.

Is the service responsive?

Good

Westergate House was responsive. Staff were responsive to the needs of the people they were caring for.

There were opportunities for social engagement and involvement in regular activities.

There was a complaints procedure in place and people felt comfortable raising any concerns or making a complaint.

Is the service well-led?

Good

Westergate House was well-led.

The registered manager promoted an open and positive culture which focussed on people. They promoted links with the community.

The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. They welcomed suggestions for improvement and acted on these.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement

Westergate 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.

The inspection took place on the 25 July 2017 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor, with clinical experience of supporting people who lived with dementia and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected in June 2015 where we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they were not working within the principles of the Mental Capacity Act (MCA) 2005. The domain of effective was rated as 'Requires Improvement' and the overall rating was 'Good.' After our inspection in June 2015, the provider wrote to us to say what they would do to meet the legal requirements in relation to the breach.

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. Prior to the inspection we looked at the previous inspection report and information that had been shared with us. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with nine people, four visiting relatives, an activity coordinator, three registered nurses, six care staff, the deputy manager, the chef, registered manager and regional director. We also contacted two relatives after the inspection to obtain their feedback. Their feedback has been included within the body of the report. Some people had complex ways of communicating and most people had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about peoples' care and how the service was managed. These included the care records for eight people, medicine administration record (MAR) sheets, two staff files, training matrix

and other records relating to the management of the service. We observed care and support in the communal lounges and dining room during the day. We also spent time observing the lunchtime experience people had and the administration of medicines.

Good

Is the service safe?

Our findings

People told us they felt safe living at Westergate House. One person told us, "I do feel safe here." Another person told us, "Yes, I think I feel safe, I am happy here." Visiting relatives also confirmed that they felt confident leaving their loved ones in the hands of Westergate House. One visiting relative told us, "Yes, I do feel he is safe here."

Care was planned and delivered to keep people as safe as possible and risk assessments were in place, which were based on the needs of the person. A large number of people required support from staff to move and transfer. Moving and handling risk assessments were in place which considered any physical, psychological and environmental hazards which might prevent a safe transfer. Consideration had also been given to individual tasks such as getting in and out of bed, if assistance was required, the equipment required and number of staff to aid a safe transfer. For example, one person required the support of a hoist with a full body sling and two staff members. Visiting relatives confirmed they had no concerns regarding their loved ones safety when being supported to move and transfer. One relative told us, "She requires to be hoisted and they manage that well." During the inspection, we observed staff moving people with the support of a hoist. Staff clearly explained what they were doing and what was happening. For ladies, wearing skirts or dresses, staff ensured their dignity was maintained by providing a blanket over their knees.

Management of pressure damage is an integral element of providing safe care to people living in nursing homes. Pressure damage is often preventable and requires on-going monitoring and nursing care input. We looked at the management of pressure damage throughout the home. Risk assessments were in place which calculated people's risk of skin break down (Waterlow score). Where people were assessed at high risk, actions were implemented to reduce these risks. For example, one person's Waterlow score had been calculated as 22 (high risk). Actions to mitigate the risk of skin breakdown included the implementation of a foam mattress and support to reposition every two hours. Other actions included the application of barrier creams and a number of people had air mattresses in place. Where people had sustained any wounds such as skin tears, documentation reflected that people's dressings were changed in line with the frequency recorded in their wound care management plan.

Westergate House provided care and support to some people living at high risk of falls. Guidance produced by the National Institute for Health and Care Excellence (NICE) advises that falls and falls related injuries are a common and serious problem for older people. They can be a major cause of disability. Falls risk assessments were in place which considered the person's history of falling, medication and other factors. Staff told us of the steps that were in place to manage the risk of falls. One staff member told us, "We assess whether people would benefit from a sensor mat or box which alerts us when they get out of bed or a chair. We find a sensor mat actually increases the risk of falls for some people, as they try and step over which heightens their risk of falling, so instead we use a sensor box which is smaller. Some people mobilise using their zimmerframe, and we provide support by keeping an eye on them." Falls risk assessments were in place and staff were clear on how to mitigate the risk of falls and clear factors were in place to support people.

People were cared for by staff that the provider had deemed safe to work with them. Before staff started work identity and security checks had been completed, and their employment history gained. In addition to this their suitability to work in the health and social care sector was checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with adults at risk. Documentation confirmed that registered nurses all had current registration with the Nursing and Midwifery Council (NMC).

Systems were in place to help protect people from the risk of potential harm or abuse. People were kept safe by staff who recognised signs of potential abuse and raised safeguarding concerns with the local authority. A safeguarding policy was available for staff to access if needed and staff had received regular safeguarding training. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they could also contact the deputy manager or registered manager if they needed assistance or support. The service had nominated one staff member to become the safeguarding champion. They attended safeguarding forums and meetings held by West Sussex County Council. They then brought any learning, guidance and information back to staff at Westergate House and this was shared through the use of supervision. One staff member told us, "It's really handy having a safeguarding champion. I've learnt a lot, it's such an interesting area of care."

Systems were in place to assess staffing levels and provide safe care. The provider used their own Dependency Indicator Care Evaluation (DICE) tool to ensure that staffing was of a safe level to meet the dependency needs of those living in the home. Each person and their level of needs was assessed as low, medium and high in a number of key areas such as their ability to maintain their own hygiene, people's mobility needs and if they needed support, their behavioural, psychological dependence and whether people could manage their own continence. The DICE tool then calculated how many hours of care was required each day to safely meet people's care and nursing needs. On the day of the inspection, the DICE tool calculated that the service needed to provide 230.8 hours of care that day, however, the service was providing 245.8 hours of care. The registered manager told us, "The DICE also considers the environment and additional factors. Currently we only have two activity coordinators instead of three, so the number of hours of care per day is higher to incorporate that need and allow for staff to do activities." Most staff told us they thought that staffing levels were appropriate to meet peoples care and nursing needs. One staff member told us, "There is always enough staff, I never feel rushed." Another staff member told us, "The staffing levels are good, I never have any concerns." However, some staff advised that at times they could feel pressurised. One staff member told us, "It can be very busy but I can guess in this line of work, it's bound to be busy. We always get our breaks and ensure people are safe but it can be busy." We queried if staff had other duties to complete such as laundry or cooking whilst supporting people with personal care and other tasks. Staff confirmed that wasn't requested of them. One staff member told that they might work additional shifts in the laundry but was not expected to do the laundry when supporting people. People and their relatives felt staffing levels were sufficient. One person told us, "There seems to be enough staff, they always come reasonably quickly when I call." Another person told us, "I think it is well staffed." Despite some staff members concerns, observations demonstrated that people's care needs were met in a timely manner and staff members remained visible in communal areas.

Systems were in place for the safe storage, administration and management of medicines and people confirmed they received their medicines on time. One person told us, "I do get medication regularly and they check me taking it." There were systems in place to ensure the safe management of medicines with organisational medicine policies and procedures in place for staff to follow. Medicines were administered by registered nurses and we observed staff following best practice guidelines. For example they encouraged people to take their medicine at their own pace. Once staff had confirmed the medicine had been taken they signed the Medicines Administration Record (MAR) straight away. MAR charts were clear and accurate and

reflected that medicines were administered in accordance with individual prescriptions. They contained individual information and photographs to support safe administration.

Clear guidelines were in place for the administration of 'as required' medicines (PRN) outlining the reasons a person needed their medicine and how often it was to be given in 24 hours. Systems were in place to assess people's pain levels and ensure appropriate pain relief was provided to people when required. On the day of the inspection, concerns were identified that two people's medicines had not been received from the pharmacy. The registered manager told us that they had chased the pharmacy for these medicines but acknowledged documentation did not reflect this. A member of the provider's regional team also advised that locally they were experiencing difficulties with receiving medicines in a timely manner from the pharmacy. Action was being taken to address this. Subsequent to the inspection, the registered manager sent us a copy of their clinical incident analysis report which considered what happened and any learning.

Regular maintenance and environmental checks had been completed. Fire evacuation and emergency procedures were displayed around the service. Staff and people had access to clear information to follow in the event of an emergency. Including Personal Emergency Evacuation Procedures (PEEPS). PEEPS included individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff required to assist them. There was regular training for both day and night staff and evacuation equipment was located in the building in the event an emergency evacuation was required. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. In the event of the building needing to be evacuated, a place of safety had been nominated.

Good

Is the service effective?

Our findings

People and their relatives were positive about the ability of staff to meet their and their family members care needs. People said that they felt staff had sufficient knowledge and skills to deliver care. One person told us, "Staff seem well trained, they get on with their jobs." Another person told us, Staff are good at what they do." A third person told us, "Staff seem to be well trained."

At our last inspection in June 2015, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the principles of the Mental Capacity Act 2005 (MCA) were not being adhered to. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by July 2015. At this inspection, we found improvements had been made and the provider was now meeting the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Guidance produced by Alzheimer's society advised that 'eating and having a good meal is part of our everyday life and important to everybody, not least to people living with dementia. It also suggests making the environment as stimulating to the senses as possible to encourage people living with dementia to eat and drink. During the inspection, we spent time with people at lunchtime. For people living in the 'House', they were supported to have a glass of brandy or coffee liqueur (if so they wished) just before lunch (after their morning quiz game). People were then offered to choice to remain in the lounge or go to the dining room for lunch. Tables were neatly decorated with table cloths, flowers, condiments, menus and cutlery. Music was softly playing in the background and people were supported to enjoy a three course meal. Staff sat down with people and supported people to eat and drink at their own pace, they maintained eye contact and supported one person at a time. Whilst supporting people, staff talked about the day ahead.

For people receiving support in 'Fontwell' or 'Goodwood', tables were also nearly decorated and people were visually offered a choice of the lunchtime meal. People spoke highly of the food provided and where required, adapted cutlery was provided to enable people to eat independently. A minority of people in 'Fontwell' and 'Goodwell' required support from staff to eat and drink. On the day of the inspection, it appeared that staff were nervous in the presence of CQC as a small number of people did not consistently receive support from staff in a timely manner. We brought these concerns to the attention of the management team, who were responsive to our feedback. The registered manager told us, "We have recently participated in the nutrition resources in care homes programme (NRICH). Part of this programme included dieticians coming in to observe the lunchtime experience. The feedback was very positive." An internal Barchester dementia care specialist had recently visited Westergate House on the 19 July 2017 and noted that 'the dining experience was calm and well organised, staff interaction and communication was very good.' Documentation we reviewed reflected that people living in 'Fontwell' and 'Goodwood' were maintaining a good weight and people and their relatives raised no concerns over the lunchtime experience. Subsequent to the inspection, the registered manager confirmed that this observation had been discussed with the staff team to make them aware of our observations and how improvements could be made.

Promotion of hydration in older people can assist in the management of diabetes and help prevent pressure

ulcers, constipation, incontinence, falls, poor oral health, skin conditions and many other illnesses. People were regularly assessed for nutritional and dehydration risk. Where people were assessed as being at risk, a care plan was put in place to identify how their risk was to be reduced. Staff monitored people's dietary and fluid intake to ensure they received the nutrition they needed and drank enough. Where people required a soft or pureed diet we saw this was provided. People spoke highly of the food provided and felt involved in the design of the menu. One person told us, "Food is very good, nice chef and you can ask for anything else." Another person told us, "I love the food, it's good here."

People's legal and human rights were protected and upheld. Staff adhered to and followed the principles of the Mental Capacity Act 2005 (MCA). 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. Staff were able to confidently describe the main principles of the legislation. One staff member told us, "I remember the five principles of the Act by looking at my hand as it prompts me to remember five." Another staff member told us, "We always gain consent from people. For people with communication difficulties, we always monitor their body language and facial expressions, to gain their consent." Decision specific mental capacity assessments had been completed. Capacity assessments covered a wide range of decisions, such as consenting to living at Westergate House and whether people had capacity to communicate their care needs reliably.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The management team were aware of their responsibilities and robust procedures were in place to ascertain if a person was deprived of their liberty.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. Staff actively sought support when people needed it and did not work in isolation. The management team and staff worked in partnership with the living well with dementia team and dementia crisis team. The registered manager told us, "We've supported one person who was previously sectioned under the Mental Health Act 1983 and the dementia crisis team were visiting daily when they moved into Westergate House. However, we have proactively supported this person and they have settled in well. The dementia crisis team is no longer involved. I think the person has settled so well is down to staff's understanding, training and spending time getting to know the person and really listening to them." person had a multi-disciplinary care record which included information when dieticians, SALT (speech and language therapist) and other healthcare professionals had visited and provided guidance and support. One person had been losing weight. Their GP was contacted and a referral to the SALT team was made. People and their relatives confirmed their health care needs were met and staff contacted the GP when required. One relative told us, "He gets the medical care he needs." Another relative told us, "I think without question they would get the doctor."

The management of diabetes and catheter care was effective. Some people living with diabetes have an increased risk of disability, pressure ulcer development and hospital re-admission. Diabetic care plans were in place which included guidance on the signs of high and low blood sugar and the steps for staff to take. For example, one person's care plan included guidance on when to check their blood sugar levels and what

to do in the event of their blood sugar levels being too low. Documentation confirmed that people's blood sugar (if living with diabetes) was checked daily to ensure their levels were stable. Clear guidance was documented in people's care plans (if living with diabetes) on the signs of high and low blood sugars. For people living with a catheter, guidance was available on when the catheter was last changed and the date for the next re-insertion. Catheter care plans were in place which included information on what to do in the event of the catheter being blocked or bypassing.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support the needs of people living at Westergate House. New staff completed a thorough induction programme which included supernumerary time and a period of shadowing. New staff had an allocated mentor who inducted them into the routine of the service and organisation. A staff handbook was used to ensure staff were familiar with the organisations expectations of their performance throughout their employment. New staff were also commenced on the 'care certificate framework' based on Skills for Care. One staff member told us, "My induction was really good. I shadowed another carer for a week, got time to ask questions, read care plans and get to know people. It was really good."

All staff completed a rolling programme of essential training that was co-ordinated by the 'home trainer' and the provider has recently appointed a regional trainer who would be supporting Westergate House with any training and development needs. A range of clinical training courses was available for the registered nurses to access. Essential training included: health and safety, customer care, choking, fire, food safety and infection control. Records demonstrated that staff completed this training regularly. Staff told us training was well managed and was what they needed and were able to undertake additional training for career or role development. For example, a number of staff were completing diplomas in health and social care and some staff were completing additional qualifications in areas such as infection prevention and control, safe handling of medicines and level two dementia care. One staff member told us, "I'm keen to do my nursing degree and I've spoken to the management team about this and they are keen to support me." All staff working within the home had completed dementia training awareness and the provider was in the process of rolling out a new dementia programme called 10-60-6. The registered manager told us, "This will be a year long programme and we are in the process of enrolling staff onto the first stage of the training which is called distress training. Once all staff have completed that training we can progress further. We aim to have completely rolled out the training by next year."

Mechanisms were in place to support staff to develop their skills and improve the way they cared for people. Staff received regular supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff told us they felt supported within their roles and felt able to approach the registered manager, deputy manager and registered nurses with any queries, concerns or questions. Systems were also in place to support nursing staff to revalidate with the Nursing and Midwifery Council (NMC).

Good

Is the service caring?

Our findings

People were supported by staff that were kind and caring. There was a caring, friendly and relaxed atmosphere within the home. Staff appeared to know people well and it was apparent from people's reaction that they enjoyed the interaction with staff. One person told us, "Staff are all very cheerful." A visiting relative told us, "The staff are caring, approachable, know individuals and are dignified with them."

Staff communicated with people using their preferred name and adapted their approach to meet people's needs and preferences. The Alzheimer's Society advises that time should be taken to listen to people's feelings and that patience and understanding should be shown when supporting people who are experiencing signs of distress or anxiety. Observations confirmed that staff were mindful of this. One person who was new to the service was becoming visibly distressed; they were asking for their son and calling out for help. A staff member sat down with them, maintained eye contact and advised that their son was on holiday and wrote down for them the date when their son would be returning. In return, this eased the person's anxiety.

Staff were mindful of people's right to privacy and personal space. Observations showed some staff placing an arm around a person or holding their hand when communicating with them. People appeared comfortable with this approach and it was clear staff adapted this to suit people's preferences and needs. One person told us, "Staff are respectful, they will get me something if I need it." People were asked for their permission before being supported with any task. Staff knocked on people's doors and waited for a reply before entering. Privacy was maintained when assisting people with their personal care. For example, before lunch, staff discreetly asked people if they would like to use the toilet. Staff supported people in a discreet and sensitive manner, ensuring that doors were closed to maintain people's privacy and dignity. People's right to confidentiality was respected. Records held about them were stored in locked cabinets and offices to ensure that their privacy was maintained.

People's bedrooms were spacious, in good decorative order and had been personalised, for example with photographs, art and items of memorabilia. This helped to create a familiar, safe space for people. Guidance produced by the Social Care Institute for Excellence (SCIE) advises on the importance of choice and control for older people within care homes and empowering people to retain their identity. Staff recognised the importance of supporting people to dress in accordance with their lifestyle preference and promote their identity. Throughout the inspection, ladies had their handbags to hand which provided them with comfort. A hairdresser visited Westergate House on a regular basis along with a manicurist. On the day of the inspection, people were supported to have their hair done and we heard numerous comments from staff commenting on people's hair. Comments included, 'oh your hair looks lovely, you look beautiful today.'

A safe, well designed and caring living space is a key part of providing dementia friendly care. A dementia friendly environment can help people be as independent as possible for as long as possible. Westergate House had two dedicated memory lane communities ('Fontwell' and 'Goodwood') which were designed to specifically meet the needs of people living with dementia Signage was available to orient people, objects of reference were available for people to pick up and trigger memories trigger and enhance people's past skills,

hobbies or occupations. For example dress maker stands and old fashioned type writers. There was also access to a secure garden and during the inspection; people were seen enjoying an afternoon cup of tea in the sun with their family members.

Guidance produced by Age UK advises on the importance pets bring to older people. Westergate House recognised the importance pets bring to older people living in a care home. The home was recognised by the Cinnamon Trust as a pet friendly home and in 2015 won an award for being a pet friendly home. The registered manager told us, "The money we won from that award was put towards buying a dog for the home called Jett. A staff member takes Jett home every night but also brings Jett into the home every day." On the day of the inspection, one person had their pet dog living with them. A care plan was also in place for the dog and during the inspection we observed the comfort it brought to the person having their dog with them. One staff member told us, "I think it's very important that people can bring their pets here. Often pets are people's soul mates, especially if their wife or husband has passed away. Being able to bring their pet, is such a comfort to people."

Staff celebrated people's successes and special events. Staff told us how they had recently celebrated someone birthday with a formula one themed party as the person loved formula one. Staff dressed up wearing red theme shirts and the cake was formula one theme. The event was also featured in the local paper with the deputy manager commenting, 'we had entertainment with Mitchell Armstrong and to follow, cake and champagne. (Person) enjoyed their day and thanked the staff for making the day so special. It was a fantastic afternoon that was enjoyed by all.'

People told us they were able to maintain relationships with those who mattered to them. Visiting was not restricted; people were welcome at any time. Throughout the inspection we observed friends and family continually visiting and being welcomed by staff. Relatives also visited with their pet dogs which people enjoyed. People's equality and diversity needs were respected and staff were aware of what was important to people. Where applicable, staff supported people to attend a local church on Sunday and Vicars and Priests also visited the home providing services and support to people.

Nursing homes play an important role in the care of older people at the end of life. Guidance produced by the Department of Health advises that for many, 'a good death would involve being treated as an individual, with dignity and respect, without pain and other symptoms, in familiar surroundings and in the company of close family and friends. Too often, however, people with dementia receive undignified treatment and are ending their lives in pain.' With pride, the registered manager told us how they had just received the six steps end of life programme accreditation. The six steps programme is a nationally recognised end of life care programmed delivered in a series of nine workshops. The registered manager told us, "A team leader and registered nurse completed the programme and are now in a position to be the champions for high quality end of life care. They have been cascading the training and knowledge down. End of life care plans were in place which considered whether the person would want to be admitted to hospital and what for. If they became seriously ill where would they like to be cared for and whether there was anything they wouldn't want to receive treatment for.

Good

Is the service responsive?

Our findings

People and their relatives told us that they received personalised care which was responsive to their needs. One person told us, "Oh yes, I feel I get the care I need." Another person told us, "They definitely know what I need." A visiting relative told us, "Staff do seem to know residents' needs and the activities co-ordinator is so engaging with residents."

People's needs were assessed prior to admission to Westergate House. This ensured the service was confident it could meet the person's assessed needs. Each person had care plans that were tailored to meeting their individual needs. Care plans covered a wide range of areas including continence; communication, eating and drinking, pain and mental health and cognition. Care plans were detailed and included information on the individual's personal outcome and plan of care. One person's communication care plan identified that the person would like staff to assist and support them to continue to communicate their needs and feelings in an effective way that they feel comfortable with. The plan of care was noted as, 'due to dementia (person) is not always able to communicate clearly and their speech can be stressed and muddled. They do try and pick up on certain words and can understand certain words staff say.' This enabled staff to provide personalised and individual care to people.

Personalised care planning is at the heart of health and social care. It refers to an approach aimed at enabling people to plan and formulate their own care plans and to get the services that they need. Personalised care plans consider the person's past, their life story, their wishes, goals, aspirations and what's important for them when receiving care. Care plans were personalised and included information on people's hobbies, interests and life history. Information was also available on people's childhood and later years. It was clear staff had spent considerable time building rapports with people and getting to know them. For example, staff were able to tell us about people's likes, dislikes and personal interests. One staff member told us, "One staff member told us, "One person use to be on stage and wanted to pursue a career in classical music but a health event stopped them. They enjoy listening to classical music and likes trips out."

Guidance produced by the Alzheimer's society advises that people living with dementia can often experience difficulties with orientation around their home and in relation to time. During the inspection, we found that a number of people experienced confusion as part of their dementia. We asked staff how they managed this. One staff member told us, "We support one person who can forget that their wife has passed away and they can walk around looking for them. We discussed this with their family who advised they want us to inform the person that their wife has passed away. We do this sensitively and prompt them to remember their age and what happened. Once we start talking with them, they remember and recall going to the funeral." Information was included within peoples care plan on how their dementia presented which enabled staff to provide responsive care that was personalised to their needs.

The service had a complaints policy and procedure in place, details of which were provided to people when they first moved into Westergate House and the complaints policy was displayed within the entrance hall of the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were

completed and responses provided to complainants of the action taken by the service in response to concerns. Documentation confirmed the provider had received two complaints since the last inspection in 2015. People told us they would have no hesitations in making a complaint. One person told us, "I've no complaints, but I would say if needed too." Another person told us, "No, I've not had a grumble about anything."

Guidance produced by Skills for Care advises that, 'effective communication skills help a person in a vulnerable situation to feel safe, secure and also respected. It allows the individual to express their needs and concerns.' The management team recognised the importance of communication and staff told us they were informed when any changes had occurred to people's needs, to ensure that people were supported in the way they desired. Regular handover meetings were held throughout the day and every-day at 10.00am, all heads of department, the chef, registered nurses, deputy manager and registered manager attended a meeting to discuss any concerns and share vital information. As part of this inspection, we joined that meeting and observed the information shared. Staff spoke highly of communication within the home and felt it enabled them to provide responsive care.

Guidance produced by Social Care Institute for Excellence advises that it is important that older people in nursing homes have the opportunity to take part in activities, including activities of daily living that helps to maintain or improve their health and mental wellbeing. People should be encouraged to take an active role in choosing and defining activities that are meaningful to them. The provider employed two dedicated activity coordinators and a rolling programme of activities were planned. The registered manager told us, "We usually have three activity coordinators. One on each unit but we are currently recruiting to one post. Therefore staff are taking ownership of activities with input from the activities coordinators for one particular unit ('Fontwell')." On the day of the inspection, we observed a range of activities taking place in 'Goodwood' and the 'house' including a quiz, spa session and planting pot plants. Staff members engaged with people in a positive manner throughout the activities, promoting interaction and stimulation. Planned activities included a trip to Aldingbourne animal centre, arts and crafts, ball games, making favourite desserts and games in the lounge. The activity coordinator told us, "Meetings are held every morning to plan activities and activities are based on people's hobbies and interests. We have to be flexible with the activities. For example, one morning people may not fancy what is planned, so we will tailor activities to people's mood and preference that day." Staff members also felt the provision of activities was sufficient in meeting people's social and emotional needs. One staff member told us, "The activities are really good. We went to the beach the other day and we are currently arranging a pub lunch for people. We've also found out that a number of people enjoy gardening, so we've got people involved in doing up the garden." For people living on 'Fontwell', we could see that activities were planned; however, we observed a lack of activities on the day of the inspection. A beautician was supporting people and people were enjoying the sunshine with family members. However, a number of people were observed to be sitting passively with no stimulation. We brought these concerns to the attention of the registered manager who identified they were working with staff to ensure activities were provided daily whilst they recruited an activity coordinator. The registered manager told us, "We have additional staff member on duty to provide activities; however, they called in sick today." The registered manager was responsive to our concerns and agreed to focus on this area. Subsequent to the inspection, the registered manager confirmed that a new full time activity coordinator had been appointed.

People spoke highly of the activities provided. One person told us, "There is always something going on and you can choose." Another person told us, "There are art classes, entertainers and we have a nice garden. We have trips out in the mini-bus." Staff told us how they actively worked against any risk of social isolation. One staff member told us, "Some people prefer to stay in their bedroom and we will go in and check on them and have a chat." Another staff member told us, "One person who likes to stay in their bedroom has the

paper delivered which they enjoy reading and we check they have the TV on the channel they enjoy. One person is enjoying watching Wimbledon at the moment."

Staff interacted with people as they walked past, they used humour and, where it was appropriate, touch to engage with people. Throughout the inspection we observed staff engaging with people, sitting down and having chats with them or just holding their hand. People responded to staff with smiles and chat and staff recognised the importance of supporting people to feel that they mattered. For example, one staff member was supporting a person to ensure that their shoe was on properly before assisting them to move and transfer. Laughter was heard throughout this interaction as the staff member commented, 'what a beautiful fit, you shall go to the ball.'

Good

Is the service well-led?

Our findings

People, staff and visitors were complimentary about the way the service was run. One person told us that they thought the manager was approachable and friendly. Another person told us, "They manage this home very well." One relative told us, "I would have no hesitations in recommending Westergate House. The care is excellent and we are very happy." Staff spoke highly of the management team and confirmed they felt supported and valued within their role.

The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. Before the inspection, we contacted the registered manager due to information of concern we had received. They were responsive to our concerns and informed us of the action they had taken in response to our concerns raised. The registered manager remained fully aware of updates in legislation that affected the service. The service's policies and operating procedures were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. They were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. Records were kept securely and confidentially. They were archived and disposed as per legal requirements.

The service had a strong, visible person centred culture which was good at helping people to express their views so they understood things from their points of view. The registered manager told us, "We have been really focusing on community meetings. These are meetings we hold once a month on each on the units. They considered how people are finding things, what activities they would like to do and any improvements we can make. We want to ensure that people have a voice and that we listen to that voice. Based on these monthly community meetings, we have devised story boards which demonstrate what we have done each month based on people's feedback." Each unit had a story board which contained copies of the previous community meeting minutes, pictures of the activities that had taken place the previous month (activities that people had requested) along with a 'you said, we did board.' Comments from a community meeting in June 2016 included, 'I enjoy all the activities and I am happy with the food, care and laundry.' As part of people's feedback, the activity coordinator and staff were in the process of organising a trip to the seafront and arranging an in-house cocktail and classical music night. Staff and the registered manager also recognised the importance of supporting relatives and ensuring the voice of relatives was heard. To ensure the voices of relatives were heard, the service held regular 'relative meetings', in addition to a newly formed Relatives Forum. This was a new initiative to allow relatives to meet independently as a supportive framework in addition to the relatives' meetings. People were at the forefront of the running of the service and the Registered Manager expressed dedication in the importance of inclusion for people's points of view to be heard.

There was a clear vision and set of values and staff recognised the importance of seeing Westergate House as the 'residents home' and that they work within the 'residents' home. The registered manager and deputy manager had recently attended a three day master class on leadership and from that had recognised the importance of devising their own set of values pertinent to Westergate House. The registered manager told us, "Although Barchester has their own corporate values, we want to devise values that were important to

Westergate House. We therefore worked in partnership with the heads of department who worked with staff and we devised the following values; 'we see the whole person, we focus on the can do and not the can't do. We treat everyone as we would want to be treated ourselves, our home is our community and we never lose sight of the fact that residents don't live in our workplace, we work in their home.'

The registered manager strived for excellence and improving the lives of people who lived at the home through involvement with external organisations and the local community. The home had engaged with nutritional resources in care homes (NRICH) initiative which considered management of nutrition, lunchtime experience and nursing staff training. The home had also recently received the six steps end of life care programme accreditation and regularly engaged with projects and training provided by West Sussex County Council. Links had also been established with local volunteers who visited people living at Westergate House providing companionship and befriending. People spoke highly about living at Westergate House. One person told us, "The best thing for me is there is always someone to help." Another person told us, "I'm absolutely happy here. I'm very comfortable here and it's a lovely place, I can sit and look at the garden."

The management team were dedicated and committed in sharing the successes of Westergate House. For example, trips out and events were regularly reported in local newspapers. The home had participated in the care home open day, holding events over that weekend which included afternoon picnics, tea parties and a BBQ. Staff told us how they supported people to dress up for the occasion and were proud to show people what it was like living at Westergate House.

There were systems in place to monitor the quality of the service and drive improvements. The registered manager had a range of tools that supported them to ensure the quality of the service being provided was meeting people's needs. The registered manager or deputy manager completed unannounced spot checks (mainly at night) which considered the running of the service. The regional director completed monthly quality visits which were based on CQCs key questions, 'is the service safe, effective, caring, responsive and well-led.' A regional support nurse also visited the service to review care documentation and clinical notes alongside a pharmacist also completed an overarching medication audit. Any shortfalls or actions were added to the home's action plan management tool. The action plan management tool considered the impact, issue, required action and date for the issue to be addressed. For example, one on going action included for training statistics to be improved. Systems were also in place to monitor clinical risks. On a monthly basis, the management team considered risks associated with nutrition, tissue viability and falls. The monthly reports would then be entered onto the provider's clinical governance database and reviewed at a local level whilst also being reviewed by a clinical nurse employed by the provider to monitor for any trends, themes or patterns.