

Voyage 1 Limited

Westwood House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We undertook a comprehensive unannounced inspection of Westwood House on 17 October 2018. Westwood House is a 'care home' registered to provide accommodation and support for up to 10 people with learning disabilities. There were 10 people living at Westwood House on the day of the inspection. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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.

People receiving support from staff at Westwood House received highly individualised person-centred care. Support plans contained detailed and personalised care plans and we saw that many people had been supported to have a full and meaningful life. People benefited from a large range of activities and interests provided, to ensure they were kept occupied, if they chose. There were many excellent opportunities to optimise people's social and stimulation requirements.

There was clear guidance for staff on how to meet people's individual needs and support them to develop their confidence and have their preferences met. We saw that people were relaxed and staff demonstrated a caring attitude. The service had ensured people's communication was maximised, which assisted an increased understanding and reduction of distress.

As the values and vision of the organisation and service had been integrated into everyday practice, people living with learning disabilities were able to achieve what they wanted in their lives and overcame obstacles to achieve positive outcomes.

People and their families, where appropriate, were fully involved in the development of their care planning along with health and social care professionals and Westwood House staff.

The service was exceptionally well-led. The service actively promoted a positive, inclusive and open culture. All staff showed a passion and commitment to providing the best support to enable people to have full lives. The registered manager had taken time to look into ways to improve safety and share this practice within the organisation. There were robust quality assurance systems in place, which monitored the service, identifying potential areas for improvement, and actions were taken to improve these.

Staff were highly motivated and worked as a team and shared a common ethos of providing high quality, compassionate care with regard to people's individual wishes and support needs. Staff were valued, well-supported and supervised by the management team.

Staff knew how to keep people safe, and how to report any concerns. There were enough staff to keep people safe. People received their medicines as they had been prescribed.

Risks to people were identified promptly and effective plans were put in place to minimise these risks, involving relevant people, such as relatives and other professionals. Where risks were more complex, comprehensive guidance was in place to guide staff, including the most effective approaches to use, or particular communication methods suited to the individual. Guidance was in place for staff so that they could mitigate risk, and support people to take sensible risks as safely as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA). We observed staff treated people as equals and individuals, offering them options whenever they engaged with them. Staff always endeavoured to enable people to maintain their independence and to make their own decisions.

People's privacy and dignity were highly respected, and this also was reflected in the detailed guidance provided within people's care records.

People were supported to follow healthy diets, and this had a positive impact on their wellbeing. They were also supported to access healthcare services when they needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by enough staff with a good understanding of what people needed to keep them safe.

Individual risks to people had been assessed and measures put in place to minimise these.

People received their medicines as they had been prescribed.

The risks of infection were adequately controlled.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

People's human and legal rights were understood and respected and they had maximum choice and control over their lives and to ensure their rights were upheld.

People's health was prioritised and optimised and appropriate external professional was sought where necessary.

When people moved into the service or moved on, there was a thorough approach to planning and coordinating.

Staff were supported by excellent management who ensured their continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support.

People were supported to follow healthy diets.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff were highly motivated to offer care and support that was exceptionally compassionate and kind.

Management and staff took all measures to ensure people could express their views, wishes and choices.

Staff had developed positive relationships with the people they supported.

People were supported to become more independent through communication and achieving goals.

People were supported to maintain relationships and engage with people outside the service.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Feedback from relatives and professionals provided evidence of an outstanding service.

People were supported to progress their preferences and gain confidence in order to have fulfilling lives.

Care records were personalised to guide staff to provide highly responsive, person centred and holistic support.

People had many opportunities to take part in as many interests as they chose. The service showed a real 'can do' attitude.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

The vision and values of the management, staff and organisation had been truly integrated into the delivery of people's support and care.

There was excellent leadership in place and a structure that supported staff at each level. The registered manager and all staff showed enthusiasm and passion to continually improve people's outcomes.

Staff were involved, well supported and worked well together and were highly motivated to follow the values of the

organisation.

There was a comprehensive system in place to monitor and maintain the high levels of quality in the service.

The registered manager and staff were striving for improvement at every opportunity.□

Westwood 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 inspection took place on 17 October 2018 and notice was given the day before the inspection. This was because we had been informed that a person who had recently moved into the service may be affected by an unannounced visit. The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed information, we held about the home including previous inspections and notifications from the service. A notification is information about important events which the service is required to send us by law. We also reviewed the local authority contract monitoring reports.

During the inspection, we spoke with the registered manager, the deputy manager and three care support workers. We also spoke with three people using the service and had feedback from one relative. We looked at records including three care plans, two staff files, including information about recruitment.

We contacted 16 social and health care professionals and received feedback from seven of these.

Is the service safe?

Our findings

People experienced care and support to keep them safe because staff had the necessary training and knowledge. A person in the service told us, "I'm happy here. If I didn't feel safe I would tell [registered manager]. She's good at looking after people". Training had been provided in many areas to keep people safe. This included health and safety, moving and assisting, fire safety and drills. Specific training had been provided such as management of actual or potential aggression (MAPA) training. This training provided staff with both skills and an awareness to positively manage behaviours that challenge. This had led to a significant decline in incidents and restraint had not been needed for over a year. Other training included 'Prevent' which raised awareness about safeguarding vulnerable people from being potentially radicalised to supporting terrorism or becoming terrorists themselves. Staff received training to keep themselves safe, for example, managing stress and lone working.

There were organisational safeguarding policies and procedures in place and the registered manager had a good knowledge of the local authority safeguarding protocols. People's safety was enhanced as the service had a safeguarding champion who promoted safeguarding practice by ensuring staff had access to up to date and consistent advice. Safeguarding was discussed at each team meeting to ensure staff could share information and keep refreshed on requirements and any updates. We saw this was recorded in the team meeting minutes.

Because staff knew people well and had developed positive and trusting relationships with people this also helped to maximise people's safety as they would recognise any changes in behaviour or build trust so people could disclose concerns to them. People in the service were also supported to understand safeguarding. For example, the local police attended a meeting to speak to people about what classified as an assault.

The environment was kept safe. The premises were safely maintained by the provider's property department. Any non-emergency defects were logged on-line and tracked for completion. Any emergency defects were phoned through to be dealt with as quickly as possible. The service had a fire risk assessment which was reviewed by the property manager and Personal Evacuation Emergency Plans (PEEPS) were reviewed every six months. A recent fire inspection had been conducted and was satisfactory. The registered manager had implemented an updated business continuity plan in the event of an emergency. There was a comprehensive 'safety management system', which took account of current best practice models. This helped the service monitor for trends and causes.

Individual risks to people had been assessed and measures put in place to minimise these, for example, travelling independently. The service helped people to have full and meaningful lives by managing risk, whilst supporting people to stay safe. For example, a person was supported to engage in positive risk taking to pursue a relationship. The person was supported by staff to ensure they were safe in the early days of the relationship and we heard the person now met with their partner independently with assurance in place that they were as safe as possible to do this. This ensured the person's human rights were respected alongside keeping them as safe.

People using the service were supported to take part in the recruitment of staff and have an influence on the outcome. Whenever possible, people were actively involved in decisions about which staff would provide their care and support. For example, they were involved in recruiting or choosing the staff who will work with them. We were told that the registered manager arranged for a person in the service to be on the interview panel for a new community nurse with the community team. We heard she was extremely proud to be involved in this. A professional provided feedback stating, "I certainly feel that staffing is adequate and the necessary training and skills are available. I feel staff are recruited to suit the service and the residents. I know the residents also join interviews. I am confident that [the registered manager] would only recruit those she felt suitable for the needs of the service".

People and staff told us and we saw there were sufficient numbers of staff to support their needs. Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions. We saw that where needed, performance management processes were effective and action taken where necessary.

People's safety was optimised in respect of their medicines. People were involved with the management and administration of their medicines. Medicines were audited monthly and staff were observed to ensure they followed safe practice before administering medicines. Staff then had their competencies to administer medicines reviewed annually or before if there any concerns relating to the staff members practice. A pharmacist undertook an inspection annually and we saw this had raised no concerns.

The service had an infection control champion to optimise managing any potential risks. For example, the service had installed a new wet room as a measure to reduce the risk of infection. The service also involved people in the service to identify and manage risks relating to infection and hygiene, and we saw people had certificates for hand hygiene. As food preparation was part of the service, staff had received food safety training and people in the service were also involved to understand the importance of good food hygiene practice. Equipment checklists were in place to audit and manage any potential risks.

Incidents and accidents were recorded and reported by staff to the registered manager. These were then investigated and actions needed recorded.

Is the service effective?

Our findings

People's human and legal rights were understood and respected. People were supported to have their rights upheld to ensure they had maximum choice and control over their lives to support them in the least restrictive way possible.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had been proactive where concerns were noted that a person's liberty was being potentially restricted. For example, a person had stated they wanted to move on and live independently. Therefore, management and staff assisted a person to get a paid representative to challenge their DoLS in line with the MCA. The person, supported by staff, worked in partnership with the paid representative and solicitor and drew up care plans and five-year plan of what the person wanted to achieve for their future. This was provided to the local authority. We heard that after a lengthy court case, the person had successfully had their DoLS removed and they were now living independently with support from staff at the service. A professional stated, "I am aware that of DoLS/S21A cases, service users had excellent multidisciplinary team working as well as their health needs at primary care level well scrutinised".

The actions taken by the service ensured that the person's human and legal rights had been respected. We checked whether conditions were being met on other authorisations to deprive a person of their liberty. We saw that applications had been made where necessary and the service had re-applied for reviews of DoLS authorisations. This meant that any restrictions imposed on people were kept under constant review.

The service was skilled in how it obtained people's consent for care and treatment, and people were involved in all decisions, with their capacity assessed where necessary. Management and staff at the service were effectively utilising legal guidance such as the Mental Capacity Act 2005 (MCA). This legislation 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. The service had a nominated champion for mental capacity, restraint and consent. This role supported staff to be fully educated and trained in understanding and following the principles of the MCA. A professional commented, "Management have good knowledge of consent and application of MCA".

Where people were deemed as not having capacity for particular decisions, then the principles of the MCA were followed and capacity assessments and decisions were made in peoples' best interests. Where capacity assessments on decisions had been made, specific care plans had been written in the persons best interests in accordance with legislation and people's wishes. For example, the local authority undertook a capacity assessment in respect of concerns of someone's weight and the impact on their health. The service supported the person to lose a significant amount of weight and to maintain this healthy weight. We spoke with the person who had lost the weight and they said they felt pleased to have lost the weight and showed

us a photograph of how they were before. We had met the person at a previous inspection and we saw that their confidence had grown. We also heard that the team's health facilitator won support worker of the year at Voyage Care's award ceremony due to her commitment and dedication to supporting individuals to lose weight.

People's health was prioritised and optimised. There was a champion in the service who actively supported staff to make sure people were kept well. This health facilitator had implemented new health actions plans and ensured health care appointments were booked, people were supported to attend, and any actions followed up. If specialist services were required, referrals were made and care plans and health actions plans were updated to reflect guidance. If specialist training was needed, management would work with the community services to source this and the progress and effectiveness of this would be monitored and fed back to the specialist teams. For example, a person was given a physiotherapy program to follow after an accident. Following surgery, the person returned to Westwood House where staff worked with him on exercises three times a day which enabled his mobility to improve and for him not to need any mobility assistance. He has now been discharged from physiotherapy due to the staff's continued support with encouraging him to do his exercises.

Best practice in relation to health outcomes had been identified and implemented. For example, the service had implemented guidance on STOMP (Stopping the over-medication of people with a learning disability, autism or both). STOMP is a national project involving many different organisations which are helping to stop the over use of these medicines. The service engaged with the prescriber to ensure they were working in line with the health campaign to stop the over use of psychotropic medication to manage peoples' behaviours. We saw examples of medicines reviews where there was concerns whether the person still required the dose they were on. We saw this had been reviewed by a doctor, reduced and monitoring in place. This meant that people were not kept on medicines that were not necessary and may cause unwanted side effects.

The service empowered people to make choices about their health and how it should be monitored and managed. For example, a person was helped to find a dentist they trusted however this was 40 miles away. Staff supported the person by driving them to the appointments to ensure the oral hygiene plan was followed.

The management team completed a holistic assessment of care and support needs in all areas of people's lives. This assessment then generated any actions necessary for the support guidance plans. For example, people had detailed support plans on areas such as communication, decision making, social history. This meant information was captured at the assessment and was then developed into support plans to ensure people's needs were fully met.

When people moved into the service or moved on, there was a thorough approach to planning and coordinating this. For example, a person had moved from another service and staff had worked with existing people in the house about supporting the new person when they arrived, discussing what help and support they may need to help them settle in. Where people moved on from the service, they were fully involved and supported with this transition. We heard that one person who had moved on continued to receive support in their independent living from other staff in the organisation. Staff continued to keep in touch and the person often popped in to see everyone.

Staff were supported by excellent management who ensured their continuing development of skills, competence and knowledge was integral to ensuring high-quality care and support. Management ensured that staff had the support they needed to carry out their roles effectively. This comprised of regular

supervision meetings and an 'open door' policy. The registered manager also spent time working alongside staff to observe their practice and lead by example. Staff training was developed and delivered around people's needs. A member of staff told us, "I've progressed through [four stages of social qualification]. [Registered manager] encourages me and is a great mentor. She trusts me".

Training was tailored to the individual needs and learning styles of staff and was delivered via different learning styles. Staff spoke positively about the training they had received. For example, due to the managing behaviour that challenges training, there had been no need for any restraint to be used. Most training was completed on induction and any staff new to care completed the care certificate. Staff with previous experience would complete the care certificate self-assessment tool and this would be discussed via probationary reviews should there be any gaps in knowledge. When the probation period ended, staff were nominated for further national health and social care qualifications. Training included; working in a person-centred way, autism, communication, equality and diversity, values and attitudes, fluid and nutrition, and healthcare.

Is the service caring?

Our findings

People received care that extended beyond the required standards. Staff were well supported and therefore were highly motivated to offer care and support that was exceptionally compassionate and kind. Staff were particularly sensitive at times when people needed caring and compassionate support. We had feedback from an external professional who said, "I'm not sure how they provide this but I have certainly never experienced anything but kindness, respect and compassion from numerous staff I have come across. They certainly go the extra mile very often to ensure everyone is supported to an individual level".

We saw that staff demonstrated a real empathy for the people they cared for and anticipated their needs, offering sensitive and respectful support and care. Staff worked tirelessly to help people achieve their wishes. For example, one person had put in their end of life care plan that they wished to change their surname back to their family name. Staff in the service supported the person with contacting the appropriate department and the person successfully achieved changing their surname back as they had desired prior to their death.

We heard that two people in the service had experienced the death of close relatives over the past year. This was a distressing time for the people both before and after the deaths and we heard that staff offered compassionate support during this period, including supporting them through attending the funerals. We heard that at one of the funerals, the person met with relatives they had lost contact with and also discovered a family member they did not know existed. The staff supported this person to establish contact with their family members and a positive relationship had been formed with the person now visiting these relatives on a regular basis. This provided the person with invaluable support at a time of great distress and provided an ongoing relationship following the loss of their loved one. Staff told us about another person who wanted to know where a close family member was buried. The service worked closely with an advocate to find these details.

We saw that following the death of one of the people who lived at Westwood House, people had been supported and encouraged by staff to be involved in creating a garden in memory of the person with purple plants (the person's favourite colour) and a plaque.

The service was exceptional at helping people to express their views, wishes and choices. The service encouraged people to explore their care and support options and supported them to explore sources of additional help and advice with particular care and sensitivity. For example, people in the service accessed the Swindon Advocacy Movement (SAM). Advocacy means to speak up for someone. People with learning disabilities sometimes need more support to get their views and wishes heard and advocates can assist people with learning disabilities to gain control over their lives, make their own choices about what happens to them and be as independent as possible. SAM ran sessions called 'Action for Independence' which supported people to make their own decisions and enabled them to join groups such as maths, English and computers. This empowered people to gain skills to enhance their independence. We also heard that people attended the learning disability partnership board and a recent topic had been 'Thinking about your money'. This enabled people to have a better understanding of their finances and giving them the

knowledge of where they need to go should they need help.

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. All the staff and the people were protected from discrimination by the Equality Act 2010. For example, one person often changed the religion they followed, on some occasions daily and they were supported to do this by the staff. For example, staff responded effectively, listened and respected their dietary choices for that day as it related to the religion they were following.

Staff had developed positive relationships with the people they supported. This was assisted with the staff team being well established and having a low staff turnover with no agency staff used. This provided a continuity of care and consistency of quality at all times, meaning staff knew individuals well and therefore could deliver person centred care with knowledge, skill and patience. When describing how care and support was provided, staff often became emotional demonstrating real empathy about the people they supported and cared for. Staff said working over Christmas was a joyful experience and was missed when they were not on the rota to work. Staff received support and kindness from the management team and a recognition of the close bond that formed between staff and the people they supported and the impact when a death occurred or people experienced a bereavement or became unwell. One member of staff said when a person was in hospital, they had a visit from staff at Westwood House every day.

People had given consent to have information about them shared and who this would be with, for example, the CQC. Where the person did not have the capacity to consent to sharing information then a best interest decision was recorded. We saw that if any person was in any media, such as a newsletter, their consent had been gained first.

People's bedrooms were personalised bedrooms and they were involved in decorating. For example, one person chose their bedroom to be painted in the same shade as their favourite football team.

Is the service responsive?

Our findings

We found the service was offering an extremely responsive service. A professional commented, "Staff have tremendously supported me in my job. They have been able to raise the alarm when the service user's mental state deteriorated and we were able to manage this very well. I cannot praise the staff enough and communication has never been an issue. I certainly feel that the service user I care for is getting fantastic support".

Management and staff at Westwood House had enabled a person to achieve their wish to return to Westwood House for end of life care. We heard that the person had lived at Westwood for a number of years and became ill earlier in the year and after admittance to hospital another illness was discovered which could not be treated. There were discussions between the hospital and the service about where the person could best be supported and cared for. The registered manager was contacted by a family member who said their relative was desperate to return to Westwood House. The manager agreed to visit the person in hospital to assess what needed to happen to get the person home. On arriving at the hospital, the person immediately insisted they were taken back to their home [Westwood House]. They felt they had to do this for the person and on returning to Westwood House the person went straight to their room and expressed their happiness at being 'home'.

The registered manager and staff knew they needed to engage all the necessary support and guidance in order that they could care for the person to keep them comfortable and pain free. We heard that the service received training from local hospice staff and support from them and the GP to provide outstanding end of life care. The registered manager felt that not only staff, but the other people in the house, needed to be involved in this and so the hospice staff went through with them about what would happen. This helped to keep the people involved and also meant they were aware of what was likely to happen. Staff told us that the person died peacefully some weeks later.

All the staff had gone over and above expectations to ensure the person was cared for, valued and kept pain free. We spoke with a relative of the person who stated, "I can tell you they're an exceptional place. Unique. They were outstanding from start to finish. My [relative] loved it there. I have to tell you that the staff were incredible, absolutely incredible. They went above and beyond to provide care and compassion". This family member said the weeks leading up to their relative's death was, "Exceptional in all areas including managing pain, emotional reassurance and interaction".

We heard that all measures were in place to respond quickly to any changing care needs, such as medicines that may be needed to relieve pain. The family member said the support to them was also 'Fantastic'. They said, "I know it was their first experience of dealing with death and it was tough for all the staff. However, they couldn't have done it better. Communication was exceptional and they were sensitive and caring to us. After the person's death, people in the service attended the funeral.

We had the following feedback from a member of the hospice team. "It has been a privilege to work with Westwood House. We were involved in supporting a resident coming towards the end of their life and dying.

From our experience of visiting it was a homely environment, the individual needs of the resident were respected and wishes were achieved, the resident died at the care home with the support of the community nursing team.

When we were delivering a session supporting staff in recognising dying and exploring their anxieties, residents asked to be informed and involved. My colleague and I were humbled by the response, warmth and compassion towards the dying person, of the residents and care home staff. It was a unique moment in time displaying kindness, demonstrating care with respect and compassion."

The care home staff engaged in palliative care education. Worked collaboratively with all health care professionals involved, holding multidisciplinary team meetings when decisions in best interest were required involving family, ensuring best outcomes and quality of life was maintained until the end of life, including maintaining nutritional support until no longer accepted. Staff engaged when we offered support with debriefing sustaining coping in order to individually care for the dying resident to remain in her home environment. Learning disabilities is not our speciality but working with the care home staff has increased our own knowledge and learning".

People's support plans were extremely detailed providing full information and guidance on the person's needs and preferences. These support plans had been reviewed every six months or sooner if the need arose. People were fully consulted and listened to when developing and reviewing their support plans. We saw that support plans were up to date and reflected the person's needs accurately and in fine detail. Staff held person centred reviews, key worker meetings and open communication to find out what was important to the person. Local authority reviews also took place so that everyone important to the person could contribute to ensure the person's support was holistic. Each person had an activity plan in place that was regularly reviewed so all activities important to the person remained relevant. Goals were set so that people could consider what outcomes they wanted for their future.

People were supported to access paid or voluntary work, college courses and staff supported people to attend these if that was what they wanted. The provider had created a 'My Steps to Employment' workbook. The service had identified courses and work potentials in the local community for people to learn and develop lifestyle skills, avoid social isolation and to build confidence. We heard that some people were attending a 'Building Bridges' course to help prepare them for voluntary employment and help prepare CV's should this be appropriate for them. Other courses included maths and English and cookery. Two people in the service had expressed a desire to learn to drive. Staff had supported them to make this happen and helped them to enrol on a specialised course to take their theory test as the first step towards this wish. This demonstrated that people were given as many opportunities as possible to learn and maintain skills and to engage in meaningful activities alongside increasing confidence and limiting social isolation.

People were also supported to attend events, day trips and holidays should they choose. If appropriate, families were invited to accompany their family member on day trips. Parents and families were always welcome to visit and join in with events. Staff told us that the home had a Queen's tea party, a barbeque and Christmas parties.

Staff rotas were person centred as they were written according to the activity plans ensuring all the activities important to the person took place with the appropriate support. Staff also provided flexible support to ensure people did not miss out on these activities.

The provider had a comprehensive communication and accessibility policy and procedure which supported the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that

people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. On assessment, people would be asked how they preferred to communicate. This would be recorded in the communication profile and any recorded needs would be flagged as highly visible. All the people in the service could communicate verbally but needed individual approaches around effective communication. This assisted staff to support a person effectively if certain situations such as anxiety or stress may be impacted upon by not following the communication guidelines. The service had also had previous input from the local learning disability speech and language team to look at how sensory seeking could impact on effective communication.

Staff were aware that autism can cause difficulties for people in communicating their needs to others as well as interpreting and understanding what others want and expect of them. Therefore, autism specific guidelines had been drawn up following close observations of people's individual behaviours so that strategies were developed to ensure a person-centred approach.

The service had a concerns, complaint and compliments policy and procedure in place. The complaints policy was in a user-friendly style and on display so people could access it. No complaints had been made to the service. People had a chance to express any concerns with the key worker and also at monthly house meetings where it was an agenda item. The service had received a number of compliments from families, friends and professionals. The provider also had a compliments link on their website to encourage feedback.

Is the service well-led?

Our findings

At this inspection, we found and have reported that the service was evidencing they were offering a service to people that exceeded good standards. This was achieved by having a highly effective management team and their staff supported by a strong organisation.

The provider, management and staff vision and values placed people at the heart of the service by ensuring people were empowered and could voice their opinions. We saw a consistent and high level of engagement with people in the service. Regular meetings took place where professionals such as the local police were invited so that barriers could be broken down and relationships made. Staff told us that a person supported by Westwood House was made chairperson of a local group that met to create a job specification of their ideal support worker. This was then sent to the provider's recruitment department to be added to their policies. People also took part in the local learning disabilities forum which discussed issues such as annual health checks. A newsletter was distributed quarterly to keep interested parties up to date with good practice and activities that were happening at Westwood House. The registered manager arranged an annual service review to gain information and feedback from the people supported, staff, families, friends and professionals that visited the service. This was then compiled into an action report to be worked upon over the next year to monitor and improve standards as necessary. For example, feedback had been received from a professional who said they would like to see an outreach or supported living service developed. We saw that the service arranged for commissioners to visit to see how people could have care pathways developed to ensure they could move on to more independent living. The provider had applied to develop a supported living service and we saw that the process was ongoing but one person had achieved moving into supported living and achieved the independence they wanted.

The service had successfully integrated and maintained relationships with the local community. Westwood House had run 'Working Together' events involving the local community for a couple of years. The provider decided to adopt this initiative from Westwood House for all their other services and renamed it 'Growing Together'. This involved people in the service contributing to, planning, developing and delivering a project, such as fund raising for local charities. Resources in the local community were encouraged to be considered as part of this. For example, Westwood House had worked in partnership with a large well-known supermarket using their meeting rooms for coffee mornings and events at Christmas. Staff from the supermarket had attended events and visited Westwood House to do baking with people to support their fund-raising efforts for a local hospice and a head injuries charity. The hospice had been selected in recognition of the support and training they had provided for their housemate's end of life. Following the summer fete, the CQC received some feedback from a person who attended the fete. They said, "Myself, my young daughter and her two friends attended a fete there yesterday and I was overwhelmed by the lovely, warm feeling that buzzed all around. The service users seemed so happy and the staff so welcoming, friendly and professional. Super impressed with the whole set up and has made me consider a huge career change seeing the wonderful care provided to people in need of it".

The management team put equality and inclusion into reality. For example, the registered manager had shared with the team the CQC Equally Outstanding best practice resource via team meeting to enhance

their understanding about expectations of how a focus on equality and human rights can improve care quality. Staff were observed daily to be ensuring these values were delivered. The service had an equality procedure in line with best practice and this has been read and signed by all staff.

There were positive relationships between the service and professionals such as GP's and mental health teams. One health professional told us, "I find staff at Westwood House, open and transparent. They listen to ideas and seek and follow advice. They are always approachable, welcoming, organised and prepared for our visits". We were told that people were given a choice of which GP practice they wish to register with on admission. The service had an open and transparent relationship with their local GP practice who knew people well. The link nurse at the local hospital could be consulted if people were on the learning disability register. This ensured that if people did not have capacity in relation to specific decisions about their health that appropriate people were involved to assist. This included Independent Mental Capacity Advocate's. The IMCA role is to support and represent the person in the decision-making process

The leadership team inspired staff to work to high standards so that the people they supported had a fulfilled, safe and healthy life. Staff worked very effectively together to ensure the very best care and support was provided. We reported earlier that support included management working alongside staff, effective daily communication, regular supervisions and annual appraisals.

There were high levels of satisfaction amongst all staff, who took pride in their roles and were proud about the quality of the service. Staff comments included, "Brilliant management and brilliant communication", "I absolutely love my job" and "Best place I've ever worked in". Staff were supported by a registered manager who was passionate about encouraging them to learn new skills and to progress in their careers. A member of staff told us, "[Registered manager] has delegated tasks above my role which is nice. I've been given so much confidence and encouragement". The registered manager continually developed their own practice. For example, they had completed an advocacy qualification in order to be available to volunteer to other local services. This also meant the service benefited from a manager that understood the importance of people having access to advocacy advice to ensure people's views were fully represented and heard.

Staff told us they had achieved national qualifications in social care that would support future career opportunities. We saw staff had been appointed as champions in areas such as safeguarding, infection control, health and recruitment and retention. Senior staff were allocated as care certificate assessors. We heard that one of the champions had won a regional and national award in recognition of their high-quality work about empowering individuals in line with the MCA principles. The service also had an employee of the month scheme to recognise and reward positive role models. The service had a recruitment and retention champion who arranged for all staff to receive small tokens of appreciation such as birthday cards and a gift at Christmas.

Staff meetings were arranged and rotas ensured that staff could attend these meetings regularly which provided an opportunity for staff to have input and understand their roles and feel motivated. This meant staff felt included and valued.

There was a highly effective governance embedded into the running of the service. Quarterly internal audits on all areas of the service were completed and consolidation and improvement plans were developed from these. The local authority also undertook regular monitoring visits. The provider's quarterly internal audit was reviewed and updated quarterly to reflect any changes in legislation. The registered manager attended monthly manager meetings held by the operations manager where good practice was shared and lessons learnt within the business were discussed.

The provider had signed up to various memberships to promote current and best practice. These involved, Skills for Care, Care England, British Institute for Learning Disabilities (BILD), winners of 2016 LANG BUISSONS specialist care awards, investors in people, winner of health investors award 2016-specialist care provider of the year. The registered manager ensured they were keeping updated to ensure they were following recent guidance in relevant areas. For example, using the National Institute for Care (NICE) and the Department of Health website. The manager signed up to and received CQC's newsletters to keep updated and attended provider forums within the local authority. Information from these meetings were shared with the team. The provider was a member of Care England, BILD and LDa England which meant that changes, initiatives, and learning from across the sector were shared where required. Every quarter new policies were distributed and staff evidenced they had read and signed them to ensure relevant legislation was followed.

The service ensured their information systems were in line with national standards. There was a confidential and information sharing procedure (July 2016). The office management system had been updated in January 2018 with the required archiving and retention categories.