

Westfield Residential Home Ltd

Westfield Residential Home

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?	Outstanding ☆

Summary of findings

Overall summary

The inspection of Westfield Residential Home took place on 11 January 2016 and was unannounced. At the last inspection on 30 April 2014 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Westfield Residential Home is located in a residential area of Willerby with bus access to Hull and beyond. It provides support and care to 23 older people who may be living with dementia and on the day of our visit there were 23 people in residence with a waiting list of 30 people wishing to take up residence. All bedrooms are single occupancy, some with an en-suite toilet and wash hand basin. There is a communal lounge and a communal dining room. There is a passenger lift to the upper floor, a pleasant enclosed garden and parking for eight cars. A family philosophy was used for the basis of the care provided. All staff employed shared the care of people that used the service.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager that had been registered and in post for the last fifteen years. They had worked at the service in another capacity twelve years prior to this. A registered manager is a person who has registered with the Care Quality Commission (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.

We saw that the service was very well-led by a consistent management team that had many years combined caring experience between them. The registered manager demonstrated passion and commitment to people, strong values and a desire to learn about and implement best practice throughout the service. We found that the culture and the management style of the service were extremely positive and based on an ethos of hard work, teamwork, commitment and dedication to improvement, which meant people that used the service benefitted highly from this in the way they were treated and cared for.

What was striking about the management team at Westfield (the registered provider, registered manager and deputy manager), was their absolute commitment to providing a team approach to supporting people with their needs; their physical and emotional wellbeing, as well as all tasks that needed doing, however menial. This ethos was passed down to the staff team who responded very well and embraced the same ethos in their approach to caring for people that used the service. This meant the staff were highly motivated and were actively involved in and contributed to continuous improvements in care, which meant that people received excellent care wherever possible. Staff were proud of their work.

There was an effective system in place for checking the quality of the service through the use of audits, satisfaction surveys, meetings and very good communication on a daily basis, with healthcare professionals, other stakeholders and especially people and their relatives. This showed that the registered provider gathered information about the quality of their service from a variety of sources. This information was used

to enable the provider to identify where improvement was needed and to implement and sustain continuous improvement in the service. Everyone we spoke with; people that used the service, relatives, staff and a community nurse stated that they felt the service was extremely well-led and the management team were firm, fair and dedicated, making for a very well run care home. They all agreed their views were sought.

People had very good opportunities to make their views known through direct discussion with the registered provider or the staff and through more formal complaint and quality monitoring formats. People and relatives said they were always listened to and their views or concerns were discussed and taken on board where possible and resolved quickly.

The service had developed and sustained effective links with organisations that helped them develop best practice. The registered manager sought out creative ways to provide a personalised service and had achieved good results through close working with other agencies, particularly those in the healthcare field.

We found that people were assured that the recording systems used in the service protected their privacy and confidentiality. This was because records were well maintained and were held securely on the premises, to ensure only those who needed access to them were given access.

We found that people were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury of harm wherever possible.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet people's needs and we saw that rosters accurately cross referenced with the staff that were on duty. Recruitment policies, procedures and practices were carefully followed to ensure staff were 'fit' to care for and support vulnerable people. The management of medication was safely carried out and people received their medicines on time.

People were cared for and supported by qualified and competent staff that were regularly supervised and received annual appraisals regarding their personal performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected through the use of the Mental Capacity Act legislation and the Deprivation of Liberty Safeguards guidelines.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing and they told us they had plenty to eat and drink throughout the day. The premises were suitable for providing care to older people and those living with dementia and there were no adverse effects to people living with dementia as a result of some patterned carpets.

We found that people received compassionate care from kind staff and that staff knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible. This ensured people were respected, that they felt satisfied and were enabled to take control of their lives.

We saw that people were supported according to their person-centred care plans, which reflected their needs and which were regularly reviewed. Care plans had undergone changes in format since our last inspection and there was information from the registered manager that these were now too time consuming. Therefore the registered provider had introduced a pilot for moving to an electronic care plan system. This was being evaluated before full introduction was considered.

People had the opportunity to engage in some pastimes and activities if they wished to, which included singing, movement to music, quizzes, some craft work and film viewing. People received many visitors and had very good family connections and support networks.

We found that there was an effective complaint procedure in place and people were able to have any complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain healthy relationships, mainly through visits for those whose family lived close by, but also through long-distance texts, telephone calls, cards and letters for those whose family lived abroad.

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 protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury at all costs.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed. All of this meant that people felt safe.

Is the service effective?

Good ●

The service was effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and people's rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing care to older people and while there were no adverse effects to people living with dementia, the environment, regarding floor covering, could have been more conducive to their needs.

Is the service caring?

Good ●

The service was caring.

People received compassionate care from kind staff. People were supplied with the information they needed and were involved in all aspects of their care and support.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked hard to maintain these wherever possible.

Is the service responsive?

Good 

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed. They had the opportunity to engage in some pastimes and activities or entertainment provided by the service.

People were able to have any complaints investigated without bias and they were encouraged to maintain healthy relationships.

All of this meant that people felt they were in control of their lives.

Is the service well-led?

Outstanding 

The service was very well led.

People experienced the benefit of a very well-led service, where the culture was person-centred and the registered manager promoted strong values, commitment and positive leadership. The registered manager ensured this was consistently maintained.

The service worked effectively in partnership with other organisations and forged positive links with healthcare professionals to improve the lives of older people. They sought feedback from people that used the service, which brought about change and positive improvement.

There was strong emphasis on continual improvement and best practice which benefited people and staff. People had an improved service of care year on year because these quality monitoring systems were very effective at identifying where improvement could be made. The registered manager promoted an open and inclusive culture that encouraged continual feedback.

Westfield Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 of Westfield Residential Home took place on 11 January 2016 and was unannounced. The inspection was carried out by one Adult Social Care inspector. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the local authorities that contracted services with Westfield Residential Home and from people who had contacted CQC, since the last inspection, to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people that used the service, five relatives, the registered manager and a director for the company. We spoke with three staff that worked at Westfield Residential Home and a visiting community nurse. We looked at care files belonging to two people that used the service and at recruitment files and training records for two staff. We looked at records and documentation relating the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas as well as people's bedrooms, after asking their permission to do so.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Westfield Residential Home. They explained to us that they found staff to be "Kind and thoughtful" and "Really lovely girls to be with." Relatives we spoke with said, "I know I can go home at the end of my visit and not worry about leaving my relative here" and "Staff are very kind and the management are so approachable about anything. I feel quite sure my relative is safe here."

We found that the service had systems in place to manage safeguarding incidents and that staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents to the local authority safeguarding team. Staff said, "I've had safeguarding training and know that I should report all issues to the manager or director, who then pass concerns to the local authority" and "I remember the types of abuse, they are..." One staff member mentioned half the types of abuse and was prompted with the rest but told us the signs and symptoms of abuse without prompting. Another staff member demonstrated their understanding of issues very well and that they were aware of their responsibilities in handling information of a safeguarding nature.

We were told by the registered manager that every effort was made to work at preventing all issues that could become a safeguarding concern. Their view was that 'prevention was better than cure' and so they addressed issues quickly to resolve them before they deteriorated into serious problems. There was evidence in staff training records that staff had been trained in safeguarding adults from abuse. We saw the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team, which corresponded with the information the service had sent us in formal notifications. We saw that only one safeguarding referral had been made in the last year. Staff training in this area, systems in place to manage safeguarding and practices followed to reduce risks ensured that people that used the service were protected from the risk of harm and abuse.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs but these were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

People had risk assessments in place to reduce their risk of harm from, for example, falls, poor positioning, moving around the premises, inadequate nutritional intake and the use of bed safety rails. We saw that everyone had a 'personal emergency evacuation plan' in place to direct staff on how best to assist them in evacuating from the building in an emergency.

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service and these were all up-to-date. They included, for example, fire systems, electrical installations, gas

appliances, hot water temperature at outlets, lifting equipment and the passenger lift. There were contracts of maintenance in place for ensuring the premises and equipment were safe at all times. These safety measures and checks meant that people were kept safe from the risks of harm or injury due to unsafe premises.

We found that the service had accident and incident policies and records in place should anyone living or working there have an accident or be involved in an incident. Records showed that these had been recorded thoroughly and analysed and that action had been taken to treat any injured person and prevent accidents re-occurring.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. There were four care staff in the morning and three care staff in the afternoon on duty. The registered manager told us that because the service now had more people than ever that required support with their mobility, extra staff had been taken on over the last six months. They also said they were considering taking on more staff for the evenings: 6:00pm to 10:00pm as people were becoming more dependent with their mobility needs. There were two care staff on duty throughout the night.

People and their relatives told us they thought there were enough staff to support people with their needs. One relative said, "There are always staff around to help with things whenever I visit." One person that used the service at Westfield said, "Staff help when I need them, I only have to call using the call bell and they are there." Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities, while still being able to spend a little individual time with people and assisting them with an occupation or activity. We saw that there were sufficient staff on duty to meet people's needs on the day we inspected.

The registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone over the age of 16 applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in the two staff recruitment files we looked at.

The registered manager told us what the recruitment procedure involved, and we saw evidence of this in staff files. They contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. There were apprenticeship agreements, supervision records, appraisal records and terms and conditions of employment.

One relative we spoke with told us they thought staff were properly vetted before they were taken on. They said, "All staff are fully vetted and they are usually taken on a trial basis before they work here permanently. The manager is diligent about who works here, as the people can get upset if the balance is not right." We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable to work with vulnerable people.

We looked at how medicines were managed within the service and checked a selection of medication administration record (MAR) charts. We saw that medicines were obtained in a timely way so that people did not run out of them, that they were stored safely, and that medicines were administered on time, recorded

correctly and disposed of appropriately. We saw that there were no controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001).

Medicines were dispensed in a monitored dosage system (MDS) from a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken when. The packages were stored in a locked trolley in a locked store room and any that required cooler than normal storage were kept in a medicines fridge. There had been an audit completed by the dispensing pharmacist in October 2015 which showed the service met the standards required as stated in the National Institute for Health and Care Excellence guidelines on managing medicines in a care setting.

People said, "I think the staff are best looking after my tablets as I might forget when to take them" and "The staff have responsibility for my tablets, I wouldn't want to do it" when we asked them about handling their medication. We saw that MAR charts had been completed accurately and that tablets in the MDS packets corresponded with the information on them. The systems in place and the vigilance of the staff handling medicines meant that people received their medication safely.

Is the service effective?

Our findings

People we spoke with felt the staff at Westfield Residential Home understood them well and had the knowledge to care for them. They said, "The girls certainly seem to know what they are doing" and "I know the staff are well trained because they are knowledgeable about everything."

We saw that the registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles and that the registered manager monitored this well. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. The registered provider had an induction programme in place and reviewed staff performance via one-to-one supervision and an appraisal scheme.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. Staff said, "We have all done dementia training, I've completed safeguarding adults, food hygiene, moving and handling, first aid, infection control and medication management" and "I have done training in fire safety, use of the hoist, safeguarding, medication, the same as [Name] in fact."

A visiting NVQ assessor we spoke with told us, "I have been assessing staff here for over three years and have always found them to be really good and receptive to training. The manager is very supportive and gives staff time for their one-to-one with me. Staff can have time to complete their training as well. For example, the young apprentices are given time to hold workshops and other staff can discuss their learning. There is usually a job for the young girls at the end of their apprenticeship. There were three on the go but all have jobs here now. If I obtain permission from people that live here I can do as much observation as is needed (not on personal care of course) so it is easy to assess the staff."

We saw three staff files that confirmed some of the training completed by staff and the qualifications they had achieved. We saw that staff had received supervision regularly and that appraisal scheme meetings with staff had been held and were recorded.

We saw that communication within the service was good between the management team, the staff, people that used the service and their relatives. Methods used included daily diary notes and memos among the staff, telephone conversations with relatives and other professionals, meetings for people and staff and notices and face-to-face discussions with people and relatives. We saw that some people also had individual 'advanced directives' in place to say where they wanted to be cared in later life, how and when to contact family members and how to ensure their comfort, for example, if they became frail and ill.

We were told by the registered manager that they often received texts and phone calls from relatives living abroad, at all times of the day or night, to discuss people's needs or changes in their wellbeing. This was something they welcomed from relatives and also from the staff team should they need to seek advice or guidance. We saw people that used the service and their visitors asking the registered manager and staff for information and details were exchanged so that staff were aware of people's immediate needs.

Relatives of people that used the service told us, "I received all of the documentation and information I needed when my relative came to live here. I ensure my relative has sufficient personal allowance to spend and when it is running out the staff let me know. They communicate well with me" and "The staff and management are always approachable about any concern or just to talk to about my [relative's] care."

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 interest and as least restrictive as possible.

We saw that people gave staff their consent to receive care and support by either saying so or by agreeing to accompany them and agreeing to accept the support offered. There were some documents in people's files that had been signed by people or relatives to give permission, for example, for photographs to be taken, care plans to be implemented or medication to be handled on their behalf.

People had their nutritional needs met by the service because people had been consulted about their likes and dislikes, allergies and medical diets and the service sought the advice of a Speech And Language Therapist (SALT) when needed. SALT had particularly been accessed for two people that spent much of their time in bed now, as they were prone to choking and poor nutrition because of swallowing difficulties. They had specific nutritional risk assessments in place to alert staff in ensuring they received sufficient amounts of food and drink. We saw that nutritional monitoring charts were completed for them with the times and amounts of food and drink they had taken. The service provided three nutritional meals a day plus snacks and drinks for anyone that requested them.

The NVQ assessor we spoke with told us they had discreetly observed staff supporting people with meals and that the meal times they had observed had been relaxed, unhurried and a lovely experience for people. They said, "Time is always allowed for people to eat at their own pace, they choose where to sit in the dining room, or if they want to eat in their bedroom they can. There is a choice of food and I have seen people given something completely different if they don't like any of the options available."

Menus were on display for people to see what was on offer and people told us they were satisfied with the meals provided. They said, "I love the food, it is lovely" and "There is always plenty to eat, and it's good."

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and reviewed with changes in their conditions. For example, one person's information showed how their mobility had changed and how staff now had to support them with the use of more equipment, for which they had been assessed. There were records of when people had been visited by their GP, the District Nurse, chiropodist or optician, for example, and all of the information held on people's health conditions and illnesses was kept up-to-date, with the help of information from and communication with family members. Health care records held in people's files confirmed when they had seen a professional, the reason why and what the instruction or outcome was. We saw that diary notes recorded where people had been assisted with the health care that had been recommended for them by professionals.

A visitor we spoke with told us, "If my relative is poorly the staff don't fuss about dressing them or anything but leave them in their pyjamas and make them comfortable in their bedroom. Staff keep offering small amounts of food and plenty of liquids. The staff are lovely here." We were told by staff that people could see their GP on request and that the services of the District Nurse, chiropodist, dentist and optician were

accessed whenever necessary or requested. The information we saw in files was corroborated by staff.

The registered manager informed us that people were always accompanied by staff to visits at the GP surgery or their dentist or chiropodist and we saw that this was recorded in daily diary notes. Wherever possible people went out to access these services, but sometimes they were brought to people. The registered manager also told us that staff always accompanied people to the accident and emergency department if a person had an accident or was taken ill and their family were unable to go with them from the service. They said that staff waited for relatives to arrive to 'meet and greet' them. Care was always seen by staff as continuous and therefore they would never leave a person in hospital until family had arrived. A staff member told us they had waited six hours with a person on one occasion and that lengthy waits of this type were frequent.

A visitor we spoke with told us, "Westfield was recommended to me by some relatives that I knew who already had family here. They spoke very highly of the service. I know that when I have left here all of the very good care continues. The staff are so honest, reliable and always have time for me and my family, as well as my [relative]."

For those people that used the service who were living with dementia, approximately less than half of them, we found that the service had some signage to orientate people around the premises and colour schemes for wall and floor coverings were plain in bedrooms. However, the patterns of carpets in corridors and the lounge and dining room were not particularly suitable for people living with dementia, but it was noted that people at Westfield Residential Home had only early signs of cognitive impairment that had happened in later life. This meant that because no one was living with advanced dementia they were therefore not affected greatly by the environment. People moved about the premises at will and were not seen to be experiencing any problems.

A discussion was held with the registered provider and registered manager about future changes to the communal carpets and they were aware of the ways in which the environment could be enhanced in the near future for people living with dementia. All staff had completed dementia care training and were aware of people's individual needs, were vigilant about safety and carefully monitored people's movement, so that people were not at risk from their environment.

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other and that they liked living at Westfield Residential Home. They said, "I am quite happy. I am warm, the place is clean and we do activities, such as balloon tennis", "Though I really would prefer to go home, I am looked after very well here", and "I often feel sleepy and the staff help me to my bedroom after lunch to have a sleep. They are all very nice people."

A visitor we spoke with told us, "I am very pleased with the care my [relative] receives. The staff always go the extra mile. For example, my [relative's] key worker always contacts us with all kinds of information, and especially my sister who lives away (different country). I see the way staff talk to my [relative] and ask their permission to assist them and I see the good food they get. I see how staff encourage my [relative] to do things for themselves and I saw that the Christmas celebrations that took place in the home were incredible. Everyone dressed up for the Christmas party, Father Christmas came and gave everyone a present and all the staff were here helping people to get up and dance to the entertainment. Lots of effort goes into my [relative's] care. It is the best they can get while not at home."

Another visitor said, "I love the care that my [relative] gets and they love it too. The owner is absolutely marvellous; in fact everyone here is marvellous. The staff are brilliant. There have been some new staff lately and they are also very lovely. There is very good interaction from the staff and you can see that they love their job." A third visitor said, "I can go home at night and sleep soundly, but I still visit lots as it is part of my life now. All the staff are wonderful and I can go to the manager any time for anything."

We saw that staff had a pleasant manner when they approached people and smiled a lot, as staff knew people's needs well and genuinely liked being at work. One staff member said, "I love coming to work. It's not like work, but just like visiting elderly family." Another staff member said, "It's my job to make sure people are happy, respected and treated how I would want to be treated." The registered manager told us that staff put 110% effort in their attitude to caring well for people. We were told that some of the staff had been employed at Westfield Residential Home for many years.

The management team led by example in all aspects of the service. Management and staff were polite, caring and understanding in their approach to people that used the service and their relatives. Management and staff gave the sense that nothing was ever too much trouble and we observed that they went about their responsibilities in a cheerful manner. One person that used the service said, "The staff are so lovely" and one relative we spoke with said, "Staff are so friendly, even the kitchen and cleaning staff are friendly and they all acknowledge you when you visit. They are always very obliging when I knock on the front door." This meant that people were treated respectfully and their relatives didn't have to worry. We saw that staff were 'tuned-in to' people's preferences and wishes, because they anticipated people's needs and always seemed to be planning just a little ahead of what might be asked for next. We saw that nothing appeared to be any trouble for staff.

We saw that everyone had the same opportunities in the service to receive the support they required, but

were treated as individuals with their own particular needs. We saw that these were well met and according to people's individual wishes. Care plans, for example, recorded people's individual routines and preferences for getting up in the morning, going to bed at night or for just passing the time of day. They recorded people's food preferences and how they wanted to be addressed, for example, as Mr/Mrs/or by their Christian or 'nick' name. Staff knew these details about people and responded to and respected them.

We saw that people who used the service had their general well-being considered and monitored by the staff who knew what incidents or happenings would upset people's mental health, or affect their physical ability and health. One staff member said, "I notice when people's general wellbeing is not right, like one person who has been unsettled these last couple of weeks and has been shouting for assistance. I have been giving much more reassurance to the person and have spoken several times with the manager about them. We are all keeping a closer eye on them and while there has been GP input and no obvious reason for the shouting, we will work out what the problem is and put things right."

We were told by the registered manager that staff or management often went above and beyond what was expected of them. For example, across a weekend recently one person became unhappy about young gender specific staff attending to their personal care needs and refused some new, but necessary catheter care. Staff telephoned the director who came in to provide the care and this was gladly accepted because they were of the same gender and nearer to the person's own age.

Another example of staff caring above and beyond was when two staff thought two people that were very good friends were looking a bit on the miserable side. Staff offered to take them in their own time to a local café for a coffee and cake. People said they had thoroughly enjoyed just having a change of scenery together and this had cheered up their mood. Similarly we were told that on the day of the annual Christmas party at the service four staff had voluntarily come in to the service to assist and to just be with people because they cared for them so much and wanted people to have a good time at Christmas.

The registered manager said these instances were typical of the overall staff team approach that Westfield Residential Home nurtured in showing staff really cared for people.

People were supported to engage in pastimes of their choosing and there was a tentative programme of activities posted on the notice board. People were encouraged by staff to continue with any pastimes they had before moving to Westfield Residential Home. This helped people to feel their lives were worthwhile and aided their overall wellbeing. One person loved to feed the birds in the garden and enjoyed classical music. Others loved singing and one person seemed to be always trying to remember lines from songs they knew. We found that people were experiencing a satisfactory level of well-being and were generally quite positive about their lives. We were told by staff that they were all of a 'really good age'. Most people were in their 80's or 90's, but one person had already celebrated their 100th birthday.

While we were told by the management team that no person living at Westfield Residential Home was without relatives or friends to represent them, we were told that advocacy services were available if required. Information was provided on the resident notice board.

People we spoke with told us their privacy, dignity and independence were always respected by staff. People said, "My personal care is done how I want it and discreetly" and "I never have to worry about feeling embarrassed, as the staff are all very thoughtful." We saw that staff only provided care considered to be personal in people's bedrooms or bathrooms, knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter and exit, so that people were never seen in an undignified state. Staff said, "People's privacy and dignity are very important, such as with ensuring they are

covered when washing or being supported with personal care" and "I would only ever treat a person the way I would expect to be treated, and that is in a dignified way."

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about having their needs met in better ways than they expected staff to meet them. We saw that one person spent their afternoons resting in bed and they said they had been "Propped up well and covered to stay warm until tea time." They said they always had a hot drink while resting in bed and we saw this on the side of their locker. Another person said they had support with bathing whenever they wanted and that staff always ensured they had "The right toiletries and soft towels." We saw that these arrangements were important to people and were recorded within people's care plans.

Visitors we spoke with said, "Everything my [relative] needs is taken care of: hairdressing, GP visits, chiropody, personal care, entertainment, it is all provided here at Westfield" and "The place was recommended to me and when I visited I knew that I didn't have to look anywhere else. I know that when I go home the care continues just as I see it." Another person said, "There is a religious service in-house every third Friday of the month for people that want to attend."

We looked at two care files for people that used the service and found that the care plans reflected the needs that people presented with and they had told us about. Care plans were person-centred and contained information under different areas of need pertinent to individuals. These showed staff how best to meet people's individual needs. They contained personal risk assessment forms to show how risk to people would be reduced, for example, with pressure relief, falls, moving and handling, nutrition and bathing. They also contained health monitoring charts for nutrition, positional changes and GP and district nurse visits. We saw that care plans and risk assessments were reviewed monthly or as people's needs changed.

There had been a change in care plan format in the last two years which the service had adopted and implemented, but these were too time consuming, according to the management team and staff. We were told by the registered manager that a care plan was being piloted in an electronic format for one person to see if staff liked that format before adopting the programme fully. This type of electronic care planning was already in operation in one of the service's 'sister' locations.

We saw that one simple technique in use for differentiating between day and night time reports in people's diary notes was the use of red ink for night time and blue/black ink for day time. Information on these shifts was very easy to identify visually so that staff could monitor people's wellbeing more easily across any 24 hour period or longer. We also saw on-going key worker notes and management notes written on a monthly basis if this was appropriate.

While we were looking around the premises we observed that one person became anxious and in doing so reverted to their first language, which the registered manager explained had proved difficult for staff at first. They explained that staff had learned some key words to say to the person, but more importantly were able to call on one of the GPs at the person's surgery that spoke the same language. The GP had established a relationship with the staff and was willing to visit occasionally to speak with the person when their anxiety

could not be alleviated. The person did not have any memory impairment diagnosis but now in their later years, forgot from time to time where they were living and began to use their native language. The registered manager said they were going to contact a local university language department to see if anyone was willing to sit and speak with the person, perhaps once a week, so that any issues the person had could be passed to the registered manager to address.

There were activities held in-house with staff, as part of the planned programme of care for people. People told us they sometimes joined in with quizzes, armchair exercise and sing-a-longs and we observed one staff asking people quiz questions before lunch. People said, "That was interesting" and "I never knew I could get so many questions right." We saw items in place for other pastimes: board games, crafts, magazines and newspapers. People also spent time in their bedrooms watching television, mostly at night. Music was usually played in the lounge in the mornings.

We were told that staff often went 'over and above' what was expected of them, as for example, one staff member spent their own time assisting people that enjoyed gardening to plant-up some raised flower beds in the courtyard in the early summer. Other staff members often stayed behind after their shift to ensure people's care needs were completed and not left half way through for another staff member to continue with, which meant people's needs were always consistently met. One senior staff had made some hand muffs in their own time, which also acted as activity items because they were made from interesting fabrics and decorated with buttons, loops, ribbons for tying and zips for pulling. A third staff member had driven one of the people that used the service to the venue of a Christmas lunch party organised by one of their friends. Staff had stayed until the person's friends arrived and then the husband of the registered manager had picked the person up to take them back to Westfield Residential Home.

We saw that the service used equipment for assisting people to move around the premises and that this was used very effectively. We were told by the registered manager that two hoists were available but an increase in people's needs required a third hoist to be bought. We saw that one was a 'standard' hoist and two were sling hoists. People were assessed for the use of lifting equipment and there were risk assessments in place to ensure no one used them incorrectly. A visiting NVQ assessor we spoke with told us, "I have assessed and observed staff using the hoist when assisting people to transfer and equipment has always been available."

The staff understood that people had their own hoist slings to avoid cross infection and these were kept in people's bedrooms and labelled. Bed rail safety equipment was in place on people's beds and these had also been risk assessed for safe use. We observed two staff members assisting a person to transfer using a hoist and this was achieved sensitively, encouragingly and with good communication about what was expected and what the person could expect from the staff at each stage. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, but not unless people wanted them and, if necessary, they had been risk assessed.

Some people preferred to remain in their bedrooms and only mix with others at meal times. These people were visited throughout the day by staff checking they didn't need anything. Two people spent a lot of time on bed rest, rarely getting up and all of their personal care needs were met by staff going to them at regular intervals and assisting them with positional changes, drinks, food and entertainment. These people had monitoring charts that recorded when staff had supported them and we saw these were completed appropriately.

While some people could have spent a good deal of time alone and isolated from others we saw that staff ensured they regularly checked that people were okay and we saw there were lots of visitors to the service. Some relatives stayed with people and ensured they had company.

Staff told us that it was important to provide people with choice in all things, so that people continued to make decisions for themselves and stayed in control of their lives. People had a choice of main menu each day and if they changed their mind the cook usually catered for them. People chose where they sat, who with, when they rose from bed or went to bed, what they wore each day and whether or not they went out or joined in with entertainment and activities. People's needs and choices were therefore respected.

People were assisted by staff to maintain relationships with family and friends. This was carried out in several ways. The most effective way was to use 'What's App' (a mobile phone internet connection where people can chat through messaging for free) and this was regularly used by one person to speak to their relative in New York. Staff who key worked with people got to know family members and kept them informed about people's situations if people wanted them to. Staff also encouraged people to receive visitors, go out with family and friends and telephone them regularly. Staff spoke with people about their family members and friends when helping with care, for example, on getting up in the morning. Key worker staff encouraged people to remember family birthdays by helping them give or send cards and gifts.

We saw that the service had a complaint policy and procedure in place for everyone to follow and records showed that complaints and concerns were handled within timescales. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain. They said, "I can go to the manager any time or the owner" and "If I need to express a complaint there is a procedure to follow. I just have to ask any of the staff." Relatives we spoke with also knew how to complain but told us they had never needed to. They said issues were always discussed and the registered manager usually sorted them out amicably.

Staff we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. Staff said, "We often ask people if everything is okay, but we find that they are unwilling to moan about anything. So we ask relatives to speak with people and find out if they have any concerns. Relatives then come to us with things, which we try to sort immediately. That way they don't become major issues" and "We are entirely open to suggestions of any kind." We saw from records held that the service had appropriately handled two complaints in the last year and complainants had been given written details of explanations and solutions following investigation. All of this meant that the service was very responsive to people's needs and learnt from mistakes.

One staff member said, "This is an amazing home to work in, we make mistakes sometimes, but we always correct them for the better. We are all professionals and so if we have any issues we talk to the manager."

Is the service well-led?

Our findings

People we spoke with felt the service had a very pleasant, family orientated atmosphere. They told us, "I feel very much at home here, all the staff are like members of my family", "There is a very nice atmosphere here and everyone gets on so well", "I am not entirely happy about being in care but it would be difficult to find anywhere better than Westfield when care is what is needed" and "The home is extremely well run and nothing is too much for anyone." Staff we spoke with said the culture of the service was, "Positive. Always moving forward to improve care" and "Homely, a place where bonding takes place and where teamwork forms the basis of all we do. We are a family."

Visitors we spoke with told us, "Westfield is just full of positive vibes, everyone works very hard to make sure people are very well cared for" and "Staff have held summer parties and lots of other seasonal fund raising events in their own time, over many years, and they always involved us relatives. The home is extremely well run by the manager, who has dedicated her working life to the place." Two more visitors said, "We have always been highly delighted with the care our [relative] receives. You would have to go a long way to find another place like this." We were told by people and visitors that the positive culture of Westfield Residential Home had been sustained over many years, which meant people had experienced an excellent atmosphere consistently over time.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for the last fifteen years. They had also worked at Westfield Residential Home in another capacity ten years prior to this. They had developed Westfield Residential Home into a well-managed, smoothly operating care service where the word 'home' meant everything it implied. The registered manager had a track record of being an excellent role model, seeking and acting on views of others and building up effective relationships through persistent positive interaction. One person that used the service who we spoke with said, "[Name], the manager is wonderful, they look after us and the girls so well and will always 'get their hands dirty' to help us." This meant that people recognised and benefitted from the teamwork which was evident in the service. The registered manager knew every detail about people's lives, needs, aspirations and preferences and led by example in all aspects of care and support provided to people. For example, we saw the registered manager assist a person to the bathroom and we saw them help a person with their food and drink at lunch time.

The registered manager equipped themselves with necessary knowledge on medical conditions of older people, by researching and reading, discussing issues with healthcare professionals and by learning from experience. This was so they could recognise any signs of an ailment in people and seek professional health care support and treatment quickly when necessary. Their knowledge was always shared with staff in meetings. We heard the registered manager pass information to a member of staff regarding a person's health needs. This approach had been the practice for many years and so the registered manager and staff had sustained outstanding practice in providing excellent healthcare support to people over time.

We spoke with a visiting community nurse who told us they had been attending people at Westfield Residential Home for several years and had always found the place to be extremely well run. They said

information about people's health needs was always extensively shared with them, that communication lines were excellent and that the registered manager and staff listened to advice and instructions and carried these out extremely well and 'to the letter'. The service worked in partnership with healthcare organisations to make sure it followed current practice and provided high quality healthcare that was overseen by the professionals. We saw evidence of this in people's care files in relation to their skin integrity and pressure care.

The community nurse also said the service was hygienic and standards of cleanliness were important to all staff and that this was evident in the highly maintained condition of the premises.

We saw during our observations that the registered manager would undertake any duty they asked any member of staff to carry out and was seen around the service providing 'hands-on' care, whenever it was required. This applied to the registered provider as well, who said, "If I see a dirty carpet first I will be the one to clean it. If I see someone needing support first I will be the one to support them." This was striking about the management team at Westfield Residential Home (the registered provider, registered manager and deputy manager): their absolute commitment to providing a team approach to supporting people with their needs; their physical and emotional wellbeing, as well as to all tasks that needed doing. This ensured people's health and wellbeing was well monitored and their needs were met using a strong team approach. People said, "The girls do a marvellous job and it's all down to [Name] the manager" and "The girls are so polite and well managed."

We were told by staff that the management team highly valued them and treated them very well, at times when both positive and negative things happened to them in their work or personal life. Two staff related incidents to us where the registered manager had worked with them to overcome personal difficulties that impacted on their work performance; by enabling a change of roles that could be looked at again in the future and by rearranging rosters and providing very short notice cover to facilitate important personal appointments.

Staff said they had been very grateful for the way they had been helped to resolve their problems, which had enabled them to both continue with their jobs and overcome the difficulties they had. They said this had instilled in them a sense of loyalty and commitment to the job and therefore they were more likely to go 'above and beyond' for the people that used the service as a result. The registered manager told us that all staff were so committed to people that used the service, they stayed back if necessary after working hours for an extra 20 or 30 minutes to ensure a person's support was seen through to the end. This was so that people's needs were met.

These were the underpinning approaches of the management style that created the ethos of 'the job' at Westfield Residential Home: sharing responsibility, caring, respecting all people, working hard but being ready to enjoy what life dealt. This approach was then reflected in the actions of the staff when they assisted and supported people that used the service. Staff were more willing to give of their time, energy and commitment in supporting people, because they had been invested in by the management. Staff we spoke with at Westfield Residential Home stated they felt valued and a part of one team in which all its members were equal contributors. Staff said they clearly knew their roles and responsibilities and were happy in their work, but also said that if ever these were ignored they were also clear about the response they would receive, as the management team were united in their management style. Staff said they were motivated and had confidence in the way the service was managed.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be open and honest and to apologise to people for any mistake made). We saw

that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been notified to the Care Quality Commission.

We found that the management style of the registered manager and management team was open and approachable. Staff told us they could express concerns or ideas any time and that they felt these were considered. Staff said, "The management team are really, really good. They are always there for us, day or night and I can talk to them about anything. They even support you with personal issues and at one point had staff ready on standby to replace me at short notice, when I had cause to respond to an issue that may have required me to leave work suddenly."

Relatives told us, "All three people in the management team are very approachable. My [relative] is deaf and so gets quite stewed up sometimes, but the management team are very helpful and always solve my [relative's] problems, helping them to get back to a state of calmness." The service had developed and sustained a positive culture that encouraged people and staff to raise issues of concern, which were always acted upon.

The service maintained links with the local community through the church, schools, colleges and visiting local stores and cafes. Two people had been out to a local store with a staff member to have a drink at the café and others said they sometimes went with the registered provider for a 'run out' on errands. Relatives played an important role in helping people to keep in touch with the community by taking people out shopping or to activities in the community. We saw that relatives were always made very welcome and greeted like members of 'the family' that was Westfield Residential Home.

The service had written visions and values and a 'statement of purpose' and 'service user guide' that it kept up-to-date. These documents explained how staff were expected to conduct themselves and what the service offered. The visions and values of the service were 'family, enable, encourage, independence and freedom.' A person-centred approach was used in following the values of the service. People were enabled and encouraged to be individuals and to be as independent as possible. We spoke with one person that had a very determined personal view of their own situation and while the staff disagreed with that view they respected the person's wishes regarding their future. Staff showed that they understood the person and their way of thinking, so the person remained independent in their belief, yet still felt supported with their care needs. The staff put people at the heart of the service and upheld a strong family ethos.

Over time Westfield Residential Home has provided a consistently high quality service to people that used it and the registered manager strives to improve care year on year. The registered provider, registered manager and staff constantly reflected on their practice in discussions with relatives, meetings and daily talks in hand-overs and break times. We saw part of a shift handover held between the staff and information passed over to staff coming on duty was very detailed and reflective. This approach ensured they searched for and sustained outstanding practice. The service has maintained a waiting list for many years that people were happy to have their name on.

We were told by the registered provider that an administrator from one of the service's 'sister' homes worked as a quality assurance coordinator for all three of the services. They ensured that robust quality audits were carried out, satisfaction surveys were issued and all of the information gathered was evaluated to look at ways of improving the overall quality of care that people experienced. Staff understood that the need to provide a quality service was fundamental and worked hard to affect improved quality assurance ratings.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service and we saw that quality audits had been completed on a regular basis. These included monthly checks, for example, of food provision, kitchen services, fire safety, mobility equipment, accidents, complaints and entertainment. Staff files, maintenance, care provision, management of medicines, ancillary services and general housekeeping had also been audited.

We saw that satisfaction surveys had been issued to people that used the service, relatives and health care professionals. A visitor we spoke with told us, "I know Westfield has a quality assurance programme, I have been given satisfaction surveys. And I know my family abroad have received emails asking for their view of things. Information received is used to make changes to the service. There is also a book in the front entrance where messages about changes are passed on to us. We are kept very well informed."

Comments seen on returned satisfaction surveys were all positive and included, 'Safe, caring, clean environment, staff well trained and show genuine compassion', 'Superb staff, hardworking and handling complaints is excellent', 'I enjoy having meals with others, who are always clean, comfortable and well turned out. It's a great place to be in my condition' and 'Very efficient, extremely satisfied'. Other comments were, 'Very pleased in deed with all aspects of care being given to my spouse', 'All very good indeed, especially the atmosphere. Staff are excellent and the care of residents is excellent', 'Staff, food and care are first class. I am thrilled with everything' and 'Without doubt staff are always very helpful and caring, especially in difficult circumstances.'

The year's evaluation of the whole quality assurance system had been completed at the end of December 2015 and was soon to be issued to people that used the service, their relatives and staff, as a quality outcomes report.

The registered manager told us they had used a camera for short periods of time on two separate occasions in 2015 in order to help improve practice and care delivery. One occasion was to identify whether or not staff approach was appropriate. Another occasion was to assist the service and family members to better understand the person's needs. Both uses of the camera, we were told by the registered manager, had been successful in obtaining information that enabled them to address concerns raised and to review a person's care. We were assured that people's privacy and dignity were fully upheld throughout the use of the camera and that the service had followed the Care Quality Commission guidelines on surveillance in care homes. The registered manager explained that the decision to use the camera had not been taken lightly and those that needed to be consulted about the decision to use the camera were fully involved at the appropriate time.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held. There was to be a move towards maintaining people's personal files in computerised format. This was something the service was piloting for one person at the time of our inspection to enable staff to learn the system processes and to test usability by staff, effectiveness and efficiency before everyone that used the service was moved onto it.