

# Black Swan International Limited

# Westfield House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Westfield House is a residential care home that provides care and support for up to 12 people with learning disabilities and specialises in the care of those with Autistic Spectrum Disorder. Nine people were living in the home at the time of this inspection.

### People's experience of using this service:

- The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. Risk assessments were thorough and personalised.
- The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. The registered manager confirmed that robust recruitment procedures were followed.
- Medicines were stored, managed and administered safely. Staff were trained, and their competency checked, in respect of administering and managing medicines.
- People who used the service took part in the recruitment of new staff and volunteers and had a strong influence on the outcome.
- Staff training was developed and delivered around people's individual needs.
- The service placed a strong emphasis on the importance of eating and drinking well. Wholesome and nutritious food was provided, with a variety of different options to choose from each day. People who used the service were fully involved and helped to plan their meals with staff.
- Links with health and social care services were excellent.
- There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. People who used the service were encouraged to help with decorating or furnishing the premises.
- The service was skilled in how it obtained people's consent for care and treatment and involved them in related decisions and assessing capacity when needed. Staff were fully educated and trained and had a comprehensive understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- Staff treated people with kindness, respect and compassion. People also received emotional support

when needed. People were involved in planning the care and support they received and were supported to make choices and decisions and maintain their independence as much as possible. Information was provided to people in formats they could understand.

- Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain and enhance their independence and what could help ensure they consistently had a good quality of life. People's comments and concerns were listened to and taken seriously. The service also used any comments or complaints to help drive improvement within the service.

Rating at last inspection:

At our last inspection (report published 26 August 2016) all the key questions were rated Good and the service was rated as Good overall. The overall rating has not changed and the service remains Good. However, the rating for the key question of Effective has improved to Outstanding.

Why we inspected:

This was a planned inspection based on the date and the rating of the last inspection.

Follow up:

We will continue to monitor the service through the information that we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service remains safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was exceptionally effective

Details are in our Effective findings below.

Outstanding ☆

### Is the service caring?

The service remains caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remains responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remains well-led

Details are in our Well-led findings below.

Good ●

# Westfield House

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out on 21 March 2019 by one inspector.

#### Service and service type:

Westfield House is a residential care home. People in care homes receive accommodation and nursing or personal care. 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 registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed the information we had received about the service. This included notifications of events that had happened at the service such as deaths and serious injuries, which the provider is required to send to us by law. We looked at the Provider Information Return (PIR). This is information we ask the provider to send

to us at least annually to tell us about what the service does well and any improvements they plan to make. This information helped us to plan our inspection.

During the inspection visit, we spoke with three people who used the service and observed a further three people. We also met and spoke with the regional manager, the registered manager, a deputy manager, the transitions coordinator, the maintenance person and four care staff, including seniors. We reviewed two people's care records in detail and looked at an assortment of information for the other people who lived in the home. We discussed the recruitment procedures with the registered manager, observed administration of medicines and looked at associated medicines documentation. We also looked at some of the records relating to the management and operation of the service, such as staff training, minutes of meetings, quality assurance checks and audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe living in Westfield House. One person said that staff supported them well and said they felt safe in the home. This person said, "They [staff] make sure we've got everything we need to keep safe. They [staff] talk to us and explain things properly so we know what might go wrong or be a problem for us." Another person told us, "This is the safest and best place in the world. I've never felt so safe. It wasn't like this where I used to live. Here, you can talk to staff and tell them if you're worried about something or something's not right. They listen and take you seriously. I told them when I was worried about [my friend] and they sorted things out."

- Systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff were trained and understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies. One person who used the service told us, "We know all about safeguarding and [staff name] is our safeguarding champion." This person also pointed out various safeguarding information that was on display in the home. This information was available for people who lived in the home, staff and visitors. A member of staff told us "Oh, we're all very clear about signs to look out for, what to report and when and who to report any concerns to."

Assessing risk, safety monitoring and management

- Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure people were supported to stay safe, whilst having their freedom respected. For example, risk assessments were completed with regard to personal health conditions, eating and drinking, accessing the community safely and taking part in activities they enjoyed.

- Staff knew the people who used the service very well and understood people's behaviours. Staff received training in recognising and handling potentially challenging situations between people and supported people within agreed and legal guidelines.

- For example, staff supporting one person quickly recognised indicators that could lead to the person becoming unsettled or agitated. The member of staff redirected the person's attention and spoke calmly and reassuringly to them. The staff member's manner was confident, kind and respectful and we saw that a potential negative situation was quickly diffused. A member of staff told us, "We work on 'positive behaviour' principles, which means focusing on the positives rather than the negatives and it usually works brilliantly."

- People who used the service were supported to be actively involved in discussions and make decisions

regarding how any identified or potential risks to their safety were managed. This meant that people could continue to make choices and have control over their lives.

- One person explained their health condition to us and told us how they were fully involved in all the discussions about their health, which included making some significant decisions. This person said, "They [care staff and medical professionals] have explained what could happen, so I understand the risks. At the moment, I've decided not to go for it [recommended treatment]. I want a bit more time to think about it and they [care staff and medical professionals] are respecting my decision.
- Records we looked at with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff. This meant that staff could follow guidance to help ensure people were consistently supported safely.
- There were effective systems in place to promote and encourage concerns, to be shared appropriately. Thorough investigations were also carried out in respect of any issues or concerns such as whistleblowing, staff concerns, safeguarding, accidents and incidents.
- Regular and appropriate checks were carried out to ensure the premises and equipment used in it was properly maintained and remained safe and fit for purpose.

#### Staffing and recruitment

- The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Staff were also appropriately deployed so that people received consistent support from staff. Some people who used the service required one-to-one and, at times, two-to-one, staff support and we saw that this was provided accordingly.
- The registered manager told us that robust recruitment procedures were followed. They confirmed that references were obtained for all staff and DBS checks were carried out. DBS is the Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process helps to ensure that only staff who are suitable to work in a care environment are employed.

#### Using medicines safely

- The service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews.
- We saw that only trained staff who had been assessed as competent supported people with their medicines. We also saw that the service had appropriate facilities to ensure the safe storage of medicines. Staff adhered to robust procedures for ordering, disposing, administering and recording medicines for people in the service. We saw that regular medication audits were also carried out.
- We observed one person being given their medicines. The member of staff asked the person to confirm what medicines they took at that time of day, as the member of staff dispensed them, which the person did. The person also confirmed that they knew what they were for. This demonstrated that people were involved as much as possible and supported to have control and understand their medicines, even if staff needed to store and administer them.

- People who used the service had care plans and medication records that explained how their medicines needed to be given. Guidance and protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief.

#### Preventing and controlling infection

- We found the home to be clean and hygienic throughout.
- People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection.
- Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection.

#### Learning lessons when things go wrong

- The service had effective systems in place to ensure lessons were learned and improvements were made when things went wrong. For example, any safety incidents or 'near misses' were recorded and investigated thoroughly.
- Audits were undertaken and reviewed regularly to identify any negative trends and risks to people's safety. The registered manager told us that the provider had an analyst who reviewed all accidents and incidents to help the service avoid recurrences wherever possible.
- Staff demonstrated good knowledge and understanding of appropriately recording and reporting any incidents or concerns regarding people's safety.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Outstanding: People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People who used the service told us that staff knew them very well and understood everything about their health, care and support needs. One person told us, "We have regular meetings and we talk about everything. They [staff] know everything about me. We talk about what can be done to make my life better. I've just moved to a new room downstairs because I was finding it difficult using the lift to get upstairs. I'm really pleased; it's made a big difference to me."
- We saw that the service worked in partnership with other organisations and consistently kept up to date with new research and development to make sure staff were trained to follow best practice. We saw that staff were provided with regular information bulletins from the provider called 'Topic Focus'. These informed staff of new information and work practices that could enhance the quality of life for people who used the service.
- For example, one recent 'Topic Focus' explained the International Dysphagia Diet Standardisation Initiative (IDDSI). IDDSI is a global standard, with terminology and definitions to describe texture modified foods and thickened liquids used for individuals with swallowing difficulties of all ages, in all care settings, and for all cultures. We saw that care staff had been provided with the necessary resources and were completing training in this area. By working with this new and globally standardised information, staff could reduce the risks for and improve the lives of people who required a modified diet.
- Care plans were developed for each identified need that people had. Staff told us that they read people's care plans and ensured they followed the clear guidance on how to meet those needs. Care plans were regularly reassessed and updated as and when people's needs changed. People's assessments were in-depth and covered areas such as their physical and mental health needs, social care needs, life histories, lifestyle preferences, hobbies and interests.
- Protected characteristics under the Equality Act 2010 were consistently considered and respected. For example, staff ensured that any religious or cultural needs that people had were met. Staff also consistently ensured that nobody who used the service was discriminated against in any area, including their age, race, disability, religion, gender or sexual orientation.

Staff support: induction, training, skills and experience

- People who used the service were actively involved in the recruitment of staff and volunteers and had a strong influence on the outcome. The regional manager told us, "All internal promotions are subject to the same process as all external appointments, with our resident recruitment ambassador being heavily involved in the process. This includes being shown around the home and being interviewed by them. The ambassadors feedback is equally weighted with the other interviewers. The interview process is conducted over a period of time so that resident interaction can be captured and plays an integral part of the decision-making process."
- We spoke with a person who used the service who had been appointed 'Recruitment Ambassador'. This person explained how they showed prospective staff around the home, introduced them to other staff and people who used the service and asked them questions to help determine their suitability for the job. This person told us, "It's very important to get the right staff. It's important that they [prospective staff] talk to us [people who use the service] and really want to work with us. One person we interviewed was very nice but when I was showing them round and talking to them, they kept looking around, as if they weren't comfortable talking to me directly. That made me feel uncomfortable then." This person also pointed out a photograph of member of staff on the noticeboard and said, "I helped pick [name] and they've turned out to be brilliant."
- We saw that staff training was developed and delivered around individual needs. Staff told us that they completed training that was relevant to their role as well as more specialised training in supporting people with complex needs, including learning disabilities and autism. A member of staff told us, "The company provides excellent training and they are really supportive and encouraging. I had my level three qualification in care and asked to be put in for my level four. The company actually said 'no' because they believed I was ready to go straight for my level five instead, which is what I'm doing."
- We saw that people who used the service were also encouraged to complete training courses and saw that two people had achieved their level two certificate in food hygiene. One person told us, "It's brilliant here. We do training as well. Some of us have got certificates from doing the food hygiene training."
- The regional manager told us how meetings were held with families and professionals to gain a greater understanding of people's history, changing behaviours and individual needs. They went on to explain how that information was then used to ensure training reflected the needs of people living in the home.
- For example, one person had been diagnosed with a personality disorder, so the service engaged the mental health professional who had worked with the person for many years, to deliver specific training relating to meeting their needs. Another person had a complex personal history, so meetings were held with the person's family to discuss their history, their needs and future goals for their care. The regional manager told us, "This greater understanding has enabled the service to work over a period to transition [name] to be able to have unsupported overnight stays with their family, something that had previously been impossible."
- New staff completed a comprehensive induction and all staff received regular support, supervision and appraisals.
- Staff's competency in their work was consistently checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff, such as the registered manager or one of the deputy managers.

Supporting people to eat and drink enough to maintain a balanced diet

- The service placed a strong emphasis on the importance of eating and drinking well. In addition to having ample choices of wholesome and nutritious food, we saw that the service had installed a food and drink chiller in the dining room. We saw that appropriate risk management plans had been implemented for this and people who used the service told us how much they enjoyed helping themselves to drinks and snacks during the day. One person told us, "It's really good. It's for everyone; not just us. It's for visitors, family, friends and staff too. Everyone can help themselves to whatever they fancy. There's different things like drinks, yoghurt and fruit."

- People who used the service told us that they created their own meal plans and helped prepare their own meals. We saw that people were also consistently supported to understand what 'healthy eating' meant and to take nutritional advice into account.

- We saw that there were areas in the garden, such as a poly-tunnel and raised beds, for people to grow their own vegetables. The regional manager told us, "Last year's produce included, carrots, potatoes, spring onions, tomatoes, strawberries, raspberries, lettuce, courgettes, runner beans and peas." A person who used the service told us, "I love getting out in the garden and it's great when we can eat what we've grown."

- Innovative methods and positive staff relationships were used to encourage those who were reluctant or had difficulty in eating and drinking. For example, one person was very selective about what they would eat, so staff supported this person to do their own food shopping at the local supermarket. This enabled the person to choose what they wanted to eat from a wide selection of options. This resulted in the person maintaining a more consistently healthy and balanced diet.

- The regional manager and people who used the service told us about the food themed world tours and movie nights with themed food that had been introduced. For example, in Toy Story there was a scene where 'pizza planet' was visited, so pizzas were the themed food for that evening.

- The service was continually ready to embrace different cultural, religious and ethical issues around people's choice of food to make sure their wishes were respected. We saw that there was a creative approach to food from different cultures and the regional manager told us that cultural understanding was promoted with various events throughout the year such as, curry during Diwali, haggis on Burns night, Chinese food at Chinese New Year and a Texas barbecue on Independence Day.

- Risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well. We saw that staff followed this guidance appropriately.

- People were assisted to eat and drink when needed and individual diets were catered for. For example, some people required a soft diet and we saw that one person was allergic to cow's milk, wheat and soya.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw that the service worked extremely well with other professionals and organisations who were also involved in providing people with care and support. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people who used this service consistently received effective care, support and treatment. The regional manager told us that regular multidisciplinary meetings were held in the home on an almost weekly basis, to ensure the best outcomes were achieved for

people who used the service. For example, one person, their relative, a social worker and a learning disability nurse were all included in meetings about enabling the person to make visits and stay with relatives in the family home.

- We saw that links with health and social care services were excellent and people had regular access to healthcare services as needed such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists.
- The service consistently empowered people to make choices and decisions about their health and how it should be monitored and managed. One person who used the service told us about an ongoing and complex health need they had. This person said that they were being supported very well by staff to attend medical and specialist appointments. They also told us that all their treatment options had been explained clearly, so they fully understood what their choices were and the pros and cons of having, or not having, the treatment.

#### Adapting service, design, decoration to meet people's needs

- The design and layout of Westfield House was suitable and appropriate to meet the needs of the people living there. People's bedrooms were personalised and, where people wanted, they reflected their individual interests, likes and hobbies. People were involved in choosing colour schemes for their own rooms, as well as the communal areas. One person told us that they had recently helped to paint their bedroom.
- A person who used the service told us, "I love living here. There are loads of things to do and we have all different rooms for different things. You can listen to music, watch television, play the drums, chat with other people or just chill out and relax."
- We saw that people who used the service and their families had been involved in making decisions about the environment they lived in and used. The regional manager told us that this had resulted in a number of separate, distinctly different, communal spaces being created throughout the home. This enabled people to choose where they wanted to spend time for their preferred activities or with their families and friends. We saw these areas included a sensory room, a drum room, a family room, a dining room, a bean bag conservatory and a television lounge. There was also a large enclosed garden, which was safe and accessible for the people who used the service. The garden included a patio, a poly-tunnel, a wildlife area and areas for outdoor activities such as football, basketball, table tennis and a swing.

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that it was.
- The service was skilled in how it obtained people's consent for care and treatment. We saw that, where

needed, people were helped to communicate their needs and make choices by using pictures, objects and visual aids. Staff told us that they listened to people and respected their decisions. For people who could not communicate verbally, staff explained how they took note of people's body language, facial expressions and vocal sounds.

- Staff fully understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.
- Staff were fully educated and trained and had a comprehensive understanding of the MCA and DoLS. The regional manager told us, "We have internal staff trainers in MCA and focus on face to face training. The home has invested in training staff to be trainers in de-escalation and physical intervention, to ensure the best outcomes for the residents."
- The registered manager of the service understood their responsibilities fully in relation to DoLS and knew when and how to submit the relevant applications to the local authority. We saw that any restrictions on people were kept under constant review and only implemented when absolutely necessary.
- The regional manager told us that best interests decision forms were completed during capacity assessments and these were consistently regarded by staff during care delivery.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us, and we saw that staff were caring and consistently treated people with kindness, compassion, empathy and respect. One person told us, "All the staff here are amazing. They can't do enough for you. They really do care a lot and they know if you're not yourself or if something's wrong; you don't have to tell them, they just know."
- The comfort and wellbeing of people who used the service was important to staff. Staff interacted positively with people, engaged in conversation with them and listened to them. This helped ensure that people who used the service knew they mattered and were cared about.
- We saw that staff responded quickly to people's needs. We also noted that staff recognised when people were in pain, discomfort or emotional distress and responded quickly and appropriately.
- The service had policies and procedures in place that gave guidance to staff in line with the Equality Act 2010. The service also had an Equality and Diversity Champion whose role was to monitor staff interactions and ensure everybody was consistently treated as an equal. The Champion also looked at ways to ensure everybody's preferences were documented and their needs were met appropriately.
- Staff had completed equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. This helped to ensure that staff demonstrated interactions that respected people's beliefs, values, culture and preferences. All our observations during this inspection confirmed that people were treated equally and their human rights were respected.

Supporting people to express their views and be involved in making decisions about their care

- People who used the service were actively involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible.
- Information was provided to people in various formats, such as pictures or objects, to help them understand what was being asked of them or offered to them. This helped people to make informed decisions and choices for themselves. People were also supported to access an independent advocate if needed.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. We saw that people who used the service had their privacy, dignity, independence and confidentiality consistently promoted and respected.

- People who used the service were supported to maintain relationships that were important to them and relatives and friends were welcome to visit without restrictions. We saw that people were supported to visit their relatives and one person told us that their friend visited them in the home on a regular basis.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People who used the service were provided with individualised care. Care and support was provided promptly when people needed it. One person who used the service told us, "I can't fault anything here. Staff work with me to make sure I'm supported properly."
- People's health, care and support needs were regularly assessed and reviewed, with any updates and changes recorded clearly and accurately.
- Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain their independence and what could help ensure they consistently had a good quality of life. Staff told us that they used the care plans to help them provide person-centred care to people.
- The regional manager explained how care and support plans had been developed since the last inspection to encapsulate more areas of people's daily living skills. They told us, "Residents and their families are included in the writing of care plans to ensure even the smallest detail is included. Once support plans have been ratified they are signed by all parties to agree the content and how care will be delivered. These are updated and changed in response to the residents changing needs."
- The care plans we looked at were detailed, easy to follow and contained clear guidance and information for staff about how people wanted to be supported.
- Staff completed detailed daily records over a 24-hour period of how people had been supported and what people had done, so that they could monitor people's welfare effectively.
- People's views were respected and people were encouraged and supported to follow their individual interests, hobbies and activities. For example, we saw that people took part in activities at home and in the community, such as shopping, meals out, listening to music, playing musical instruments, reading, dancing, art and playing games. People were also supported to find work if they were able. One person told us how they were hoping to get a job at the local vets and were due to hear about their interview very soon.
- People's individual communication needs were identified and met appropriately and staff supported people in line with the Accessible Information Standards (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss. We saw that people were supported to express their needs by using alternative communication methods

such as picture menus, descriptive pain charts and visual aids. The regional manager also told us, "We use 'now and next' tools to communicate day plans to those that need clear guidance about the day ahead."

#### Improving care quality in response to complaints or concerns

- People were supported to raise any concerns or complaints if they needed to. One person told us, "I've got no complaints at all but I know I can tell any of the staff if there is anything I'm bothered about and I know they'll listen and sort it out."
- There was a complaints policy in place for people who used the service that was available in alternative formats, such as an 'easy to read' pictorial version.
- The complaints procedure was designed to encourage improvements.
- We saw evidence to confirm that any complaints received were responded to and resolved appropriately.

#### End of life care and support

- We saw that the service was particularly skilled at helping people and their families or carers to explore and record their wishes about care at the end of their life. People were supported to plan how their wishes would be met so that they felt consulted, empowered, listened to, and valued.
- We saw that the service had 'end of life' champions, who were known as 'Twilight Champions'. The regional manager told us that these champions completed advanced training in end of life care. In addition, the Twilight Champions followed national guidance such as 'One Chance to Get it Right' and had in-depth knowledge and understanding of what needed to happen following someone's death. The regional manager explained, "Our Twilight Champions start the conversation with our residents and their families on admission and will discuss as much or as little as they choose."
- We saw that one person had started discussions about their end of life wishes with the home's Twilight Champion and recorded these in the 'Thinking Ahead' section of a 'Twilight Support Plan'. At this point in time the person did not want to fully complete the twilight support plan but had stated their specific preferences and wishes. We saw that these included to remain at Westfield House; to have someone they trusted with them; to be comfortable and pain-free; to have their curtains open and to have music by their favourite pop group playing in the background.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager ensured CQC's registration requirements were met and complied with.
- The registered manager told us they were supported very well by all the staff in the home, as well as the regional manager and the provider as a whole. They said they completely understood their responsibilities and made sure they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.
- The service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people. We also found that the service promoted a positive culture that was person-centred, open, inclusive and empowering.
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service. This was consistently demonstrated during our observations.
- The registered manager promoted transparency and honesty. The registered manager and staff all said that they openly discussed issues with relevant parties if anything went wrong.

Registered managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The regional manager, registered manager and deputy managers provided strong leadership and everyone we spoke with said they liked and respected them. One person who used the service told us, "[Name] is a brilliant manager, he always listens and he always knows exactly what's going on." Another person said, "This is absolutely the best home to live in; I love it here. Everything about it is just fantastic. All the staff are amazing and they are always really supportive."
- The management team and staff consistently supported people in ways that helped them achieve their goals of increased independence. For example, the regional manager told us that the aspirations for many people were to move on and live as independently as possible in the community. They explained that to support this, a full-time 'transitions co-ordinator' had been employed. This role assisted people through all aspects of moving-on. In addition, communication with the home continued, even after a person had

transitioned, to ensure that a safe transfer had taken place. The regional manager told us, "[Name] moved out last year and we made ourselves available to the new carers to offer support and understanding of [name]'s complex care needs.

- All the staff we spoke with said they were happy and enjoyed working at Westfield House. One member of staff told us, "The whole management team is excellent. We are all supported really well and I really do enjoy working here." Another member of staff said, "I love it here; everyone is always really professional but it doesn't feel like coming to work at all."
- The registered manager understood their legal duties and submitted notifications to CQC as required. The ratings of the service were displayed on their website and within the home.
- We saw that the service had effective systems and procedures in place to monitor and assess the quality of the service. Regular checks and audits were completed in respect of areas such as medication, care plans, environment and staffing levels.
- Appropriate remedial action was taken when any shortfalls were identified, which helped ensure a good quality service was maintained. The regional manager told us that where any negative feedback had been received, such as in quality assurance questionnaires, the service had used these as positive learning experiences and adapted the service and improved the outcomes in these areas. Examples included purchasing a table tennis table for the garden, creating a family room and reviewing staffing numbers.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service told us they felt included in the development of the service and had regular meetings during which they could make suggestions or share ideas.
- Staff told us they could contribute to the way the service operated through staff meetings, supervisions and daily handovers.

Continuous learning and improving care

- The registered manager, deputy manager and team leader told us that they and the whole staff team continually strived to improve the service. They told us that they discussed any issues with staff and showed us the action plans they had in place to help monitor and drive improvement.
- The regional manager told us, "We have recognised that one person cannot have an expansive knowledge of everything and that by developing staff to specialise in different areas it has allowed us to improve and develop our homes faster as change is being pushed by more people. We have introduced various Champion roles. These are staff that have a passion for different areas of care be it nutrition, moving and assisting, dignity, infection control, safeguarding, activities, medication or end of life."

Working in partnership with others

- We saw that the service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Appropriate information and assessments were shared with other relevant healthcare professionals and agencies. This helped ensure people using the service

benefitted from 'joined up' and consistent care.