

Voyage 1 Limited

Westbury House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 30 December 2015, was unannounced and was carried out by two inspectors.

Westbury House provides accommodation and personal care for up to 13 adults with a learning disability. People also had communication and mobility needs. There were 11 people living at the service at the time of inspection. People had lived at the service for a long time and some were becoming increasingly frail and elderly. The amount of personal care and support they needed had increased.

The accommodation was over three floors, there was a passenger lift for people who could not use the stairs.

There was a communal lounge, a smaller lounge, dining room and a garden. Hallways were wide and accessible so people in wheel chairs could move around the service freely and independently.

There was a registered manager working at the service and they were supported by a deputy manager. They were also the registered manager of another service in the same road. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager, deputy manager and staff supported us throughout the inspection.

The registered manager had been in charge at the service for a long time. They knew people and staff well and had good oversight of everything that happened at the service. The registered manager was enthusiastic, energetic and led by example. Their energy and enthusiasm was passed on to the staff team who were encouraged and supported to look at different ways of improving the life's of people and improving the service. They promoted the ethos of the service which was to give personalised care and support to people and support them to achieve their full potential to be as independent as possible.

Risks to people's safety were assessed and managed appropriately. Assessments identified people's specific needs, and showed how risks could be minimised. The registered manager also carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

The provider had taken steps to make sure that people were safeguarded from abuse and protected from the risk of harm. Staff had been trained in safeguarding adults and knew what action to take in the event of any suspicion of abuse. Visiting professionals told us that people were cared for in a way that ensured their safety and promoted their independence.

Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Safety checks were carried out regularly throughout the building and there were regular fire drills so people knew how to leave the building safely.

People felt comfortable in complaining and when they did complain they were taken seriously and their complaints were looked into and action was taken to resolve them.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People indicated that they were

satisfied and happy with the care and support they received. People received care that was personalised. The care plan folders and health care plans contained a large amount of information. Some of the information and guidance was duplicated, inaccurate and was difficult to find. The manager agreed to address this.

The dedication and attitude of the managers and staff was 'over and beyond the call of duty'. People received care that was personal to them. Staff understood their specific needs well and had good relationships with them. People were settled, happy and contented. Visiting professionals told us they only had positive experiences and praise. Throughout the inspection people were treated with dignity and kindness. People privacy was respected and they were able to make choices about their day to day lives. People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. The service was planned around people's individual preferences and care needs.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond.

The registered manager was effective in monitoring people's health needs and seeking professional advice when it was required. Health care professionals said that staff always followed the advice that they gave. Assessments were made to identify people at risk of poor nutrition, skin breakdown and for other medical conditions that affected their health.

People received their medicines safely and when they needed them. They were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Summary of findings

People were supported to have a nutritious diet. Care and consideration was taken by staff to make sure that people had enough time to enjoy their meals. Meal times were managed effectively to make sure that people received the support and attention they needed.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

The management team made sure the staff were supported and guided to provide care and support to people enabling them to live fulfilled and meaningful lives. New staff received a comprehensive induction, which included shadowing more senior staff. Staff had regular training and additional specialist training to make

sure that they had the right knowledge and skills to meet people's needs effectively. Staff said they could go to the registered manager at any time and they would be listened to. Staff fully understood their roles and responsibilities as well as the values of the service.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. There was enough staff to take people out to do the things they wanted to.

The registered manager had sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on wherever possible. Staff told us that the service was well led and that the management team were supportive. The registered manager was aware of had submitting notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to meet people's needs.

The provider had taken steps to protect people from abuse and operated safe recruitment procedures. Medicines were administered, stored and recorded appropriately.

Risks to people's safety and welfare were assessed and managed effectively. The service and its equipment were checked regularly to ensure that they were maintained and safe.

Good



Is the service effective?

The service was effective.

Staff received the training and support they needed to have the skills and knowledge to support people and to understand their needs. Staff were aware of the requirements of the Mental Capacity Act 2005 and understood how to protect people's rights.

People were supported to eat and drink enough and were protected from the risk of malnutrition or dehydration. Meal times were managed effectively to make sure that people received the support and attention they needed.

The service liaised with other healthcare professionals to maintain people's well-being.

Good



Is the service caring?

The service was outstanding in providing caring staff to support people.

The management and staff had a strong, visible person centred culture and were exceptional at helping people to express their views so they could understand things from their points of view.

People and relatives valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. As a result they felt really cared for and that they mattered.

The management team and staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity.

Outstanding



Is the service responsive?

The service was responsive.

People received the care and support they needed to meet their individual needs. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The service was flexible and responded quickly to people's changing needs or wishes.

People took part in daily activities and voluntary work, which they had chosen and wanted to participate in. People had opportunities to be part of the local community.

Good



Summary of findings

People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

Is the service well-led?

The service was well led

The registered manager was approachable and there was good communication within the staff team.

Professionals said that they could visit at any time. All staff understood their roles and responsibilities.

Staff, people and their visitors were regularly asked for their views about the service. Staff had a clear vision of the service and its values and these were put into practice. They ensured that people were at the centre of everything that they did.

Quality assurance and monitoring systems ensured that any shortfalls or areas of weakness were identified and addressed promptly to ensure that a consistently high level of service was maintained.

Good



Westbury House

Detailed findings

Background to this inspection

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

The inspection took place on 30 December 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This was because we

inspected this service sooner than we had planned to. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with or communicated with five people at the service. Some people could not talk to us so we spent time observing them and communicated using body language and signs. We spoke with the registered manager, the deputy manager and five members of staff. We observed staff carrying out their duties, such as supporting people to go out and helping people with their lunch and drinks. We spoke with two visiting professionals who were involved with people.

We reviewed a variety of documents which included three people's care plans, training information, staff files, medicines records and some policies and procedures in relation to the running of the service.

We last inspected Westbury House on 8 May 2013 under the previous provider Solor Care South East when no concerns were identified.

Is the service safe?

Our findings

People indicated that they felt safe. They were happy, smiling and relaxed with the staff. People approached staff when they wanted something or they wanted to go somewhere. Staff responded immediately to their requests.

People had communication plans that explained how they would communicate or behave if they were anxious or worried about something. If people became concerned about anything staff would spend time listening to them. Staff knew people well enough so that they were able to respond quickly and help people if something had upset them. Staff were able to tell if someone was unhappy. They took the time to find out what was wrong and took the necessary action to rectify the situation.

The provider had taken steps to help protect people from abuse. All staff had received training in how to recognise and respond to the signs of abuse. Staff said that training included information about the different types of abuse and the signs to look for to indicate that abuse may have taken place. They said that they knew to report any concerns to the registered manager. They said that they felt confident that they would be listened to, but that if their concerns were not taken seriously, they said that they would refer them to the local authority, Care Quality Commission or the police.

Staff demonstrated that they knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

Information was readily available to people and staff on a notice board in the office about what to do and who to contact if they were concerned about anything.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and what people spent was monitored and accounted for. People could access the money they needed when they wanted to.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as nutrition, mobility and skin integrity. They included clear guidance for staff about any action they needed to

take to make sure people were protected from harm. One person had been assessed as being at risk of developing pressure sores. Detailed guidelines were in place, giving clear directions to staff about how to support the person to keep their skin intact. This included what special mattress they needed to lie on, when they needed to be moved, what signs the staff should be looking for and what nutrition they needed to remain as healthy as possible. Staff were knowledgeable about these guidelines and we saw them putting them into practice. Risk assessments were regularly reviewed and reviewed when people's needs changed, to ensure that they contained up to date guidance.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents.

Staff knew the importance of making sure people knew what their medicines were for. One staff member stated, "We try to explain in a way people can understand to help them know what their medicines are for, such as pain killers".

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practise remained safe. Medicines were stored securely in a locked cupboard. All

the medicines were in date. Medicines with a short shelf life, such as creams, were routinely dated on opening. This was to make sure that they were given before they became unsuitable to administer. The stock cupboards and medicines trolleys were clean and tidy, and were not overstocked. Room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the person's doctor. Some people were given medicines on a 'when required basis' this was medicines for pain. There was written guidance for each person who needed 'when required medicines' in their care plan.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to

Is the service safe?

use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.

A staff member told us, “There are always enough staff around; we are never short of staff”. Staff made sure that they were available and with people in the areas of the service where they spent their time. When people were unwell and in bed staff made sure that they spent time with them so they would not be isolated and lonely.

There were enough staff on duty to meet people’s needs and keep them safe. Staff told us there was enough staff available throughout the day and night to make sure people received the care and support that they needed. The duty rota showed that there were consistent numbers of staff working at the service. The number of staff needed to support people safely had been decided by the authorities paying for each person’s service. People required one to one support at times when they went out on activities. The registered manager made sure there was

enough staff available so people could do the activities they wanted. If people were going out during the day or people had to attend medical appointments, staff numbers increased at this time. There were arrangements in place to make sure there was extra staff available in an emergency and to cover for any unexpected shortfalls like staff sickness. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people’s individual needs.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The provider’s recruitment policy was followed. Staff completed an application form, gave a full employment history, showed a proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were carried out with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

Is the service effective?

Our findings

The staff team was stable and consistent and many had worked at the service for years. Staff told us, “Training is good. We get lots of training”. “There is very good management support”. “We can always ask for help if we need it”.

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared and supported each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people were unwell, unhappy or if there was a change in their behaviour.

The registered manager kept a training record which showed when training had been undertaken and when ‘refresher training’ was due. This included details of courses related to people’s specific needs. Specialist training had been provided in feeding people with a PEG tube (percutaneous endoscopic gastrostomy). PEG is a tube that feeds directly into a person’s stomach. Professionals said that staff were competent in their skills, keen to learn and that the registered manager was good at letting them know when staff needed more training. Staff had also received specialist training in dealing with allergic reactions to food. Staff knew exactly what to do if a person had an extreme allergic reaction to something they had eaten. Staff had completed the training and were knowledgeable about what they had learned. The registered manager checked that staff were competent and had the knowledge and skills to carry out their roles.

One staff member told us, “There are good communication processes. The handovers are good and we are told what we are expected to do on each shift”. We work well together as a team”. Staff told us that they felt supported by the registered manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. There was also discussion on what people had planned and the support and care people needed during the next shift.

Staff had regular one to one meetings with the registered manager or senior member of staff. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring and supporting people, and gave them the support that they needed to do their jobs more effectively. Staff told us that they had, had an appraisal in the past 12 months. The performance of the staff was being formally monitored according to the company’s policies and procedures. The staff were supported out of hours by the registered manager or the deputy manager. Staff said they could contact the management team day or night and they were confident they would receive any support and help that they needed.

There were policies and procedures in place for when staff started to work at the service. If new staff started working at the service they completed an induction during their probationary period. The registered manager said that a probationary period could last between three and six months depending on the acquired skills and competencies of the new staff member. The registered manager said that they would have to be totally confident in staff abilities before they were allowed to work at the service. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people’s needs. The induction included completing a work book covering the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The provider’s training manager was introducing the new Care Certificate for all staff as recommended by Skills for Care. Staff attended face to face training during their induction and worked closely with other staff until they were signed off as competent. Regular staff meetings highlighted people’s changing needs, household tasks allocations, and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff felt that their concerns were taken seriously by the registered manager.

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

Is the service effective?

make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular 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. The provider followed any requirements in the DoLS. The MCA DoLS require providers to submit applications to a 'Supervisory Body' to do so. The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

People had received advocacy support when they needed to make more complex decisions. The registered manager knew when to apply for Deprivation of Liberty Safeguards (DoLS) authorisations for people. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible. At the time of the inspection no-one had a DoLS authorisation in place as they did not need one. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). The staff team were able to discuss how the MCA might be used to protect people's rights or how it had been used with the people they supported.

People were in control of their care and treatment. Staff asked for people's consent before they gave them any care and support. If people refused something this was recorded and respected. One person did not want to have lunch. The staff respected the person's wishes. They left them alone and then asked later. They were offered something else which they agreed to and ate their lunch.

Staff used different ways of communicating with people. They talked slowly, used gestures and hand signs. Staff put their hands out to touch people in a kind and gentle

manner. Staff were able to understand people through body language, facial expressions and certain sounds and supported people in a discreet, friendly and reassuring manner. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond.

People were supported in maintaining a balanced and nutritious diet. We saw that at mealtimes people ate different meals according to their needs and preferences. Staff knew about people's likes, dislikes, allergies and how people's food should be prepared if they were not able to eat because of swallowing difficulties. People had a choice about what they ate and drank. Staff understood people's eating and drinking needs. People had special cutlery and plates so they eat their meals independently. One person needed staff to help them with their meal. The staff member kept checking that they liked the meal and they were enjoying it. Staff took their time and did not rush the person. Staff showed patience towards people who took time to eat their meals and we saw from people's facial expressions that both staff and people gained satisfaction out of the positive experience. Some people had special tubes where they were fed directly into their stomach with a special liquid diet. Staff were competent and skilled at managing the people's nutritional needs. People received the amount of nutrition that they needed and they were monitored to make sure their weights were stable. Support plans for eating and drinking were detailed and clear on the process staff should follow so people had their food safely.

There were reliable procedures in place to monitor people's health needs. People's care plans gave clear written guidance about people's health needs. Each person also had a 'Health Action Plan' which set out in more detail each person's health needs and the action that had been taken to assess and monitor them. This included details of people's skin care, eye care, and needs concerning people's mobility. A record was made of all health care appointments including why the person needed the visit

Is the service effective?

and the outcome and any recommendations. People's weights were recorded on a monthly basis so that prompt action could be taken to address any significant weight loss, such as contacting the dietician or doctor for advice.

The service had close, supportive links with health care professionals, including doctors, district nurses, the local learning disability team and nutritional teams. All health

care professionals we spoke with gave positive feedback about their involvement in the service. They said that the registered manager always contacted them with any queries, that timely and relevant referrals were made, and that any guidelines given were always followed and monitored.



Is the service caring?

Our findings

People indicated they thought the staff were caring and that they liked staff. People choose to sit next to staff. They went and held staffs' hands to guide them to places when they wanted something. People smiled a lot. People were very relaxed and comfortable in their home and with the staff that supported them. Some people communicated with the staff through noises, body language and gestures and staff knew what they saying and asking and responded to their requests. A visiting professional said, "The staff here really care about the residents". Another said, "I enjoy coming here. The staff know the residents really well. It's more than just being cared for here. I think the staff love them all".

People received care that was individual to them. Staff understood their specific needs. Staff had built up strong relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves. People were very happy living at Westbury House. There was a lively, friendly and inclusive atmosphere at the service. Throughout the inspection people were seen laughing, smiling and having a good time with the staff and each other. Observations showed that all the staff interacted well with people. They spoke with people kindly, laughed and joked. They took time to listen to what people had to say and acted on their wishes. Staff were outgoing and friendly which impacted on the response they got from people and it was obvious that people liked the staff. One member of staff told us: "Staff and residents get on well together. We like each other". Other staff said that they made sure that they included people in all aspects of the day.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people liked to go out in the local area and others preferred to stay indoors. This was respected by the staff. Staff changed their approach to meet people's specific needs. People were

supported to understand what was being said and were involved in conversations between staff. Staff gave people the time to relay what they wanted. The staff had a very good knowledge of the people they were caring for.

Staff said that they kept themselves up to date about the care and support people needed by reading people's care plans and from the handovers at the beginning of each shift. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Staff took their role as key worker very seriously and spoke at length about how they cared for and supported people. Key workers met regularly with the people they supported to find out what they wanted to do immediately and in the future. They told us how they planned trips out, supported people to get the things that they wanted. When one person had gone out to a restaurant for tea one day they were given an individual teapot and china cup and saucer, the person had really enjoyed this experience. The staff immediately bought them their own individual teapot and china cup and saucer and they now enjoyed the experience every day at the service. Another member of staff had, in their own time, cooked a special birthday cake for a person who was allergic to eggs and nuts so that they could enjoy the experience of celebrating with a birthday cake they could then eat.

Treating people with dignity and respect was central to the philosophy of the service and staff. Staff told us, "Privacy and dignity is important to people. We always knock on doors; keep doors and curtains shut when giving personal care. I use a towel to help protect people when helping them to wash or bath". Staff had covered a person's catheter bag so that when visitors entered their bedroom it would not be seen. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity. Staff knew the actions that they needed to take to put this into practice. This included explaining to people what they were doing before they carried out each personal care task.

Visitors, relatives and health and social care professionals were greeted with a warm welcome when they came to the service. They commented on the caring nature that was present at the service and that staff were highly motivated. We observed that staff were very attentive to relatives who visited. They were enthusiastic, motivated and passionate about people. One person had not seen their relative for a



Is the service caring?

long time and was apprehensive. The staff member made the person and the relative feel at ease. They spent time with the person encouraging, prompting and supporting them to interact and tell their relative what they had been

doing and what their plans were. The staff then arranged to take the relatives and the person out in the local area. Their time was totally dedicated to the person and the relatives to make the visit successful.

Is the service responsive?

Our findings

People were supported to be involved in the care and support that they needed. The staff worked around their wishes and preferences on a daily basis. People indicated to staff about the care and support they wanted and how they preferred to have things done.

When people first came to live at the service they had an assessment which identified their care and support needs. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person. The care plans were personalised and contained details about people's background and life events. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events. People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. The manager and staff had endeavoured to re-establish contact with people's families to re-build family relationships. This had been successful for some and they now had more involvement with family members. The staff made sure that people were supported to send cards and gifts for significant events like birthdays.

The care plan folders and health care plans contained a large amount of information. Some of the information and guidance was duplicated and was difficult to find. In one person's health action plan it stated that the person was allergic to certain foods but it did not say what foods. This information was found in the person's care and support plan. The guidance and information in plans did not flow. The provider had implemented new forms to fill in about people's health care called 'Top to Toe'; these had not been fully or accurately completed. The information being asked for in this form was already in people's health action plans and care plans. The registered manager and the staff acknowledged this and agreed that the care plans did need to be overhauled. This is an area for improvement but it did not have any impact on people's lives. People did receive care and support that was consistent with their needs.

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's health needs were deteriorating and took prompt action. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, mobility, consent and eating and drinking.

People's preferences about how they received their personal care were individual to them. What people could do for themselves and when they needed support from staff was included in their care plan. People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. There was information about what made people happy, what made them unhappy and what made them angry. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted.

People with complex support needs had a support plan that described the best ways to communicate with them. There was a list of behaviours that had been assessed as communicating a particular emotion, and how to respond to this. Staff said that these were helpful and generally accurate and helped them support the person in the way that suited them best. These plans were person centred and bespoke for each person. Staff were aware of the situations that may lead to a behaviour and anticipated what the person wanted before the behaviour actually occurred. The plans explained what staff had to do to do if a behaviour did occur. One plan said, 'If (person) pulls a face and pulls arms down by their body, this means that they do not want you to support them with their personal hygiene at that particular time and would like to be left alone. Leave (person) for a while and go back later and ask again'. Staff were consistent in how they managed behaviours.

People were supported to develop their independence skills in some way. Staff completed daily records and these included what activities people had participated in. Staff

Is the service responsive?

said they had got to know people and encouraged them to do as much for themselves as possible. People had 'goals' (skills or tasks identified that people were learning to become more independent in.) People's progress was monitored to support people to develop skills and independence at their own pace.

People were encouraged and supported to join in activities both inside and outside the service. A variety of activities were planned that people could choose from. Some activities were organised on a regular basis, like arts and crafts and keep-fit. People were occupied and enjoyed what they were doing. Staff were attentive to know when people were ready for particular activities and when they had had enough. Some people really enjoyed going for a walk in the local area and staff supported them to do this when they wanted to. People were supported to book holidays every year and staff said people really enjoyed this

time. They also said that they really liked having uninterrupted one to one time with people. One person laughed and smiled when we spoke about holidays. They confirmed by smiling and nodding their head that they liked going on holiday. This year people were planning to go to Centre Parks, Butlin's and Blackpool.

Staff felt confident to pass complaints they received to the registered manager. Concerns from people were resolved quickly and informally. When complaints had been made these had been investigated and responded to appropriately. The service had a written complaints process that was written in a way that people could understand. It was available and accessible. Key workers regularly checked and asked people if they were alright and if they were unhappy about anything. Staff knew people well and were able to tell if there was something wrong. They would then try and resolve the issue.

Is the service well-led?

Our findings

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential.

Staff said, "This is a family environment". "People are supported to lead a normal life as possible. It is all about them. It is just like a big family here". "There is a good atmosphere, it's home from home". "People have diverse needs and we should always take these into account. It is their home. People are individuals and that is what we promote here". Staff said that Westbury House was a good place to work and that they really enjoyed their jobs.

People indicated and staff and visiting professionals told us that the service was well led. They said that the registered manager had an open door policy where they welcomed family and professionals to drop in without an appointment. When they visited they said that they always received a warm welcome. Health and social care professionals commented that the registered manager was "proactive" in ensuring that people received the individual care and treatment that they required.

The registered manager had worked at the service for many years. They were supported by a deputy manager and other senior staff who had also worked there for a long time. There was a strong stable, core staff team. The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. On the day of the inspection people and staff and visitors approached the registered manager whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. Despite the constant demands, the registered manager remained calm and engaged with people and the staff. We saw that even though the registered manager was in one part of the service, they were intuitive and able to tell by noises and sounds what was going on in other areas. They were immediately responsive to certain sounds that people made and the different noises that indicated what was happening

throughout the service. The registered manager was full of energy and enthusiasm. They were sensitive and compassionate and had a real understanding of the people they cared for. The registered manager was open to any new ideas that the staff suggested in how to improve the care and support people received. Staff said that the registered manager was available and accessible and gave practical support, assistance and advice.

The staff team followed the registered manager's lead and interacted with people in the same enthusiastic and caring manner. Staff said that there was good communication in the staff team and that everyone helped one another. They said that the service could only operate for the benefit of the people who lived in it with a good staff team and management support.

There were links with the local and wider community and people had friends locally and knew their neighbours. People had built relationships with people in the community and were supported to keep in touch with their friends and family and to make new friends.

Staff handovers between shifts highlighted any changes in people's health and care needs. Staff were clear about their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the manager. The manager and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities.

There were effective systems in place to regularly monitor the quality of service that was provided. People's views about the service were sought through meetings, reviews, and survey questionnaires. The last survey was sent to people relatives, staff and visiting professionals in December 2015. When the surveys were returned they would be analysed and collated to produce a report to identify the strengths and weaknesses of the service.

The registered manager and deputy manager audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. The Head of Operations, who was the providers' representative, visited every four months to check that all audits had been carried out and supported the registered manager and the staff team to make sure any shortfalls were addressed. They completed an

Is the service well-led?

improvement plan which set out any shortfalls that they had identified on their visit. This was reviewed at each visit to ensure that appropriate action had been taken. The company's quality auditor made unannounced visits yearly. The last visit had been in October 2105. They used the Care Quality Commission (CQC) methodology as a guideline for the audits and checks to ensure compliance with legislation. During their visit they looked at records, talked to people and staff and observed the care practice at the service. A detailed report was produced about all aspects of care and treatment at the service. It identified any shortfalls which were added to the service improvement plan so the registered manager could address the shortfalls

and make improvements to the service. If improvements were not being made or not sustained the quality auditor made more frequent unannounced visits. There was also an area manager who visited regularly and carried out audits and checks and supported the registered manager.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported.