

# The Human Support Group Limited

# Human Support Group Limited - Westfields

## Inspection report

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Date of inspection visit:  
18 October 2017  
19 October 2017

Date of publication:  
04 December 2017

## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 18 and 19 October 2017 and the first day was unannounced. This meant the provider did not know we were coming. The service was previously inspected in June 2016 and rated 'Requires Improvement'. At this inspection we asked the provider to ensure there was an appropriately registered manager in post and to make improvements in the use of staff's free time, to provide more effective support to people and in monitoring the quality of the service provided. At this inspection, we noted there had been improvements in these areas. Further details of these are contained within the report.

Human Support Group Limited – Westfields (Westfields) is a domiciliary care provider registered to provide personal care support to people living within an extra care scheme. An extra care scheme is similar to sheltered housing but with additional care and support provided to meet people's individual needs. At Westfields the housing component is separate from the care services and is provided and managed by another organisation called The Anchor Group (Anchor) who employs housing managers to take care of the premises including maintenance and gardening. In an email, the Manchester local authority commissioning team told us, "The objective of the extra care service at Westfields is to offer a 'Home for Life' flexible service, responsive to the changing care needs of our customers, providing support when required and at all times promoting their health, independence, welfare and human rights."

Care staff support people living at the property in their own tenancies with a wide range of personal care needs and domestic duties, including assistance with shopping, meal preparation and home cleaning. As well as providing care to people assessed as needing it, the care team is also responsible for any identified short term care needs of anyone living at Westfields.

There are 48 apartments at Westfields and at the time of our inspection 27 people were receiving an element of personal care and support. The local authority commissions a specific number of hours for the delivery of care and support from Human Support Group Limited and these hours are distributed amongst the people identified as requiring support.

Westfields is located in the Baguley area of Manchester and has good transport links to the city centre and nearby town of Wythenshawe. Local amenities within walking distance include a supermarket, a post office, a park and leisure facilities.

At the time of this inspection, there was a manager in post who had registered with the Care Quality Commission since May 2017. The registered manager also managed another extra care scheme nearby. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they received care and support that was safe. Relatives we spoke with confirmed their loved

ones received safe care.

People and their relatives told us staff demonstrated good hygiene practices by using personal protective equipment (PPE) such as gloves and aprons. We observed one example of unsafe practice according to current infection prevention guidance. The registered manager provided suitable assurances to address the issue immediately. We recognised that staff were aware of cross contamination and promoted good infection control in some respects, however there were areas which required further improvement. At inspection, the registered manager provided suitable assurances that this issue would be addressed in supervision and at team meetings.

There were sufficient staff deployed at Westfields to help ensure people were supported according to their needs and the provider had robust recruitment processes which helped to ensure suitable staff were employed.

Risk assessments were in place and contained sufficient details and guidance to help ensure people were supported safely.

There were suitable systems to help ensure people were protected from harm. Staff were well-informed about the types of abuse and the action they would take if they suspected that abuse was taking place. This meant people using the service were protected from harm due to organisation systems and staff knowledge.

We saw accidents and incidents were recorded and appropriate action taken to reduce the risk of any reoccurrence. The registered manager had recently implemented a separate falls monitoring system to improve management oversight of the service and help ensure incidents were managed and addressed more proactively. This meant the service had appropriate systems in place to keep people safe from harm.

There was a consistent staff team at Westfields. This meant people were supported by staff who knew and understood their needs.

Some people required support to take their medicines. Records demonstrated staff were suitably competent to carry out the task and did so safely. The service used a medication support plan and risk assessment which helped staff to support people in a safe way.

People told us staff were competent. Staff received an induction and mandatory training prior to working with people. There was evidence that staff were supported with on-going and refresher training as required. Staff received regular supervisions and appraisals to help ensure they received the necessary support to carry out their roles. Staff we spoke with confirmed this. This meant staff had the right knowledge and skills and received continuous support to function effectively in their caring role.

The registered manager had a good understanding of Mental Capacity Act 2005 (MCA) and how this legislation should be used to protect people. Staff sought people's consent before undertaking tasks and people confirmed this was the case. Staff told us if they had concerns about people's mental capacity they would raise this with management and also inform involved family members. The registered manager told us support from social work professionals and GPs was sought if they suspected a person lacked capacity.

Support plans indicated that consent to care had been sought appropriately. We found minor discrepancies with how consent to care was recorded which we pointed out to the registered manager. We noted however the provider had updated their documentation in this regard to better reflect that relatives had been involved in the care planning process. We concluded there was sufficient evidence to demonstrate the

service had systems in place to help ensure people's rights were protected.

There were formal systems in place to ensure staff had the skills and competencies necessary to carry out their responsibilities and that they received adequate professional support. The provider had a robust induction programme in place which was aligned to the nationally recognised care certificate induction standards. Staff also undertook training considered mandatory by the provider which included safeguarding, personal care and medication. Refresher training was scheduled to help ensure staff kept up to date with the knowledge and skills required to perform effectively in their support roles.

People told us the service supported their access to health care professionals and medical attention, if required. In the case of an emergency, medical attention was sought and relatives contacted. This meant people were supported in a proactive way to receive the right health care when they needed.

Where needed, people told us staff supported them with their food preparation. Everyone we spoke with told us they were happy with the support provided. They said staff always consulted them prior to carrying out the task and that they had a choice. This helped to ensure people maintained good nutrition and hydration.

People told us staff were kind and caring. We observed warm and caring interactions between people and the staff supporting them. These interactions extended to everyone living at the scheme and not just those receiving the regulated activity of personal care.

Staff demonstrated that they knew and understood the needs of the people they supported, as well as those living at the scheme.

People had been involved in making decisions about the support they received. Care records we reviewed confirmed this. This meant that people and their relatives, where appropriate, were included in making decisions about the support provided.

People were encouraged to develop and maintain their independence according to their abilities. This helped to ensure that they maintained a good quality of life and wellbeing.

Support plans contained personal information about people, their preferences, personal goals and how they wanted to be supported. Most care plans we looked at contained detailed descriptions of support provided to help ensure care provided was person centred.

People were engaged in activities which they enjoyed which helped to ensure improved quality of life and wellbeing.

There was an up to date complaints procedure in place and people and relatives told us they were aware of how to raise a complaint. They said any concerns they raised were resolved satisfactorily. People and their relatives were complimentary about the service and we saw several cards had been sent to the service to show their appreciation to staff and management.

People and relatives had the opportunity to provide feedback about the service provided. We noted the service had sent out customer satisfaction surveys in November 2016 and May 2017 and the results of these were positive.

People told us they would recommend this service to others and some had done so.

The provider had quality assurance systems in place to monitor, for example, staff performance, support plans and medication administration. Though minor issues were identified at this inspection, in general we found current processes helped to ensure the registered manager and provider had suitable oversight of quality of the service provided.

There were policies and procedures in place and regular staff meetings were held to help ensure staff were supported to undertake their role effectively.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People and their relatives told us the service provided safe care and support. People were supported by a regular team of staff.

There were safe staffing levels in place. The service had taken steps to ensure people were not waiting too long for support during busy periods.

The recruitment process was robust and ensured staff employed were suitable to work with people using the service.

### Is the service effective?

Good ●

The service was effective.

People and relatives had confidence in staff's skills and knowledge and told us staff did a good job.

The registered manager had a good knowledge of mental capacity and there were systems in place to help ensure the service operated within the principles of the Mental Capacity Act 2005.

Staff felt supported in their role. They received a good induction and mandatory training and had access to on-going learning opportunities.

### Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were kind and that they were well treated by the care staff.

We saw several friendly yet professional interactions between people and staff. It was evident that staff knew people well and understood their support needs.

We observed that people living at the scheme were treated with dignity and respect.

## Is the service responsive?

The service was responsive.

In the main, support plans contained information about people's personal history, preferences and hobbies and descriptions of the care and support required.

People living at Westfields were able to participate in meaningful activities which they enjoyed and that helped to improve their quality of life and wellbeing.

People told us they knew how to raise concerns and make formal complaints. There was a robust complaints process in place and we saw the provider's complaints procedure was included the service user guide.

Good 

## Is the service well-led?

The service was well led.

People and their relatives were complimentary about the service and said they would recommend it highly.

There were quality assurance systems which helped to ensure the registered manager and provider had suitable oversight of the quality of the service provided.

There were team meetings which gave staff the opportunity to discuss issues relating to the service and to support each other and share best practice and learning.

Good 

# Human Support Group Limited - Westfields

## **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 checked 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 18 and 19 October 2017 and the first day was unannounced. This meant the service did not know we were coming.

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion, the expert had experience in domiciliary care services and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information we held about the service including the previous inspection report and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Manchester local authority contracts and commissioning to find out what information they held on the service. Further details are contained within the report.

We spoke with nine people receiving care and one relative. We also spoke with two people who lived at the scheme but did not currently require care and one other person who had received care in the past but no longer required support as they were able to cope independently.

We spoke with nine members of staff including four care staff, the care manager and the registered manager

and the area manager responsible for this scheme. We had brief interactions with the nominated individual and the group performance officer regarding the general operation of the service and quality monitoring. We also spoke with one of Anchor's housing managers.

We looked at records relating to the service, including four support records and daily comments books, four staff personnel files, safeguarding records, minutes of meetings, and quality monitoring records.

## Is the service safe?

### Our findings

People and relatives said the service was safe. Their comments included: "I just like it here; I feel safe and settled", "I feel safe and the girls are great I wouldn't want to move anywhere else", "I feel safe here because I feel comfortable with the place and the people" and "One of the managers rings every morning to see if I am okay; I think they do that for everybody." A relative told us, "[Person] is safe" and they knew staff helped to ensure the person's safety.

Staff told us and we saw they had access to personal protective equipment (PPE), such as aprons and gloves, for use when carrying out visits to people. People we spoke with confirmed staff wore PPE appropriately. During our visits to people living at Westfields we saw that staff wore PPE when carrying out tasks such as dispensing medication. We observed two staff members wearing long painted nails. This is not safe practice as recommended in guidance produced by NICE (The National Institute of Health and Care Excellence). We brought this concern to the registered manager's attention who provided suitable assurances this would be addressed. At inspection the registered manager provided suitable assurances that this issue would be addressed in supervision and at team meetings. We recognised that while staff were mindful of cross contamination and promoted good infection control in some respects there were areas which required further strengthening.

During our inspection, we checked to see if there was staff deployed to safely support the number of people with assessed needs. Most people told us there was enough staff on shift to support them safely. Some people told us staff were sometimes late for their visits but they did not think it was an issue. One relative and one person told us the tea time call was a bit late sometimes and that they had had a word with the care manager and the issue was then resolved for them.

Staff told us and we saw from their visit sheets that there was overlaps on some call visits. For example, a staff member had two separate calls that started at the same time of 12:00. Staff also said and we saw from staff rotas that tea times were the busiest call times for them. They said they worked flexibly to ensure people were not kept unduly waiting. Staff told us they had raised this issue with the care manager.

We spoke with the registered manager and the care manager about this. The care manager told us they provided care and support during busy times. Care records confirmed this. The registered manager showed us documentary evidence the service had recognised the need for additional staff and taken steps to have an additional staff member during the busy tea call period. We were satisfied that staffing levels were appropriate to people's support needs and that staff were able to deliver the current service provision.

Safe recruitment processes were in place. We reviewed four staff personnel files and found, with the exception of one record not containing any references, all necessary pre-employment checks had been carried out. This included photographic identification, full employment histories and explanations for any gaps and Disclosure and Barring Service (DBS) checks. The DBS keeps a record of criminal convictions and cautions, which helps employers make safer recruitment decisions. We saw that the registered manager had done an audit which identified the exception we found. We saw evidence the registered manager had

contacted head office to send copies of these references collected to update the records kept at the service. We were assured that there were good systems in place to help ensure unsuitable staff were not employed.

We looked at four support plans to see what considerations had been made for assessing risks. Risk assessments should provide clear guidance to staff and ensure that control measures are in place to manage the risks a person may experience. We saw identified risks, and actions to be taken to reduce these risks, were recorded in people's care plans. Examples of risk assessments included areas such as moving and handling, mobility equipment, medication administration and environmental factors. This meant staff had sufficient information to help ensure people were supported safely.

We saw that suitable arrangements were in place to help ensure people who used the service were protected from abuse. Staff we spoke with understood their responsibilities in this regard. They were able to give examples of the types of abuse that could occur and knew what to do if they suspected abuse was taking place. Training records we reviewed confirmed staff had done safeguarding training and this was up to date. Staff also told us they made sure the environment within people's flats was free from trip and fall hazards and reported these as required. This meant people were kept safe because staff had necessary awareness and knowledge needed to support people safely.

The local authority contracts team confirmed there had been no current or on-going safeguarding issues at Westfields and that their recent monitoring visit had not identified any concerns.

The service maintained a record of accidents, incidents and any near misses (a narrowly avoided accident). These included incidents such as falls. We noted these were recorded and actioned appropriately. Where required, any necessary follow up action, such as further investigation or referral to social services, was recorded. People's support plans and risk assessments were updated if necessary following an accident. We saw the registered manager had set up a separate falls monitoring system in July 2017 which recorded the number of falls and the action that had been taken following the fall. The registered manager told us the falls monitoring system provided an improved oversight and a more proactive approach could be taken regards keeping people safe from falls.

People told us they received support from a regular staff team. One person said, "I know all of them that come." Staff told us and rotas confirmed the staff team at Westfields was consistent. This meant people were supported by staff who knew them well and understood their needs.

Where required, people were supported to take their medicines in a safe way. People and relatives responded positively to us regarding the competence of staff who administered medicines; this included medicines in blister packs and the application of creams. They said, "I get my medicine on time and they record everything in the book over there" and "They make sure [person] takes (their) medicine." Medication administration records (MARs) we saw evidenced staff recorded what medicines had been given and if a person had refused any medicines. People we spoke with confirmed this did occur. Training records showed that all staff had been appropriately trained and this training was up to date. We concluded there were good systems in place to help ensure people were supported safely to take their medicines.

## Is the service effective?

### Our findings

People told us the service was effective. They said, "(Staff) know what they are doing; I have had no problems with them", "I think they are trained but some are better than others", "I am happy with everything they do for me." A relative told us, "The girls seem to know what they are doing and we think [person] is getting well looked after."

At the previous inspection in June 2016, we found the service did not make effective use of the spare time (referred to as 'downtime') staff had following their morning visits. We made a recommendation for the provider to review 'downtime' with a view to improving the quality of life for people living at Westfields. At this inspection, we saw the service had made suitable improvements; these are discussed within the 'Responsive' section of this report.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager had a good knowledge and understanding of the MCA. People told us staff "very professional" and always asked their permission before carrying out any task according to the person's support plan and explained what they were doing, if needed. Staff told us they would raise any concerns they had about a person's mental capacity with their line manager and the person's relatives. The registered manager told us the service worked with social workers and GPs if they required an assessment of a person's capacity.

We looked at four support plans and saw in the main consent to care had been correctly sought. We pointed out to the registered manager some consents, for example, for risk assessments and medication support plans had been signed for by relatives. The registered manager told us relatives had signed to indicate they had been involved in the support planning and decision making process and not that they were signing consent on behalf of the person. We looked at other examples and found this to be the case as the provider had updated their documentation to reflect family involvement rather than family signing consent. We indicated the support plan audit process should have identified these and have referred to these record keeping issues later in this report. We concluded that there were appropriate systems in place to ensure the service operated within the principles of the MCA.

The registered manager had a good understanding of Mental Capacity Act 2005 (MCA) and how this legislation should be used to protect people. Staff sought people's consent before undertaking tasks and people confirmed this was the case. Staff told us if they had concerns about people's mental capacity they would raise with management and also inform involved family members. The registered manager told us support from social work professionals and GPs was sought if they suspected a person lacked capacity.

Support plans indicated that consent to care had been sought appropriately. We found some discrepancies with how consent to care was recorded and have referred to these within audit processes. We concluded there was sufficient evidence to demonstrate the service had systems in place to help ensure people's rights were protected.

Training records we looked at showed that new staff new had an induction and training considered mandatory by the provider. Staff also shadowed experienced staff before working unsupervised. One staff member told us, "The training here is very good. Also, I asked to do a couple more shadowing shifts until I felt confident to work on my own. That was no problem."

Induction and mandatory training was based around the common induction standards and the care certificate. The care certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers. Topics included safeguarding, medication, personal care and infection control. Depending on the topic area, we saw these were refreshed annually or every three years. This meant staff received a suitably robust induction and essential training and shadowed experienced staff to help ensure they had the necessary knowledge and skills needed to support people safely and effectively.

Staff told us training opportunities had improved and that the training courses provided were of a good standard. Staff said they had been booked on various refresher training courses, for example, MCA /DoLS and moving and handling, and that they received reminders of training that was due. Staff and the registered manager told us there were new opportunities to achieve nationally recognised qualifications in health and social care through distance learning. We saw evidence that the provider was working with a local college accredited to provide this training.

There were formal systems in place to support and develop staff to carrying out their roles effectively. We saw these included supervisions, spot checks and appraisals. Staff told us since the appointment of the registered manager that they had regular supervisions and spot checks. Spot checks are used as an assessment of the staff member while on duty and form part of the service's quality monitoring processes. Records confirmed what staff told us and we saw that annual appraisals were scheduled to take place in late October 2017.

The registered manager told us in August 2017 they had made contact with the Alzheimer's Society to reinforce their training in Dementia. They said this training would help staff and the service to be more effective in supporting people living with dementia.

People were assisted to access medical attention when required. They said staff responded proactively and had contacted relevant health care professionals on their behalf or raised concerns around their health. One person told us, "They called the doctor a few months ago because I wasn't feeling well and they let my family know as well." Another said, "I (used) the buzzer once when I had a pain in my side and the bloke rang an ambulance for me because I was having difficulty breathing." Staff told us they recorded and reported any concerns they had about a person's health to the care manager or the registered manager and in the case of an emergency they would telephone for an ambulance. This meant the service, where possible, was proactive in making sure people received the right health care when they needed to.

Some people at Westfields were supported to maintain good nutrition and hydration. People were very complimentary about the support staff gave them. They said staff always asked them what they wanted before helping them with their meals. Comments included: "They help me with the microwave meals", "They ask me what I want and I tell them I like 2 toast in a morning" and "They always ask me before they do anything and we check in the fridge to see what is there and I pick what I want and they cook it for me."

## Is the service caring?

### Our findings

During this inspection, we spent time speaking with people who used the service and others living there who did not receive support. Where possible such as in the communal area, we also spent time observing how staff interacted and supported people in meeting their individual needs.

People and relatives we spoke with were complimentary about the care and support they received. People told us staff were compassionate and respectful. Comments included: "The staff are very nice", "I have a lot of laughs with them.", "They (staff) are marvellous - they will say, 'I am pleased to meet you' and they ask me how I am - which is great", "(Staff) are all very polite and have a chat and they ask me how I am. They will help with anything I want" and "(Staff) are lovely with [person] and [person] likes them (care staff)."

In compliments received by the service we noted one family thanked the staff for going above and beyond and looking after a person's pet while they were in hospital. This demonstrated caring and compassionate support.

We saw that interactions between people and care staff were warm and genuine. There was plenty of laughter and banter between all parties. We observed that care staff were friendly yet professional.

From our conversations with people it was evident they felt well cared for and had choice in making their own decisions. One person said, "Staff are okay with me. They give me a gentle and smooth shave and they have a chat with me while they are doing it. I have no problems with them." Another told us, "They don't do personal care for me but they treat me with respect and I can please myself what I do."

Staff we spoke with knew the people they supported well and understood how to support them in a caring and safe way. People confirmed this and told us staff knew them well and knew their likes and dislikes. One person told us, "They (staff) know what they are doing; some have been here for years." Staff told us they 'looked out' for everyone who lived at the property and spoke about a resident who had been receiving care previously but no longer required it. This person told us, "They (staff) always used to come in and say 'Hiya' and ask me what I wanted them to do and even now when I see them they always ask if I am coping. They are very good."

People and their relatives told us and care records confirmed they were involved in making decisions about the support they received. We saw people had a copy of their support plan and were aware of its contents. One person told us, "There is a red book over there with everything written in it. I am happy here and my (relative) thinks I am alright living here." People told us staff listened to them and dealt with any concerns they had. We saw this in action several times during our inspection. The housing managers at the Westfields also substantiated this fact, indicating that the care staff responded well to people's needs.

People told us care staff treated them with dignity and respect. They said, "I like the Carers and they treat me with respect by the manner they speak to me and do things for me" and "Staff mean what they say; they are not pretending to care."

Staff understood their responsibilities in this regard and gave us examples of how they ensured people were treated in a dignified and respectful manner such as discreetly supporting people to the toilet and not discussing people's care with others.

Staff we spoke said they encouraged and supported people to maintain their independence and build confidence. People we spoke with confirmed this. People told us they appreciated staff "being there to help if needed". Their comments included: "I do as much as I possibly can for myself but I am glad of their (staff's) help", "(Staff) help me shower but I like to shave / dress myself" and "I like to think I am independent I go out and like I say they (staff) organise for me and my husband to get together every week."

## Is the service responsive?

### Our findings

We looked at four support plans and each contained detailed information about the person's personal and social history, likes and dislikes, hobbies or interests, goals and how best to support the person. This information helped staff to get to know and understand the people they supported.

In the main, support plans we looked at were person-centred and reflected the care and support that was specific to each person. We found one example where a person had returned to Westfields in September 2017 having spent three weeks in hospital. We noted their discharge note indicated a continence assessment had been done and a change in need identified, but this change in need was not reflected in the person's support plan. Staff we spoke with who supported the person confirmed this. Daily comments books we looked at substantiated the changes in the person's support needs and that staff were providing care that was appropriate and person centred. We noted their support plan dated June 2017 had not been reviewed upon their return to the service. This meant staff did not have specific documentary guidance in place to help them provide person centred and responsive care. We have highlighted this issue in the Well Led domain of this report.

Following our site visit in October 2017, the registered manager informed us that in conjunction with the Manchester social services department they had reviewed this person's support package to ensure they were receiving care and support that was responsive to their needs. We spoke with the named local authority social worker who confirmed this was the case.

We saw evidence in people's support plans that these were reviewed in line with the provider's policy which was annually. Reviews help to ensure the support provided is still relevant and will identify if further support is required. In one support plan, we noted the person had been reassessed as needing an additional call at bedtime in order to assist them with their bed time medication. The person commented, "Adding a bed call helps me feel settled." This demonstrated how the service provided support that was responsive to this person's needs.

We observed there were verbal staff handovers between shifts. A handover is the process through which staff coming on shift are updated on what has taken place prior to them starting work. Handovers were also documented in a staff communication book kept in the office. Staff told us this worked well for them and helped with continuity of care provided.

As mentioned earlier in this report, at our inspection in June 2016 we found the service did not make effective use of the spare time (referred to as 'downtime') staff had following their morning visits. At this inspection we checked to see what improvements had been made. The registered manager told us and we saw two staff members had volunteered to take the lead on arranging various activities that people had expressed an interest in. These activities included bingo, board games, quizzes and nail and beauty sessions and we saw posters displayed prominently around the property.

Anyone living at Westfields was welcome to participate in these activities if they chose to. There was a real

sense of community at Westfields and during both days of our inspection we saw people actively participating in the activities on offer. For example, we observed an afternoon bingo session followed by tea and biscuits. We also saw a quiz taking place with one of the residents as quiz master, supported by care staff and one of the housing managers. Both events were well attended. We found the service had made significant improvements in managing staff 'downtime' which helped to improve the quality of life for everyone living at Westfields.

People and relatives told us they knew how to raise a complaint or a concern. People said, "I have no complaints; I get all the support and help I need and if there is a problem my (relatives) sort it out for me" and "I have no complaints. I am happy with the way they look after me". A relative told us they had raised concerns regarding the timing of support provided to their relation; they had discussed this with management who resolved the matter to their satisfaction. Since the previous inspection in June 2016, no formal complaints had been made. Records we looked at showed one informal concern had been dealt with formally. This was due to the nature of the concern which was about the attitude of a manager. We noted the concern had been acted on promptly and the appropriate response made.

We saw people received a service user guide which, amongst other information, contained up to date information on the provider's complaints procedure and signposted to external agencies if this was required. We saw sufficient evidence to demonstrate that an effective system for managing complaints and concerns was in place, ensuring these were investigated and appropriate actions taken as required.

We saw thank you cards from relatives complimenting the service for the care and support they provided to their relations and to their families. The registered manager told us these sentiments were shared with staff. We saw thank you cards pinned up on the staff notice board. Relatives commended staff and management's "brilliant attitude and hard work" and appreciated the kindness they showed to their relations.

We saw people were able to provide feedback about the service formally as well as informally. During our inspection we saw people and relatives came to the office to speak with the care manager or the registered manager. One relative told us, "I can go and knock on [Care manager's] door if I need to speak to (them)." The provider carried out customer satisfaction surveys every six months. Surveys were sent out in November 2016 and May 2017 and the results were positive. We saw that people said they were very satisfied with the service provided and would recommend it.

## Is the service well-led?

### Our findings

People and relatives were complimentary about the service, the management and staff and several told us they would recommend the service. Comments included: "Overall I would recommend this place to anyone; I am happy with the care I receive", "[Care manager] is great; I am very pleased to be here" and "I can't speak any highly of the carers."

There was a registered manager in post who had registered with the Care Quality Commission in May 2017. They were supported by a care manager with the day to day running of the service at Westfields. The registered manager told us they were also well supported by other colleagues within the wider organisation. This was evident during our inspection. Staff told us they felt supported by the care manager and the registered manager.

There were various audit and quality assurance processes in place to monitor the quality of the service provided. These included spot checks, support plan reviews, audits of medication administration records and daily comments books, analysis of accidents and incidents including safeguarding incidents and falls and satisfaction surveys. The provider's performance team also carried out regular internal audits to help services identify and address any gaps in performance.

The registered manager told us and we saw they collated and sent key performance indicator (KPIs) information on a weekly basis to the senior management team. KPIs included information such as falls monitoring, safeguarding, complaints, staff spot checks and staff supervisions. Our inspection identified some minor issues in record keeping which we brought to the attention of the registered manager. We found, however, the quality assurance processes in place helped to ensure the registered manager and the provider had suitable oversight of operations so that people could be assured of receiving a service that was of a good standard.

Throughout our inspection it was clear the registered manager was passionate about improving the quality of the service provided. They told us when they started as the registered manager they carried out an analysis of the issues identified at the last inspection and developed an action plan to address these gaps. These included refresher training for staff and monitoring support plan reviews. We saw this action plan and noted that most of the issues had been addressed.

We also received positive feedback from the local authority commissioning team about the service and the provider. They said, "My experience of [provider] is that they are generally responsive, cooperative and collaborative in their approach and have a good working relationship with (by Anchor's housing managers). [The care manager] liaises regularly with (Anchor's housing managers) to discuss individuals at the scheme, their care needs and any issues that arise, involving council and health colleagues where the need arises."

The registered manager ensured statutory notifications had been completed and sent to Care Quality Commission (CQC) in accordance with legal requirements. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC.

There were a comprehensive set of policies and procedures to guide staff in their roles. Examples of these included policies on safeguarding, medication, mental capacity act and equal opportunities and diversity.

Staff told us they attended team meetings and had the opportunity to discuss issues relating to the service, people they supported and staffing matters. We saw a schedule of team meetings for 2017 and minutes of meetings that had taken place. This meant staff had a forum in which to obtain support from their peers, managers and share best practice and learning with each other.

During our inspection we observed there was a good working relationship between the management teams of the care service and Anchor. People and relatives we spoke with also confirmed this. We spoke with one of the housing managers and they confirmed that since the appointment of the registered manager and the care manager there was a better relationship between the two organisations. This helped to ensure people's needs were met as both organisations worked together in a collaborative way.