Mrs Cathy Hillidge

Westward Care Home

Inspection report

2 Henty Avenue
Dawlish
Devon
EX7 0AW

Tel: 01626864825

Date of inspection visit:
30 June 2016
05 July 2016

Date of publication:
17 August 2016

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

This inspection took place on 30 June and 5 July 2016. Due to the nature of people's needs, we gave 24 hours' notice of our arrival.

The service provides accommodation and support for up to 6 people of all ages who have autism, learning disability and mental health needs. At the time of the inspection there were six people living at the home. The complexity of people's care needs meant we were only able to engage in short conversations with people. We therefore used our observations of care and our conversations with staff and people's relatives to help us understand their experiences.

The registered provider of the service was in day to day charge at the home. Registered providers are 'registered persons' who have registered with the Care Quality Commission. 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.

The atmosphere in the home was warm and welcoming and we saw laughter, warmth and trust between people and staff. We observed staff treated people in the home with kindness, dignity and respect.

Records showed each person had comprehensive assessments of any potential risks to their health and welfare. Where risks were identified there were measures in place to reduce these. We saw that staff were skilled at managing risks in relation to people's complex needs, including challenging behaviour.

People received care and support in line with their individual care plans. They appeared happy and comfortable with the staff who were supporting them. We observed people responded positively when staff approached them with smiles and happy expressions. This indicated they felt safe and secure. One person said "Good staff. They so friendly. I feel very safe". Relatives told us they were very happy with the care provided. One person's relative said "[name] is as safe as she can be living there"

Staff received training in safeguarding adults and knew how to raise concerns if they were worried about anybody being harmed or neglected.

We observed staff always checked with people before providing care or support and then acted on people's choices. Where people lacked the mental capacity to make certain decisions about their care and welfare the service knew how to protect people's rights. Staff ensured people's privacy and dignity was respected at all times. They worked closely with people to ensure they understood their needs and preferences. People were involved in planning and reviewing their care as fully as possible.

There were robust recruitment processes in place to ensure that suitable staff were employed. Staff were well supported by the provider/manager and deputy manager through supervision and appraisal. High standards of care were encouraged through staff training and development. Staff participated in a wide

range of training courses in topics relevant to people's care needs. This included specialist areas such as autism and how to use least restrictive support methods when people's behaviour challenged their own safety or that of others.

People were able to follow their interests and hobbies and could go out every day if they wanted. Staff had time to spend individually chatting with people and reassuring them if they became anxious. There was a holiday organised by the service each year, where a group of people went away for a few days, supported by staff. These were greatly enjoyed. People were encouraged to maintain their independence and to be part of the local community.

People were supported to eat and drink enough to ensure they maintained good health. We spoke with people about their meals and observed the lunchtime meal and saw everyone enjoyed the meals provided and staff supported people appropriately.

People's relatives said they were always made welcome and could visit the home whenever they wished. They said the service was very good at keeping them informed and involving them in decisions about their relatives care.

We observed medicines being administered and this was done safely and unhurriedly. Staff received regular training in medicines management and medicines audits were completed to ensure consistent safe practice. People were supported to maintain good health by a range of external health and social care professionals.

People's needs were met by the adaptation, design and decoration of the service. There was an ongoing programme of maintenance at the home. It was decorated and furnished in a comfortable, homely way.

The culture of the home was person-centred, open and friendly. There was clear leadership from the manager and deputy manager. The service's quality monitoring systems enabled the service to maintain high standards of care and to promote continuing service improvements.

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.

Risks to people were assessed and reviewed and staff understood how to keep people safe.

Staff were knowledgeable about their responsibilities in regard to safeguarding people.

People were supported by sufficient numbers of safely recruited and well trained staff.

There were systems in place to safely manage people's medicines

Is the service effective?

Good

The service was effective.

Staff received training in a range of care topics and were knowledgeable about people's care needs.

People were supported to live their lives in ways that enabled them to have a good quality of life.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good

The service was caring.

People told us staff were friendly and kind

People were treated with kindness, dignity and respect.

People and their relatives were supported to maintain strong family relationships.

Is the service responsive?

Good

The service was responsive.

Care records contained detailed information about people's care needs and these were well understood by staff.

Regular reviews took place to ensure people's care needs continued to be met. People and their relatives were involved in these reviews to the extent they were able to participate.

People were asked about their preferences and encouraged to follow their interests.

People, relatives and staff were encouraged to express their views and the service responded appropriately to feedback.

Is the service well-led?

Good

The service was well led.

The service promoted a family-orientated, open and caring culture

People were supported by a well led, motivated and caring team of staff.

The provider's quality assurance systems were effective in maintaining and promoting service improvements.

Westward Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 30th June and 5th July 2016 and was unannounced. It was completed by one social care inspector.

The provider completed a Provider Information Return (PIR) which we received before the inspection. This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed information we held about the service. This included previous contact about the home and notifications we had received. A notification is information about important events which the service is required to send us by law.

We met and spoke with everyone who lived at the home, the registered provider, the deputy manager and two members of care staff. Following the inspection, we spoke with two relatives of people who live at the home and two health care professionals who had contact with the home. We also received written feedback from one social care professional.

We looked around the premises, spoke to people individually and spent time with people in the communal areas. We observed how staff interacted with people throughout the day, including during lunch. We looked at three sets of records related to people's individual care needs; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the home, including quality audits. We looked at the way in which medicines were recorded, stored and administered to people.

Good

Is the service safe?

Our findings

Some people living at Westward were unable to talk with us about their experiences at the home due to their levels of anxiety or difficulty communicating verbally. However, we observed people appearing relaxed and comfortable in the home, smiling and responding warmly to their support staff. This indicated they felt safe. People who were able to talk to us said they trusted staff and felt safe and happy living at the home. One said "I feel very safe. Staff so friendly" and another said "It's a good home, I like it!" A relative said "This is the place I feel [relative's name] has been most safe, of everywhere she has lived".

People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff were knowledgeable about signs of possible abuse and how to report concerns. They told us they could raise any safeguarding concerns with the owner or deputy manager and felt confident they would be treated seriously. They knew what action to take in order to raise a safeguarding concern if the owner or deputy manager was not at the home. Records showed safeguarding concerns had been raised appropriately to the local authority safeguarding team. Staff had also sought advice from the safeguarding team where they had any questions about possible safeguarding matters. They were aware of whistle-blowing procedures, whereby they could report any concerns to external agencies such as the CQC 'in good faith' without repercussions. People were supported to manage their monies safely.

There were plenty of staff available during the inspection and people's needs were responded to promptly. People told us there were always enough staff to look after them. Staff told us staffing levels varied depending on people's needs and that the owner would increase staffing when needed. This was an important aspect of providing care safely at Westward as people's behaviours sometimes changed quickly and required extra support. At the time of the inspection there were four care staff working with a waking night member of staff taking over at 10.00 pm.
Recruitment practices were robust. The registered managers recognised the value of good recruitment in ensuring people with the right skills, aptitude and values for the role were appointed. Staff files showed the relevant checks had been completed to ensure new employees were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained. New staff were regularly monitored during their three month induction period to ensure they were suitable and well supported.

People were supported to receive their medicines safely and on time. Everyone was able to consent to taking their medicines and no covert medicines (administered without people knowing) were given. Where PRN medicine was prescribed to help manage people's anxiety, there was detailed advice within people's care records to guide staff about when it should be offered. PRN medicine is medicine that is be used 'as required', rather than regularly. Staff knew when to offer this medicine and that it could only be authorised by deputy manager or owner. We saw from records that PRN medicine was not a 'first resort' to help calm people; it was offered only when absolutely necessary. The deputy manager told us they always tried other methods of reducing people's anxieties before offering medicine. These methods were well described within people's individual care plans. For example one person's care plan said staff should first offer time to talk and try to understand what had triggered their anxiety. They should offer reassurance and support the

person to move to their room or a calm, quiet space and try to diverting the person's train of thought by using subjects and activities that interested them.

Staff told us they had received training in the safe administration of medicines. They were kind and patient when giving medicines and always sought people's consent. Medicines administration records were fully completed with no gaps in recording. Two members of staff were always present when medicines were given, to protect against possible errors. Records were made of medicines received into the home from the pharmacy and the remaining balance updated after each administration. We checked the balances of a number of medicines and found them to be correct.

Medicines were stored safely. A folder of information about each prescribed medicine was available for staff to support their knowledge and be able to inform people about their medicines and possible side-effects. Medication audits were completed monthly using a tool recommended by a national pharmacy. This ensured medicine records had been fully completed and the amount of medicines held was correct. People were supported to attend medical appointments whenever needed.

Staff understood that where people had mental capacity, they had the right to make choices, including taking risks. They told us they made sure people were as well informed as possible in order to make their choices and that staff had explained possible consequences.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Risks to people's safety and wellbeing were assessed. For example, risks in relation to behaviour, choking, epilepsy, and mobility were assessed. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. For example, one person was at risk of choking as they ate exceptionally quickly and didn't chew foods properly. Guidance for staff included information about supporting them to eat at a relaxed pace during mealtimes. There was also clear guidance on the first aid measures required should the person have a choking episode. Staff were guided to eat with this person so that they could provide a good role model, as well as close supervision. We saw staff doing this, sitting opposite the person where they were clearly visible. They gently reminded the person to eat at a relaxed pace. Staff were able to tell us about the measures in place to minimise the risks of the person choking and what they would do if first aid was required.

Where people were diagnosed with specific health conditions such as epilepsy, their care files held detailed information about this and what precautions staff should take to keep people safe and prevent complications. All staff we spoke with held clear knowledge about this and were fully aware of the detailed guidance in each person's care plan.

An important aspect of risk management at the home was ensuring that any aggressive behaviours were managed safely to reduce the risk of people hurting themselves or hurting others. Skilled support meant that these incidents were kept to a minimum by reducing people's anxieties and using good distraction and calming techniques. However, there were times when physical interventions were required by staff to keep people safe. All staff had received training from an NHS approved trainer to ensure they did this safely and using least restrictive practice. If accidents or incidents had occurred, these were recorded and reviewed to see how they came about and whether any actions were necessary to reduce reoccurrence.

Each person had a plan of the detailed the support they needed to get safely out of the building if there was an emergency. Fire drills were held every 4 weeks and the fire system was checked weekly.

The home was in a good state of repair and decorative order and the owner was able to highlight plans for

further improvements. Domestic cleaning products were stored securely. The home was free from any unpleasant odours.

Good

Is the service effective?

Our findings

People's relatives told us they felt the home was effective in meeting people's needs. They said the staff had a very good understanding of their relative's needs and preferences. One person's relative said "The staff are excellent and look after [person's name] very well". Another person's relative said "They manage [their relative's] problems well. They are very good". We observed people appeared well cared for and they seemed happy with the support they received from staff.

Staff were knowledgeable about each person's individual support needs and provided care and support in line with people's care plans. Staff told us they received training to ensure they knew how to effectively meet people's needs. This included safeguarding, first aid, infection control, epilepsy, administration of medicines, autism and physical and non-physical interventions. Advice was sought from external specialists when needed. For instance, one person has become less able to walk safely and an assessment from an occupational therapist and physiotherapist had been completed. Another had complex mental health needs and the service had been proactive in seeking specialist psychiatric support.

Staff told us the provider also supported them with continuing training and development such as vocational qualifications in health and social care. Staff were motivated to learn and most held level 3 diplomas in health and social care. Staff had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role and had opportunities to discuss their development.

New staff undertook a detailed induction programme which followed the Skills for Care framework, including the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.
New staff shadowed other, more experienced staff. While they were completing this, they were extra to the staff on the rota. This meant they had time to learn their role fully and to develop relationships with people living at the service.

Staff said everyone worked well together as a very friendly and supportive team which helped to provide effective care. One member of staff said "we are a positive team, we all get on well and there is 100 percent support from [name of provider] or [name of deputy manager]". Care practices were also discussed at one to one staff supervision sessions and at monthly team meetings with the provider and deputy manager. Performance and development appraisal meetings took place annually.

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.

Staff had a clear understanding of the MCA and how to make sure people had their legal rights protected. Training about the MCA was considered mandatory and all staff training was up to date in this area and

regularly refreshed.

At the time of our inspection everyone living at Westward was able to make simple, day-to-day decisions for themselves. For example in relation to what they wanted to eat or wear. However, some people did not have mental capacity to make more complex decisions about their health and welfare. Where this was the case, people's records contained capacity assessments and best interest decisions. Staff told us they always supported people to make their own decisions as far as possible, but they knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make a specific decision, meetings would be held involving relatives and professionals in reaching a decision in their best interests. For example, one person had a sensor mat in place that alerted staff if they got out of bed at night. This reduced the risk of falling, but the person did not have the mental capacity to understand this. A mental capacity assessment and best interest decision had been made to support the use of the pressure mat and healthcare professionals and family had been involved in this. This meant the service was following the guidance laid out within the Mental Capacity Act Code of Practice and were legally protecting people's rights.

We saw from records that staff had given a lot of thought to establishing people's wishes about how they wished to be treated if they became unwell and lost mental capacity. In the rare instances where physical interventions may be needed to keep people safe, these had been fully described using verbal and written information and photos. This showed how staff would provide support, using the least restrictive practice possible. People had been involved in meetings with their family and social workers and been able to talk through these interventions and agree how they wished to be supported at these times. We received feedback from an independent mental capacity advocate who noted that record keeping at the home was good and compliant with the standards set out in the Mental Capacity Act (2005) Code of Practice.

Throughout our inspection we heard people were asked for their consent before staff provided any care. Staff also offered choices about what they wanted to do, what they wanted to eat or drink and whether they wanted to spend time in their room or lounge. Staff also explained consequences of choices clearly to people. For example, we heard one person saying they wanted to go shopping and spend their allowance. Staff explained they were free to do this, but reminded this person that they were also saving spending money for their forthcoming holiday. The person then reconsidered their decision and chose to spend less money. A relative commented "the staff encourage [relative's name] to moderate and really helps her. They would explain why it is not good to have a sweet drink every day, or eat lots of chocolate".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The 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 and deputy manager were familiar with the criteria for making a DoLS application. They believed everyone living at the home was potentially subject to continuous supervision and would be at risk if they left the home unsupervised. For this reason they had applied to the local authority to deprive people of their liberty in order to keep them safe. They were aware that some of the practices that occasionally had to be used to keep people safe were restrictive and must be considered within the DoLs. Two applications had been authorised and staff were familiar with the conditions set in relation to these. Due to the large number of applications being processed by the local authority the service was still waiting for the remaining assessments to be completed.

People had sufficient to eat and drink and received a balanced diet. Where people had special dietary needs, these were well described in records and understood by staff. For example, one person had gluten

intolerance and ate no wheat or barley in their diet. Food stuffs were clearly labelled in a separate cupboard. Staff checked the ingredients carefully before using and had established a range of suitable menus. On one day of our inspection staff were cooking steak and kidney pie with help from one person living in the service. A separate pie was made using wheat free flour so that everyone could enjoy the same meal.

Staff planned meal menus for the week ahead with involvement from people and based on their known preferences. A lighter lunchtime meal was served with a main meal in the evening. Staff said they were happy to change and be flexible to meet people's preferences on the day. We observed staff offering people meal choices during the inspection. All meals were home cooked by staff with help from people living at the service. A small range of herbs, fruit and vegetables were grown in the garden and were used in the menu planning. On one day of our inspection people were picking raspberries to have with ice cream for their pudding that evening.

We observed care practices over the lunch time period. People appeared to enjoy their meal. Staff ate with people and there was relaxed conversation and laughter. Where people required support to ensure they didn't eat too quickly, this was done discreetly with gentle reminders from staff to slow down. People each had their own cupboard where they stored any particular favourite foods, including biscuits and homemade cakes. We saw people were able to help themselves to these, though staff encouraged moderation.

Staff carried out regular health checks to help people maintain good health and identify any changes. The deputy manager said staff accompanied people to appointments, and the local GP's would also visit where necessary. Other professionals provided input and advice as needed. This included community psychiatric nurses, physiotherapists and occupational therapists. Care plans contained records of hospital and other health care appointments. Some people with more complex needs also had an assigned social worker to act as their care manager. A relative noted how proactive the service was in seeking specialist psychiatric support for their relative. They said "Staff are very dogmatic. They will persevere with getting it sorted. I know every angle possible will be covered to get the help [relative's name] needs".

Adaptations were made to the premises to support people's needs. Where people's mobility needs had changed, ensuite 'wet room' bathrooms had been installed so that they could safely access the shower. Where an occupational therapist had made a recommendation for handrails on the stairs, this had been quickly implemented. The home had a comfortably furnished lounge and a large dining room area with an adjacent games room where people could play pool or table tennis. There was outside garden space where people could sit in the summer.

Good

Is the service caring?

Our findings

Many of the people living at Westward had complex care needs in relation to their autism. Due to this they were unable to discuss in great detail their views about the care they received. However, one person who lived at the home said "I'm happy" and another said "Good staff. They friendly" and "We are like family; everyone going out". People's relatives told us they were happy with the way staff cared for their relatives. One person's relative said "They are all very caring". Another gave feedback to the home "I am pleased with [names} progress since being at Westward. He is less nervous and more relaxed and looks happy each time I see him" and "Staff are excellent and very caring". Another relative said "Staff are always there for [relative's name]. If she needs a hug, or a cuddle or to cry on [provider's name]'s shoulder, that will be there for her. To her that is her family"

Throughout the day we observed staff caring for people in a very friendly, considerate and patient manner. For example, we observed a member of staff escorting an older person with a walking frame to walk along the corridor and out to the car. They walked slowly and patiently with them, continually reassuring and encouraging the person and checking they were alright. One person had experienced an unsettled weekend and staff all expressed concern about how exhausting this had been for this person. We saw them offering reassurance and kind words, checking through the day how they were. One member of staff said: "Hello [Name]. How are you feeling this morning? Do you need a bit more rest? Let me know if you would like to go back to bed for a bit". Later in the day this person was becoming agitated and worried about the possibility of having to go to hospital, a member of stroked their arm soothingly and said "If you did ever have to go we would stay with you for every minute". Later in the day we heard this person saying "thank you for looking after me" to the staff who had been supporting them at the weekend.

People appeared relaxed and happy with the staff supporting them. The provider told us there was a lot of emphasis on getting staff with the right caring attitude for the job and staff who worked well in a team. For some people, Westward had been their home for over 20 years and some members of staff had known them for all of this time. They told us that they really did think of people as part of their extended family and had great fondness for them. Throughout the day we observed all of the staff were friendly and supportive of people and each other.

People were supported to maintain ongoing relationships with their families. Relatives were encouraged to visit as often as they wished. One family had just been to visit to help celebrate their daughter's birthday. They told us they were always welcome and staff had made a "big fuss" of their daughter with a cake and special brunch. Another relative told us they were always offered refreshments and lunch when they visited. Staff told us they knew how important it was for people to maintain relationships with their families and they drove people considerable distances to make sure this happened. One person told us "They [staff] drive me to see my mum every three months". Another said "I go in the car to see my sister. Staff take me".

Staff treated people with compassion, dignity and respect. They were aware of issues of confidentiality. When they discussed people's care needs with us they did so in a respectful and compassionate way. Care records were written in appropriate language. Throughout the inspection we saw and heard people being

treated with respect and dignity. People's privacy was promoted. For example, staff only entered people's rooms with permission, unless there was an emergency situation. People were discreetly assisted to their own rooms for any personal care. There were always enough male and female staff on duty for people to have their personal care needs met by staff of their preferred gender. One member of staff said "I know it can be embarrassing for people. We always tried to give people as much privacy as possible. Like prompting people to wash from outside the shower, giving privacy while undressing and shutting the blinds while people are undressing. I always make sure confidential discussions are discussed in private spaces". A social care professional told us "I am really impressed with the homely feel to this care home" and "The manager and staff always appear to put the residents needs first and are friendly and respectful to the residents"

We heard staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner. When addressing people, staff used people's preferred names and appropriate language that was not patronising.

Not everyone was able or wished to be actively involved in planning their care. However, staff knew people well and when planning care, took into account what they knew about the person and their preferences. Relatives and advocates were involved in planning care when they wished to be. One person told us they had been to meetings about their care. A relative told us they could go to meetings if they wanted, but chose not to. Another said they always attended.

Regular house meetings were held for people every six weeks. At the last meeting people had discussed a range of subjects. The provider had asked everyone if they were happy with their bedrooms and if they wanted any changes. One person had asked for different paint colour and this had been completed. People were also reminded to talk with staff if they had any worries. There was also discussion about menus and activities as well as where people might like to go for a holiday this year. Staff told us they always made sure they understood everyone's wishes and that everyone had a say in decisions made that affected the whole group, for example, with regard to the choice of holiday destination. Relatives confirmed this was the case. One relative said "They have discussions about everything. It's amazing; the whole group decide, it's democratic. Staff get them really involved in the choices they can make"

We asked the provider how they made sure everyone received information in a way they could understand. They told us that some people had limited verbal communication, but they could all understand information given to them, as long as it was presented appropriately. One person had come to the home two years previously using 'Makaton' signs, which staff had learnt to be able to support them appropriately. However, through living with people who used verbal communication, and by being involved in conversations and about their care and wishes, they were now speaking freely. Although their speech was impaired, it was fully understood by staff and other people living at the service.

Feedback from a survey showed one person had asked for a drum kit in their bedroom. The provider told us they had not been able to accommodate this as the bedroom was not big enough and there would be a negative impact on other people living in the home who were sensitive to noise. However, they had accessed drumming lessons in the community and supported this person to attend these regularly, which the person told us they were happy with. This demonstrated that the service listened and responded to people's wishes and supported people to follow their interests.

People were encouraged to remain as independent as possible. For example, one person went out on their own when they were assessed as being safe to do so and enjoyed spending time doing their own shopping. People were all encouraged to take part in tasks within the home. For instance, helping with preparing lunch and evening meals, and cleaning their own rooms with support from staff. They also undertook some

'chores', like wiping the table or helping with putting away dishes. The provider told us people could opt out of these if they wished, but felt people's engagement with the day-to-day running of the home contributed to creating a more 'normal' family environment. They also believed it helped foster a sense of pride in people's home.

Good

Is the service responsive?

Our findings

People contributed to the assessment and planning of their care to the extent they were able. Where some people had impaired speech, staff knew them well enough to be able to interpret their meaning. A relative said "Staff understand them very well". Relatives were encouraged to participate in discussions about people's care plans and to express their views. One relative said "They would let me know what is happening and phone me if anything is wrong. They are totally open and honest".

Each person had a personalised care plan based on their individual care needs. Care plans included clear guidance for staff on how to support people's needs. As well as detailing people's support needs, care plans identified each person's personal likes and dislikes, daily routines and activity preferences. Care plans were reviewed frequently, depending on the area of need. For example, people with complex behaviour or communication needs had these areas reviewed monthly. Areas of care that were more stable, such as personal care or activities, were also reviewed regularly, at three or six monthly intervals. People were aware of their individual records and everyone could access their care records whenever they wanted. Some people had a clear sense of ownership of these. For example, one person said to us "It's ok. You look at my file". We could see from records that there was regular involvement from people in their care planning and where people had capacity to do so, care plans had been signed.

Everyone had their own 'My Life' book, which gave detailed information in their own words about their life before coming to Westward, family and other people who were important in their lives, their interests and activities and individual goals. One person had an interest in tractors and was pursuing their personal goal of learning to drive a tractor. They were working as a volunteer at a local garden trust and enjoying this greatly.

Where people had annual reviews with their local authority social worker, all aspects of a person's support and care needs were covered. There was involvement of a close relative, or other appropriate representative, to assist with making certain decisions in the person's best interests where necessary. One person told us they always invited their sister. At reviews the person's individual support needs, preferences and experiences of the service were taken into account. Everyone had key personal outcomes which were agreed based on the most important issues for the person concerned.

Staff members of the same gender were always available to assist people with personal care if this was their preference. For example, one female preferred to be supported by female care staff and we saw staff respected this preference. During the inspection we heard people being informed about who was on shift overnight and the following day. Staff told us it was important for people to have clear structures and know who was working on each shift.

People had their own very individualised bedrooms. Each room was comfortable and furnished and decorated to the person's individual needs, tastes and preferences. For example, one person's room contained a large collection of Lego models of vehicles and tractors; another was interested in collecting African artefacts. One person loved aeroplanes and had books and pictures they happily showed us. They

had recently had a new carpet in their bedroom and had chosen the colour themselves. Another person had their room painted in their favourite colour of green.

People were supported to spend time in the community and to participate in a range of activities in line with their personal interests. This included visits into the town, shopping trips, discos, attending day centres and clubs, bike rides, bowling, swimming, day trips to the seaside and other places of interest. Activities available within the home included watching TV and DVDs, playing pool and table tennis, helping with gardening and chatting with staff. People were supported to access the home's garden and staff told us they sometimes had barbeques if the weather was warm. Every year people went on a holiday within the UK. Previous trips had included Wales and Cornwall. A collage of photos on the wall showed people enjoying themselves on their holiday; laughing, eating ice creams and horse-riding.

The complaints policy was clearly displayed for people to see and was written in clear language. Staff knew that not everybody would be able to read this, so they talked regularly with people to check that they didn't have any worries or concerns. This was discussed through house meetings, survey feedback and individual conversations. One person told us they knew they could complain and showed us the policy. Staff told us the provider operated an open door policy and was always accessible and visible around the home. They could always raise any concerns. Relatives were encouraged to feedback any issues or concerns directly to the manager or to any other member of staff. One relative said "I could talk to any of the staff if I had a problem. They are very good". The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. However no written complaints had been made about the service in the last 12 months. One relative told us "I've never had to complain in the 20 years she's lived there".

Good

Is the service well-led?

Our findings

Relatives of people who lived in the home were complimentary about the service. One relative said "It's very good" and another relative said "They are brilliant. They do so much for [name of relative]. It is a proper home". We asked the provider about the ethos of the home. They said "We want it to be feel like a family home and people to have as much choice and control as possible" and "We don't want people outside to see us as a 'care home'; we want to be invisible and fit into the community, just like any other family home".

The home was led by a person who was registered with the Care Quality Commission as the registered provider for the service. Staff and people's relatives told us the provider encouraged an "open door" culture and was very approachable and supportive. One person's relative said "I could talk to [the provider's name] about anything". One person living at the service said "I like [name of provider]. She is kind". Staff had great confidence in the leadership of the home. One member of staff said "I get total support from [name of provider]. I am 100% confident in the leadership of this home".

We looked at the Provider Information Return (PIR) that had been submitted in May 2016. In this the provider identified the importance of strong leadership "A good service provider starts with good leadership. Managers (at Westward) understand the need to be consistent, lead by example and be available to staff for guidance and support". The PIR had identified a need for additional leadership support "to share the work load and run a smooth and positive work force and service". When we inspected we found an additional deputy manager had been promoted from within the staff group. They told us they had worked at the home for a number of years and valued the opportunities for development and learning they had received. All of the staff we spoke with said they worked well together as a very friendly and supportive team. One member of staff said "We have a great staff team. We know we can all count on each other".

Specialist support and advice was sought from external health and social care professionals when needed. There was close partnership working with health and social care staff in relation to assessing and reviewing people's care needs.

Staff said they felt very motivated and they were all committed to ensuring people's needs were fully met and people had fulfilling, happy lives. Staff were proud of the care and support they provided, which they saw as improving people's lives. The provider said ""Everyone living here has come to us with challenging care needs and in every case we've supported them to experience more from life and live their life more".

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability. The registered provider and deputy manager supervised other care staff. There was a recognition that there were times when this could be an emotionally challenging job for care staff and the provider took steps to ensure staff were well supported. For example, staff received regular supervision and the chance to 'debrief' after shifts that had been intense due to the complexity of people's support needs. At times of particular intensity, staff were organised so that they had a proper break every two hours to enable them to remain focussed, calm and best able to respond to people's care needs.

Records management was good. Records were stored securely, well organised, clear, and up to date. They were also accessible to staff and people and were used as working documents to support people's care. When we asked to see any records, they were located promptly. The provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care, including care plans, medicines, equipment checks and the quality of the environment. Where issues had been identified, action had been taken. For example in relation to replacing people's bathrooms to ensure they were easy to operate and access. People's relatives and other representatives were encouraged to give their views on the service either through an annual survey, directly to the management and staff or through care plan review meetings.

We asked the provider and deputy manager how they kept in touch with changes to legislation, guidance and best practice. They told us they subscribed to various care journals and also used the CQC guidance for providers and received updates through this. The provider commended the deputy manager for their efforts to keep in touch with changing legislation and guidance. For example, when the Care Act (2014) had been introduced, the deputy manager had reviewed the service's policies and made revisions where necessary. The provider's policies and procedures were regularly reviewed and up dated to ensure they reflected up to date good practice guidelines and legislation. This helped ensure staff practices were up to date and people were supported and cared for appropriately.