

## The Orders Of St. John Care Trust

# OSJCT Westbury Court

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

OSJCT Westbury Court is a residential care home providing personal and nursing care to 42 people aged 65 and over. At the time of the inspection 34 people were receiving care and support in one adapted building.

People had their own bedrooms and there were ample shared facilities; lounge and dining areas, bathrooms and toilets. Outside, people could enjoy the use of an enclosed garden.

### People's experience of using this service and what we found

People had benefitted from the work the registered manager and provider had completed, since the last inspection. This had led to improvements in people's care experiences at OSJCT Westbury Court.

There had been some changes to the staff who provided support and leadership. Senior staff were clear about their roles and responsibilities. They had the skills and knowledge to provide other staff with the support they required. The working culture had changed, staff were committed to working as one team to support people's wellbeing. People's welfare and wellbeing had remained staffs' priority, but staffs' ability to provide more person-centred care to people had improved.

Changes in ways of working and communicating with external healthcare professionals meant staff were in a better position to support people's health needs and get these needs promptly discussed and reviewed. Although the service needed a replacement activities co-ordinator, staff were taking turns in supporting people to enjoy a mix of social activities.

People told us they felt safe and cared for. Managers ensured there were enough staff with the appropriate skills to meet people's needs. Staff worked in collaboration with external agencies to safeguard people from abuse and discrimination. People received the support they required to take their medicines. Arrangements were in place to keep the environment safe, clean and reduce risks of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People who lacked mental capacity were protected because the principles of the Mental Capacity Act 2005 were adhered to.

People's needs were assessed and risks to their health, safety and welfare identified and action taken to reduce or remove these risks altogether. There were daily arrangements in place to support effective communication, amongst all staff, about changes in people's care and risks which they needed to be aware of. Care records were well maintained to ensure staff and visiting professionals had up to date information about people's needs and risks, so these could be appropriately managed.

People and their representatives were involved in planning their care. Where appropriate, family members

were consulted and kept well informed about people's care and progress.

People's preferences and personal choices were known to staff who supported these where it was safe to do so. People's dining experience had improved, and people told us they had a choice in what they ate and drank. People's differing communication needs were understood by the staff who took time to ensure people could express their views and be included in decisions about their care. People's dignity and privacy was upheld. Staff applied a balance in how they supported people's independence and their safety.

The provider had a complaints process in place. Complaints and concerns were managed well and resolved where at all possible to do so. Managers were visible and approachable, and people, relatives and staff felt able to talk with them when they needed to. Learning was taken from complaints and general feedback to improve the service.

Both the provider and registered manager had good systems in place to monitor the services and care provided to people. The provider supported the registered manager in ensuring the service remained compliant with necessary regulations and in line with their own standards and expectations. Plans were in place to make continuous improvements to the service and progress relating to these was monitored. Extensive refurbishment to the home was due to take place in 2020, aimed at improving people's comfort and the facilities available to people.

Staff worked in collaboration with individuals and groups in the community so that people's quality of life and social opportunities could be improved.

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

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 22 February 2019). At this inspection the rating improved to Good.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# OSJCT Westbury Court

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector completed this inspection with 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. In this case caring for and working with older people.

#### Service and service type

OSJCT Westbury Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all other information we held about the service since the last inspection. This included information forwarded to us by the provider, about events which had occurred, involving people who used the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with nine staff which included one care leader, a nurse, one administrator, one laundry assistant, the head cook, the head housekeeper, deputy manager, registered manager and two representatives of the provider.

We reviewed a range of records. This included three people's care records and a selection of medicine administrations records. We looked at two staff files in relation to recruitment, including records relating to staff supervision and training. A variety of records relating to the management of the service were reviewed, including quality monitoring audits, current continuous improvement plan, fire risk assessment and certificate of compliance in relation to the management of risk associated with Legionella.

#### After the inspection

We received feedback on the services provided to people from commissioners of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe all the time, especially at night." One relative said, "[Name] feels absolutely safe and has confidence in the staff."
- The provider's policy and procedures for safeguarding people were in line with the local authority's guidance. We spoke with one agency member of staff who worked regularly at the home and they were aware of the provider's safeguarding policy and procedures. Staff worked in collaboration with other professionals and agencies to safeguard people from abuse. This included the local authority, police and the Care Quality Commission (CQC).
- Staff had been trained to recognise potential abuse and knew how to report any concerns. One senior member of staff told us staff reported concerns to them as they would expect them to do so. Senior staff acted on reported concerns and shared appropriate information with the relevant agencies.
- Daily heads of department meetings took place where any such concern was discussed and from which all staff across the service were made aware of the action required to protect people.

Assessing risk, safety monitoring and management

- People's health and safety risks, including those associated with the environment were assessed. Action was taken to reduce risks or remove them altogether. One person told us they had been afraid when one other person (who lived with dementia) had entered their bedroom. Staff had been assessing and monitoring this person and redirected them as required. The person who was visited said, "I've told the staff and in the last few days, [person] hasn't appeared. It's better now." One member of staff, responsible for fire safety, told us they checked each day that fire exit doors were kept clear.
- All current and potential risks were reviewed at the daily heads of departments meeting. All staff were subsequently updated so that a collective approach was taken to reducing risks. When necessary, risk management actions were altered in response to people's changing needs. During the inspection the changing needs of the person who visited others in their bedrooms were reviewed with external healthcare professionals.
- The provider's safety alert system kept managers informed about more widely reported risks and the action required in response to these. Information on equipment failure, near misses and community infections were included in these alerts. At the time of the inspection risks and issues associated with flooding in the local area were being monitored.
- Managers reviewed information from accident and incident reports to identify possible trends and patterns. Staff had identified through this process that one person tended to experience falls just before they exhibited signs of an infection. Knowing this now enabled staff to get this person checked sooner for possible infections.

## Staffing and recruitment

- Staffing numbers were monitored by the registered manager to ensure these were adequate and, although more staff needed to be recruited, arrangements were in place to ensure the home was adequately staffed. This included the use of agency nurses who were familiar with people's needs and the home's policies and procedures.
- People told us, generally staff were available when they needed help. Some people commented that they had needed to wait sometimes but understood that staff were attending to others. We reviewed the recorded call bell response times for a period prior to the inspection and found call bells had been responded to, within one to two minutes and for many times, less than this. Where it had taken longer the reason for this, including the deployment of staff at that time, had been reviewed by the registered manager and action taken to address the situation.
- The provider's recruitment procedures were followed which helped managers make safer recruitment decisions. Checks, including police checks, a check against the list of people barred to work with vulnerable people and on past employment, all took place before staff started work. Work and character references were also requested.

## Using medicines safely

- People's medicines were managed safely, and they received the help they required to take their medicines as prescribed and when required. One person said, "I get my medication on time both day and night." Another person said, "Yes, my medication is on time. I think the staff are very efficient." One person told us the staff explained to them which tablets they were administering to them.
- The deputy manager had implemented various new processes which helped staff to follow best practice guidance and to find necessary information easily when administering medicines. These processes also ensured that homely medicines (medicines brought over the counter) were used safely, correct wound dressings were applied and equipment used for the administration of oxygen was checked and changed as required.
- The processes in place to regularly check medicine administration records had reduced the incidents of medicine recording errors.

## Preventing and controlling infection

- People lived in a clean home where actions were taken to reduce the risk of infection. Care staff wore protective aprons and gloves to prevent cross contamination when delivering personal care and supporting people with their food. One person told us how staff always wore gloves and aprons when helping them with personal care they said, "Very particular [the staff], which I'm pleased about."
- The head housekeeper was also the infection control lead for the home and completed the infection control audit. This identified where areas of improvement were needed. It had been identified that some items of furniture had areas of lacquer which was no longer fully covering the surface. This makes it more difficult for these areas to be kept clean. Some furniture had been replaced and, as part of the home's overall refurbishment, planned for later in 2020, all bedrooms were due new furniture. The head chef ensured the kitchen was cleaned and good food hygiene practice was followed. Staffs' hand washing practice was monitored.
- People were monitored for the signs of infection and action taken to manage the potential signs of infection. There were effective arrangements in place to ensure antibiotics were collected and started quickly once prescribed. People had been supported to have the Flu vaccination.

## Learning lessons when things go wrong

- Records relating to accidents and incidents were reviewed by managers to help them understand the circumstances leading up to an accident or incident. Where identified learning was taken from this and

reflected on with the staff. This process had been applied to past medicine errors and from this improved practice had resulted.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and treatment needs were assessed before they moved into the home to determine if these could be met at OSJCT Westbury Court. Recognised assessment tools were used to assess areas of health and risk on an ongoing basis; such as falls, mobility, pressure ulcer development, weight and nutrition, choking and behaviour related needs. People's oral health was assessed. Arrangements were being made to ensure toothbrushes were replaced regularly.
- Staff sometimes needed to work more closely with external healthcare professionals to ensure people's needs were appropriately assessed. Following a change in one person's posture they had been assessed by specialist healthcare professionals and a personalised NHS Posture Management plan was in place for staff guidance. Staff had ensured that another person's needs were reassessed by NHS healthcare professionals so that NHS – funded nursing care could be accessed following a decline in the person's health.
- People's care and treatment was delivered following recognised pathways of care. A pathway of care sets out a process of best practice to be followed in the treatment of a person according to their condition or needs. We saw such guidance in place for epilepsy, wound management and the management of skin tears.

Staff support: induction, training, skills and experience

- Staff received training in how to deliver care according to best practice guidance and people's personal choices. This included subjects which the provider considered necessary for all staff; health and safety, safeguarding people from abuse and equality and diversity. Update training was provided to staff during their employment and was tailored to staffs' different roles and responsibilities. Senior care staff had received support to improve their knowledge and skills in leadership and mentoring.
- There were systems in place to check staff attendance at training sessions and to ensure staff received regular supervision. Supervision meetings were opportunities for staff to review their learning needs and progress with their manager. Nurses were provided with support to maintain registration with their professional body, the Nursing and Midwifery Council (NMC). The deputy manager, a nurse, had provided improved clinical support and advice to the nursing staff.

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

- People told us they enjoyed the food and the choices provided. They confirmed the kitchen staff always provided an alternative meal if they requested one. People told us they were provided with snacks and drinks in-between meals. One person said, "I like the food and the choices I'm given. I definitely have enough food." Another person said, "Food, very good, can't complain."
- People's food and fluid intake, including their appetite and their weight were monitored and nutritional assessments completed monthly. Relevant concerns were discussed with the person's GP and addressed.

When talking with a relative about the food and mealtime support they said, "There's definitely enough food and drink and [name] is watched constantly which is a great relief."

- People's dietary needs were met. One person received additional calories to help maintain their weight by staff providing them with regular drinks which were fortified with cream and whole milk. People who required texture altered food and drinks (pureed food or thickened fluids), following assessment by a speech and language therapist, were provided with these. Guidance relating to texture altered foods and thickened drinks was available to staff in the dining room and was in line with best practice guidelines. Staff had received training on how to safely support people's nutritional needs as well as their eating and drinking needs.
- Mealtimes had remained protected, so visiting and appointments were discouraged at these times. The registered manager explained that the decision to implement this a year ago, had really benefitted people. People who had been losing weight had put weight on, and those previously put off eating, because of the presence of visitors at mealtimes, now enjoyed their meals. We observed a friendly and chatty atmosphere at mealtimes.

Staff working with other agencies to provide consistent, effective, timely care;

- Staff worked with emergency services including NHS Rapid Response teams to support people who became acutely poorly or who had an accident such as a fall. Rapid Response teams, where it was appropriate and safe to do so, could provide immediate treatment to people in the home, avoiding unnecessary or distressing admissions to hospital.
- The deputy manager attended a monthly multi-professional meeting at one of the GP surgeries. This enabled the home to be involved in discussions held locally about wider community health issues and how better collaborative working could be achieved.

Supporting people to live healthier lives, access healthcare services and support

- People were able to take part in group exercise and movement to music sessions to help strengthen limbs and improve balance which helped to prevent falls. Activities such as quizzes, and the use of reminiscence provided cognitive stimulation and helped support mental wellbeing, memory and concentration.
- People were seen by GPs, community nurses and mental health practitioners as required. They were also referred to other health related specialists and practitioners as required, such as, wound/skin specialists, continence assessors and opticians. People had access to regular chiropody. Arrangements had been made to register people with a dentist if they were not already registered with one. One person said, "I'm reminded of my dental appointment every six months."

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

- There were various adaptations to the building including specialised equipment which helped to meet people's needs. A call bell system with mobile devices could be put in easy reach of people, so they could summon help when needed. Bathrooms included equipment which could support people to bathe safely.
- The main communal area; lounge and dining room was open planned which supported easier access for wheelchairs and the use of hoist to move people. Smaller lounges were available for people to enjoy a quieter and less busy environment.
- The home was due to undergo major refurbishment this year which was designed to improve the environment for people. New furniture was also planned for the bedrooms.

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

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Where people lacked mental capacity to make decisions independently, those made on their behalf were made collectively, by appropriate persons; the staff, people's representatives and involved professionals. This ensured the decisions made were made in people's best interests.
- Where people had been unable to make an independent decision and provide consent to live at OSJCT Westbury Court, due to a lack of mental capacity senior staff had appropriately made DoLS applications to the local authority. Where people were still waiting to be assessed by a mental capacity assessor, staff continued to review the DoLS application with the local authority.
- At the time of the inspection there were no conditions added to any of the authorised DoLS. Conditions which had previously applied to one person's authorised DoLS had been proactively and successfully met by the staff to support the person's mental wellbeing.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and their preferences and wishes respected during delivery of their day to day support.
- People's relatives and friends were welcomed and supported to be involved in people's care if that was what the person receiving care wanted. Representatives of people, who lack mental capacity, were kept updated about the health and progress of the person they represented.
- When people became distressed or anxious they were supported by staff who helped them regain their wellbeing. Information was gathered about people's life histories, experiences and backgrounds to help staff have personalised interactions with people which helped to support people's wellbeing. Staff knew people well, how they wished to be interacted with, what they liked, what upset them and what was important to them.

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

- People were able to express their views and make day to day decisions about their care and their daily lives. One person's care record showed, that at times, the person declined certain aspects of their care, but at other times, they were happy to receive these. The record had recorded their wishes and how staff managed these; often returning at another time to offer the care.
- People were supported to be involved and to receive information which helped them to make choices and decisions. We observed staff patiently and respectfully repeating information to people, when people could not retain what was being said to them. Staff made sure people could hear them by ensuring they wore their hearing aids and they made sure people could see by them wearing their spectacles.
- Staff understood how people communicated and gave them time to say what they wanted to say. Where needed managers organised independent advocates to support people to make independent decisions.

Respecting and promoting people's privacy, dignity and independence

- People's intimate personal care was delivered in private and staff knew how to maintain people's dignity when supporting them with this. People had been asked if they preferred a female or male member of staff to deliver this care and the staff respected the person's wishes.
- People's private space, their bedrooms, were recognised as such by the staff. When talking with people about this one person said, "Oh yes, they [staff] are lovely. They always knock on the door as well." Another person said, "They [staff] are nice, alright actually and they always knock on the door."
- People's care and personal information was kept confidential and secure.
- People's wishes to remain as independent as possible were supported by the staff who adjusted their

support accordingly. People who lived in the home for short periods of time, and where the goal was to return their own home, were supported to improve the skills they would need to do this; self-medicate, wash and dress independently and mobilise safely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since the last inspection the registered manager had continued to take action which supported personalised care. Staffs' way of working now ensured people's needs came first and the staff team were committed to a person-centred approach to care.
- People told us they were involved in planning their care, and where appropriate so were their representatives. One person said, "I have not been here long but so far, have been looked after how I want. I did the care plan." Another person said, "I did the care plan. It gets reviewed every six months I think." One person told us their son was involved with their care plan on their behalf. One relative said, "I have total faith in their [the staffs] care which is very personalised."
- Care plans recorded people's needs and considered people's individual protected characteristics such as; age, disability and gender. People's personal preferences relating to religion, faith and culture were also included and recorded. Specific focus was seen in some people's care planning on the guidance for staff, on how to form relationships with people with mental health needs so that personalised care could be successfully achieved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's specific communication needs were flagged up and communication care plans gave staff guidance on how best to meet people's specific communication needs; for example, people who lived with dementia and people who verbalised in other ways other than verbally.
- People could be provided with information in different languages and formats where required; large print, easy read or audio. Picture menus were in place to help people make meal choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People gave mixed feedback about opportunities for individual and personalised activities but told us they enjoyed the group social activities staff provided. One member of staff however told us how they had supported three people recently, on a one to one basis, to commence activities they personally enjoyed.
- The home was advertising for an activities co-ordinator and in the meantime, staff were allocated time to support with social activities, such as quizzes and other group games, including the one to one activity

support. On one morning of the inspection we observed a well-attended quiz, led by one of the home's administrators. In the afternoon we observed another activity, well attended, organised by a member of the care staff. Music and movement sessions had continued and were popular.

- External entertainers also visited on a regular basis and provided social opportunities for people. During the inspection this included a visit by a group of musicians and singers to which people joined in with the singing in an animated way. One person told us they had enjoyed a visit by a guitarist the previous week. Some people told us they had not been able to go outside for a walk because there were not enough staff to take them, but we were aware that the recent wet weather and local flooding had impacted on staffs' ability to support this type of activity.
- Staff were aware of the risks to people through loneliness and self-isolation and they made sure they visited people who remained in their bedrooms, as often as they could. A special Valentine's Day dinner had been held and several relatives and friends had attended. One member of staff said, "Everyone enjoyed the food and the get-together."

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

- People were able to make a complaint and there was clear guidance in place for people and visitors to follow. Managers were visible, and people and relatives felt able, if they needed to, to discuss concerns with them.
- All complaints and concerns were recorded, along with detail relating to when they were received, acknowledged, investigated (where needed) and responded to. Where issues raised had been substantiated this had been explained to the complainant as well as the action taken to address this.

#### End of life care and support

- People's end of life wishes were explored with them and recorded for staff guidance. People's preferences, regarding the level medical intervention they would prefer to receive, if they fell acutely poorly towards the end of their life, had also been discussed with those who had wished to have this conversation.
- Staff had the right skills to be able to recognise declining health and increased levels of frailty so people approaching the end of life were appropriately supported. This meant staff could ensure people's medical needs were reviewed by their GP so that, for example, appropriate medicines were prescribed and collected in time to support a comfortable end of life. It also enabled staff to have the right conversations, at the right time, with those who mattered to people, so they could also be supported.
- Staff worked collaboratively with people's GPs, community nurses and pharmacists to ensure people experienced a dignified and comfortable end of life. Staff and managers supported each other at times when people died. Members of staff always attended a person's funeral if this was at all practicable to do so.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they thought the home was well managed and it achieved good outcomes for people. One relative said, "There is no problem to see the Manager. In fact, they're more likely to get in touch with me. It's first-rate quality care and my relative is always well looked after." Three people who lived in the home told us that getting their laundry back, well washed and ironed was important to them and they felt this was a sign of a well-run home. One person said, "The laundry service here is very good. If your laundry doesn't come back the same day, it comes the next day."
- The registered manager had worked hard since the last inspection to improve the working culture. There had been a focus on team building with managers and other senior staff supporting staff to feel more empowered and included by supporting them to understand why certain things had to be done in a certain way and why sometimes changes had to be made. One senior member of the care staff explained they always tried to explain to staff, why, procedures, protocols and records had to be followed and maintained. They said, "[Name of registered manager and deputy manager] have worked really hard, it's so much better now."

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

- Both provider and registered manager were clear of their regulatory responsibilities and there were systems and processes in place to ensure the service remained compliant with necessary regulations. The previous inspection rating was clearly displayed, and notifications were made to the CQC as required.
- The provider's quality monitoring system provided an effective way for them to monitor the quality of services and care provided to people. The registered manager and staff team completed the provider's annual program of audits, as well as various additional checks of their own to identify areas requiring improvement. Areas for ongoing monitoring included the completion of people's repositioning charts, recording of completed cleaning tasks and implementing and maintaining person-centred care.
- Representatives of the provider regularly visited the service to follow up on planned improvement actions and to quality audit the service on behalf of the provider. They provided support to the senior staff team to meet the provider's expectations and monitored progress against the service's continuous improvement plan. The service's continuous improvement plan showed extensive work had been completed over the last year to achieve service improvement. Actions being worked on at the time of the inspection included a reduction in the usage of agency nurses. Arrangements for how this was to be supported were confirmed by a representative of the provider during the inspection.

- The registered manager and senior staff team were also supporting the implementation of the 'Westbury Standards' which included revisiting policies, procedures and expected standards with all staff. Where staff did not follow policy and procedure, or where they did not meet required standards of practice, action was taken to address this.
- Managers were keen to improve the service through lessons learnt so regularly reflected with staff, accidents, incidents and situations which had not gone to plan so learning could be taken from these.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were committed to ensuring people received a good service. They had been open with people and relatives when things had not gone to plan or when mistakes had been made. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- People were supported to give feedback during informal conversation and when reviewing their care with the staff. To help some people to be engaged in this process picture formats were sometimes used. Both people and their representatives told us communication with staff was good. One relative told us they were "absolutely satisfied" with the care provided and they went onto say, "The communication with the staff is very good." A person who used the service said, "The service is generally alright. I can see the Manager if I want to. So far, it's been good."
- Regular meetings were held with people, relatives and staff so information could be shared with them and managers could receive feedback. A relative told us there was "an open meeting every month." They said, "It's very friendly and we can bring anything up that we need to discuss. Some residents go to 'air' their complaints or they have suggestions to make. I go every month and it's very useful." One suggestion made by a relative was for a learning session for relatives on dementia. One of the provider's trainers had delivered this just prior to the inspection.
- The registered manager had instigated a staff awards ceremony in December 2019 where staffs' commitment and willingness to contribute had been acknowledged. Both people, their relatives and staff had been involved in nominating members of staff for various awards. These had included 'Who's the loudest', Little Miss Sunshine and Unsung Hero.

Continuous learning and improving care

- The registered manager and deputy manager had promoted a culture where continual learning took place, through team discussion and reflection, regular staff supervision meetings and additional bite size learning sessions.
- Both managers confirmed that lessons learnt in the last year had led to improvements in care for people. This was demonstrated in the staffs' better understanding of the benefits of working as one team and the results achieved from this; the delivery of person-centred care and the provision of activity support for people despite the absence of an activities co-ordinator.

Working in partnership with others

- Managers worked closely with commissioners of care to ensure people could access the home's support quickly and when needed.
- Staff had built up links with individuals and groups in the wider community to help improve people's quality of life. This had included the benefits derived from intergenerational work with; Girl Guides supporting the Westbury Court choir practices and story reading with children from a nearby nursery group.

