Mrs Margaret Every

Westdene Residential Home

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

Westdene Residential Home is registered to provide personal care and accommodation for 40 older people, some of whom who may be living with dementia. It is situated close to local amenities and public transport routes. All bedrooms are for single use and are located over two floors. There is a range of communal rooms on the ground floor and access to three courtyards. There is a small car park and further on-street car parking nearby.

The service had a registered manager in post as required by a condition of their registration. 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.

We undertook this unannounced inspection on the 26 April 2016. At the time of the inspection there were a total of 40 people living in Westdene Residential Home. At the last inspection on 14 May 2014, the registered provider was compliant with all areas assessed.

We found people's health and nutritional needs were met. Staff contacted community health care professionals when required and supported people to visit hospital appointments. The meals provided to people were varied and choices were available. There were special diets for some people as required. Dieticians were contacted for advice and treatment when people lost weight or there were concerns about their food and fluid intake.

We found people who used the service received their medicines as prescribed. Staff managed medicines well and ensured they were obtained, stored, administered to people and disposed of appropriately.

We found staff supported people to make their own decisions. When people lacked capacity for this, staff acted within the principles of the Mental Capacity Act 2005 and ensured important decisions were made within best interest meetings with relevant people present.

People had assessments of their needs completed and care plans were developed to guide staff in how to support people in the way they preferred. We saw person-centred care was provided to people. There were meaningful activities for people to participate in which helped them to be occupied.

Staff were recruited safely and employment checks were carried out prior to them starting work at the service. The checks helped to ensure only appropriate staff were employed to work with people who potentially could be vulnerable.

We found there was sufficient staff on duty to support people with their assessed needs and to sit and chat with them. People told us staff were kind and caring and we observed this during the inspection. Staff

provided people with information and spoke with them in a patient way. People's privacy and dignity was respected and their confidential information was held securely.

Staff had access to training which helped them to feel skilled and confident when supporting people who used the service. The training was monitored and refresher courses made available. Their competence was checked to make sure the training was effective. Staff received supervision, appraisal and support.

Staff knew how to protect people from the risk of harm and abuse. They completed safeguarding training and there were policies and procedures to guide them should they have any concerns. People who used the service had risk assessments for specific areas of daily life. These helped to guide staff in how to minimise risk. We found the environment was clean and safe for people. Equipment used in the service was monitored and well-maintained.

The service had a quality monitoring system in place which ensured that checks were made and people were able to express their views. The registered provider and registered manager were approachable and people who used the service and their relatives were listened to and their views taken seriously so practice could be improved. There was a complaints procedure on display and people felt able to complain.

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.

Staff were recruited safely and were deployed in sufficient numbers to safely meet the needs of people who used the service.

Medicines were managed well and people received them as prescribed.

People were protected from the risk of harm and abuse as staff knew how to recognise signs of concern and who to report them to. People had assessments completed to guide staff in how to help minimise risks posed by daily living.

The service was clean and tidy and systems were in place to help prevent the spread of infection.

Is the service effective?

Good

The service was effective.

People were supported to make their own choices and decisions. When people lacked capacity, the registered provider acted within the principles of mental capacity legislation.

People's health care needs were met and they had access to a range of community health care professionals.

People liked the meals provided and the menus gave them choice and alternatives. Their nutritional intake was monitored and recorded and dietetic advice sought when required.

Staff had access to training, supervision, appraisal and support which enabled them to feel skilled and confident when supporting people who used the service.

Is the service caring?

Good

The service was caring.

We observed the staff approach was patient and caring towards

people who used the service.

People were treated with dignity and respect and encouraged to do as much as possible for themselves.

Staff provided people with information so they could make informed decisions.

Confidentiality was maintained and personal records were held securely.

Is the service responsive?

Good

The service was responsive.

People who used the service had assessments of their needs and care plans were produced which provided staff with information about how to care for them in ways they preferred.

We observed people received care that was individualised and person-centred.

People participated in a range of activities that were meaningful and provided exercise and stimulation.

There was a complaints procedure and people felt able to raise issues in the belief they would be addressed.

Is the service well-led?

Good

The service was well-led.

There was a quality monitoring system which consisted of audits to check systems and meetings and questionnaires to obtain people's views.

The culture of the organisation was open which meant people felt confident to express their views. Some practices had changed as a result of listening to people.

Staff told us they felt supported by the registered manager and registered provider and described them as approachable.

Westdene Residential 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 registered 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.

This inspection took place on 26 April 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

The registered provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection we spoke with local authority contracts and commissioning teams about their views of the service. We also spoke with a health professional.

During the inspection we observed how staff interacted with people who used the service throughout the days and at mealtimes. We spoke with seven people who used the service and three of their relatives. We spoke with the registered manager and registered provider, four day care and two night care workers, a person who mentored staff through induction and training and a person who provided music and art activities. We also spoke with a visiting health professional and a social worker. Following the inspection we spoke with a specialist social worker for older people with mental health concerns.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as 25 medication administration records (MARs), visits from health and social care professionals, key worker summaries, activities and accidents and incidents. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf. We also checked how people's personal

allowance was managed.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records.

Good

Is the service safe?

Our findings

People who used the service told us there were sufficient staff on duty to care for them. They said they were treated well by staff and received their medicines on time. People also said they lived in a clean environment. Comments included, "They [staff] come quickly when you ring the bell", "Yes, there's enough staff and they are no bother; they treat you well", "The night staff are very good too", "I've never heard an unkind word from them [staff]", "I get my tablets when I need them", "Yes, my tablets come on time; I have set times for them", "Yes, they come and clean my room; it's 'army clean'" and "The cleanliness is really brilliant; they clean everyday even at weekends."

The three relatives told us, "I'm more than impressed with the care", "I wouldn't want my dad anywhere else but here" and "They [staff] are friendly and caring; I'm happy with the care."

We found medicines were managed well and obtained and stored appropriately in trolleys and cupboards in the treatment room. Those medicines which required more secure storage were held in a controlled drugs cupboard and those which required cool storage were held in a fridge. The temperature of the room and fridge were taken each day to ensure it met with manufacturer's recommendations. We observed staff administered medicines to people in a safe way. Staff wore tabards to alert people they were concentrating on administering medicines and were not to be disturbed. When administering medicines to people, they spoke to them, provided a drink of water and then signed the medication administration records (MARs) when they observed it had been taken. Staff recorded when medicines were omitted for any reason. The MARs were held in a ring binder and we noted the hole punch had affected the dose directions on some occasions. There were also some minor recording issues. These points were discussed with the registered manager to address.

There were policies and procedures to guide staff in how to keep people safe from the risk of harm and abuse. Staff confirmed they had completed safeguarding training and in discussions, were clear about how to report incidents of concern. They were able to describe the different types of abuse and the signs and symptoms that may alert them abuse had occurred. They said, "We have to tell the senior or manager and they report to safeguarding and you [Care Quality Commission]. We would document it and respect confidentiality, but we tell people we have to take it further to protect them" and "If people tell us anything or we witness anything we would listen to them and report it."

There was a system for ensuring people's monies held in the service was safe but accessible when required. Record sheets and receipts were maintained of monies deposited into the service and when this was spent on hairdressing, chiropody or trips to the local shops. Lockable facilities were available in bedrooms should people wish to use them to store personal items.

We saw people had assessments of daily living and those areas which posed a risk were identified and steps put in place to try to minimise risk. These included moving and assisting, falls, skin condition, nutrition, behaviours which could be challenging to themselves or other people and use of specific equipment such as wheelchairs and bed rails. People had information in their care files regarding how they would need to be

evacuated from the building in an emergency.

There were sufficient staff employed to meet people's needs. There were six care workers (two of whom were seniors) in the morning and five care workers (two of whom were seniors) in the afternoon/evening. In addition, there was a 'hospitality' member of staff on duty from 7.45 to 8.30pm to assist with giving out meals, and drinks and to support people to eat when required. There were separate catering, laundry, domestic and administration staff which meant care workers could focus their attention on caring tasks. There were three care staff on duty at night. The service had a registered manager and a deputy manager on duty during the week and the registered provider attended the service on some days. The registered provider ensured there was a forty-five minute overlap during the changeover from night to morning staff. This enabled more staff to be on duty during the busy period from 7am and also ensured time was available to handover important information. Staff told us there were sufficient staff on duty and they did not feel rushed when supporting people.

We found staff were recruited safely and full employment checks were completed prior to them starting work in the service. These included an application form to assess gaps in employment, references, a disclosure and barring service check and an interview. The recruitment process helped to ensure potential candidates had not been barred from working with vulnerable people and only suitable people were employed to work in the service.

We found the service was clean and tidy. Staff had completed training in the prevention and control of infection. There was personal, protective equipment available when required such as gloves, aprons and hand sanitiser. Communal sinks had paper towels and liquid soap, and there were hand wash signs to guide people on good hand hygiene techniques. Water checks were completed to test for legionella and a legionnaires risk assessment had been completed. Wheelchairs, commodes and supportive seated frames for use over the toilet were clean.

Equipment used in the service was maintained and serviced. Fire safety training and checks were completed; there was a fire drill on the day of inspection which was responded to well by staff. Fire-fighting equipment, moving and lifting items such as hoists, stand aids, a chair lift and the passenger lift, and gas and electric appliances had been serviced. The nurse call had a system which identified faults and low batteries so these could be attended to.

Good

Is the service effective?

Our findings

People who used the service told us they were able to see their GP or district nurse when required to help ensure their health needs were met. They also told us they were able to make choices about aspects of their lives and they enjoyed the meals provided to them. Comments included, "I've seen my own doctor once or twice but it's mainly nurses I see; I have been to the dentist and the chiropodist comes if I ask", "I've been to hospital today; my daughter took me but you can arrange for carers to go with you. I like my bedroom and sometimes I don't feel well enough to go down; there's no fuss and they don't question me about it", "If you are unwell they [staff] ask questions about it and talk it through with you before they ring the doctor. The optician and chiropodist comes here", "If I've been overstretched I go to bed early. They ask me if I want to get up; yes, I can stay in bed if I want to", "The food is very good; it's got imagination and breakfast is well made. Yes, you definitely get plenty to eat and drink" and "The food is lovely; I get fresh juice in my room every day."

The three relatives told us staff monitored people and they were kept informed of health issues which affected their family member. They also said they had observed mealtimes and the food looked appetising. Comments included, "They pick up on things way before I do", "When staff get concerned they call his CPN [community psychiatric nurse]", "I'm always kept informed", "I come every day and the staff make a point of coming to ask me if everything is ok; they also ring me up at home as I like to know what is going on", "I've been here at lunchtime and there are choices on the menu. They come round with the menu and even though he lacks the ability to make choices they still ask him" and "He seems quite happy with the meals. There are choices and also plenty of choices for drinks, at least three to four different juices and tea and coffee."

We spoke with a health professional prior to the inspection and also to one during the inspection. Last year, there had been some concerns with how staff managed the care of people who were catheterised and whether this contributed to them developing urine infections. The health professionals said they had arranged for senior care staff to attend a training course for the management of catheter care and this could then be cascaded to other staff within the team. The out of hours district nursing team had visited the service two nights before the inspection as one person's catheter was bypassing and required changing. We spoke with staff about how they managed the care of people when they had a catheter in situ. They described the need for good fluid intake and monitoring to balance what fluid people drank with their urine output. They spoke about personal hygiene, changing day bags to night bags and correct positioning of the catheter tube, and urine bag, during the day and night. Staff said, "We encourage fluid intake continually and are testing their urine more often." The district nursing team were to continue to monitor people's catheter care. We saw people had access to a range of community health care professionals when required. Staff documented visits from health professionals and the advice and treatment they prescribed.

In discussions with staff, they were clear about how they helped people to maintain good skin integrity and prevent pressure ulcers from developing. They said, "Those people at risk are turned at night every two hours. Keep people clean and dry and use creams; we don't have anybody with any pressure sores" and "Some people have turn charts, wash and cream them, make sure they move about and we have special

mattresses and cushions. Make sure there are no creases in sheets."

We saw people's nutritional needs were met. There were menus which ran over a four week period; these included choices at each mealtime, healthy and soft options and fortified meals. The registered manager told us 12 staff had completed 'Nutrition Mission' awareness training and four others were booked on the course in April 2016. Nutritional screening took place and people's food and fluid intake was documented. People's likes, dislikes and preferences formed part of their assessment and their weight was routinely recorded. We saw staff referred people to dietetic services when required for advice and treatment. There were special diets catered for and the service had been awarded 'bronze' and 'silver' awards for their nutritional input to people. We observed the lunchtime experience for people which was a calm and sociable occasion.

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. In discussions, staff were clear about how they gained consent from people prior to carrying out tasks and what they would do if people lacked capacity to consent. Comments included, "We encourage people and explain what we are going to do; sometimes a different face works or going back in a few minutes [if people decline care that is required]" and "Ask people and if they don't want support right then we come back later. You have to be respectful and you can't force people; gentle persuasion and distraction works better." We observed staff sought consent prior to completing tasks. For example, we saw staff ask people discreetly if they wished to go to the toilet, whether they wanted to go to the dining room for lunch and also whether they wanted to join in activities. A health professional described how staff had been involved in decisions about medical treatment for one person and how this had to be completed under best interest for them. A care plan had been produced for the person which directed staff to provide support in the least restrictive way for them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the criteria for DoLS and had made applications to the local authority; they were awaiting authorisation for these.

Staff confirmed they completed training essential for their role. Records showed these included medicines management, basic food hygiene, infection prevention and control, fire safety, first aid, moving and handling, nutrition and safeguarding adults from abuse. Staff had completed additional training such as understanding dementia, MCA, DoLS, catheter and stoma care, and most staff had completed a nationally recognised training course in care. The training was a mixture of face-to-face training, workbooks, watching DVDs with questionnaires and e-learning. The registered provider employed a trainer/mentor with a health professional background. We spoke with them about the coaching, mentoring and induction they completed with care staff. They had also completed guidance sheets for specific tasks such as managing continence and eye care. They told us they are to complete a guidance sheet on catheter care to provide staff with step-by-step procedures. They said they completed observations of practice and suggested improvements that would enhance confidence and understanding about the caring role; five new staff were currently completing the care certificate induction standards. Staff confirmed they received supervision and appraisal. They told us they felt supported by management. Comments included, "Yes, I do feel supported; any problems and we just ring up the office."

We found the environment was suitable for people's physical needs and attention had been paid to

supporting people with dementia. For example, there was pictorial signage as prompts to locate bedrooms, toilets, shower rooms and communal rooms.

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. They also said staff respected their privacy and treated them with respect. Comments included, "The girls are pretty good; yes, they treat us well", "I think the staff are kind. I hate dementia – it catches me when I least expect it and I have to cope with it", "I like living here; the staff are polite and lovely and I have never heard an unkind word. The staff are no bother and treat me well. The night staff are very good too", "We're friends and we met in here. The staff are lovely and you can do what you want" and "On the whole the staff do an excellent job; yes, I am happy with the care."

Visitors to the service told us they were happy with the care their relative received and they had observed staff respecting their privacy and dignity. Comments included, "Staff are very approachable and the care is outstanding", "I am very aware of dignity; she is always clean and tidy and dressed well. Her finger nails are clean and they encourage her to do things for herself; they are very respectful", "I can't fault the care. The staff are brilliant, warm and friendly", "I am always kept informed", "One senior [person's name] is brilliant with him and dad has really taken to her. I am always made welcome and they bring us a drink" and "The staff are great; I really like the way they engage with him and other people."

Health and social care professionals said, "Staff are professional, caring, supportive, helpful and there is a sense of staff going 'the extra mile' to make a difference", "The staff are friendly and acknowledge you. They ask if people want to be seen in private to discuss issues and they keep me informed", "Staff approach is calm and friendly" and "Staff are courteous and extremely polite to people." One health professional told us staff showed sensitivity and were discreet when completing personal care tasks or when assisting them to examine a person.

We observed staff promoted privacy and dignity. We saw staff knocked on bedroom doors prior to entering and discreetly asked people if they wanted to go to the toilet. They spoke to people in a patient and friendly way and provided them with time to answer questions. We observed domestic staff quickly cleaned the lounge whilst people were in the dining room so as not to disturb them. We observed staff served drinks and snacks to people in a respectful way. Cups had saucers and cakes and biscuits were served with serviettes.

Each person was provided with a bedroom for single occupancy. This afforded them privacy; there were locks for bedroom, bathroom and toilet doors.

In discussions, staff described how they promoted values such as privacy, dignity and independence. Comment included, "We knock on doors, lock doors and keep people covered during personal care, close curtains and ensure we have everything to hand", "Talk through what you are doing and hand people flannels so they can wash areas themselves and don't just do the task. Everyone can wash their own face" and "Make sure people are covered so not to leave them exposed." The service had a policy and procedure for equality and diversity and had a general statement which detailed 'recognising, respecting and valuing difference'. Staff were expected to adhere to this statement.

Care records prompted staff to respect privacy, dignity and independence. For example, one person's care plan stated, "I'm able to choose what I'd like to wear" and "I don't like getting up early." Staff told us they read care plans and in discussions with them it was clear they knew people's needs well.

We saw staff involved people and helped to create a positive and caring atmosphere. Staff said, "It is a lovely place to work; yes, I would have my own relative here. We all treat it like a big family" and "Some service users like you to give them a cuddle and I also bring my dog in for them."

Information was available to people throughout the service. For example, there were notice boards informing them of planned activities and the menu of the day. There were pictorial signs to prompt people about the location of toilets and colourful notices on some people's bedroom doors to remind them it was their room. Each person had a service user handbook which welcomed them to the home and described the services available to them. It provided information about local advocacy, the staff team and each person's specific key worker. There was a notice board which named the staff on duty, although pictures of staff would help people and visitors to put a name to a face. This was mentioned to the registered manager in feedback.

The registered manager and staff were aware of the need to maintain confidentiality and to keep personal information secure. Staff were able to have shift handovers and make telephone calls to health professionals and relatives in the privacy of an office so they were not overheard. Information regarding people who used the service was held securely in lockable cabinets in one of the offices. Staff personnel files were held in the registered manager's office. Medication administration records were held with the medicine trolleys in the treatment room. The registered manager told us computers were password protected. The registered provider was registered with the Information Commissioners Office (ICO) which was a requirement when computerised records were held.

Good

Is the service responsive?

Our findings

People who used the service told us there were activities for them to participate in if they choose and they felt able to raise concerns and complaints in the belief they would be addressed. Comments included, "There are bits and bobs for us to do. There is that chappy – he's a keep fit expert and does exercises, not for strength but for flexibility with muscles and what not; he's popular when he comes. We also have the odd singer", "[Person's name] comes twice a week for exercises to music which is very good. The manager gets newspapers in and I play bingo and have my hair done", "Staff do my nails for me and I like to see the hairdresser every week; my family take me out", "There is enough to do", "If you've got concerns you go to the office" and "I would tell them if I had any complaints."

Relatives told us staff were responsive to their family member's needs and they had been involved in assessments and planning their care. They said, "I went through the care plan and gave them lots of information", "I would speak to [registered provider and registered manager's names] if I had a complaint. I would ring them and there wouldn't be a problem" and "I absolutely would raise issues and they would be immediately looked into." One relative described how the staff persevered to provide their family member with person-centred care. They also said, "When he first came here, they [staff] allocated a small lounge for him which was set up with a pool table and table tennis. The family used to come and play with him; he's lost the ability to play now but it met that need for a year."

Health and social care professionals said, "They are responsive and prepare for reviews with medication charts and risk assessments available" and "Their dementia care is good."

Records showed us people had assessments of their needs completed prior to admission to the service to enable the staff team to decide if they could be met and whether any special equipment was required. Risk assessments and a likes and dislikes page were also completed. One page profiles detailed what was important to the person and how best staff could support them. There were care needs summaries which provided staff with an 'at a glance' page of important information. We saw each person had a laminated, care prompt document as an aid for staff; these were displayed in their bedrooms with the information turned to the wall to aid confidentiality. They reminded staff of important issues such as whether the person wore dentures and glasses, what drink they preferred and in what type of cup, whether they had a 'do not resuscitate' instruction in place, special equipment required such as a hoist or pressure cushion and how much support they required to eat and drink. Each person had a 'patient passport' which was used to accompany them on any hospital admission to provide important information to medical and nursing staff.

More in depth care plans were produced which provided staff with information about how to support people in the way they preferred. These included information about the current situation for the person, an expected outcome and what action was needed by the staff to help people achieve this. Generally these were detailed, although we saw one care plan for catheter management could include more information. This was mentioned to the registered manager to address. Despite the shortfall in detail about catheter management, in discussions with staff, they were able to fully describe how they supported people with their catheter needs. We saw the care plans included guidance and advice produced by health professionals

such as a psychologist.

We saw staff provided people with person-centred care. For example, staff knew which people required specific equipment to meet their needs. This included moving and handling aids, pressure relieving cushions and mattresses, crockery such as rimmed plates, shaped cutlery and light weight two-handled drinking vessels. People were able to get up when they wanted to and go to bed at their preferred time. People were encouraged to join in activities but their decisions were respected when they chose not to. We observed people walking about the service freely. Staff knew people's needs well and provided them with choices. People were able to spend time in their preferred places such as their bedroom or communal rooms.

We saw people were able to bring in items such as pictures, ornaments and small items of furniture with which to personalise their bedrooms. The bedrooms we saw were homely and some had notices and pictures on the doors to prompt people. For example, one bedroom had a picture of a football ground and said, "[Person's name] room."

We saw there were activities for people to participate in. We observed an exercise session which included ping-pong and a balloon game, and a music and art therapy session; both were enjoyed by several people. The person who provided music and art therapy told us they completed two sessions each week. These included making cards and flowers, glass and silk painting, colouring, reminiscence and themed activities such as making banners for the Chelsea flower show and the Queens birthday celebration. Music was used to enhance the activity and they told us 'you tube' was used for ideas with a specific favourite being Elvis. They also told us they completed records of activities each person enjoyed so there was more information about people's preferences available. One of the domestic staff provided a one hour activity session each week and another person delivered two sessions each week, one exercise to music and one evening games activity.

Other activities included bingo, board games, quizzes, pampering sessions for toes and finger nails, hand massages, old time variety evenings such as Sunday Night at the Palladium and an entertainer each month. Themed events included seasonal parties, celebrating Chinese New Year, Easter bonnet making and parade, Grand National sweepstakes and a party tea for the Queen's birthday. Some people who used the service took part in 'Active Gold Day' at a local hotel and staff, relatives and some people who used the service participated in a 'Tour de Westdene bike-a-thon' to raise money for a new reminiscence lounge. Planned activities for the coming months included shoes and clothes sale sessions at the service, another Active Gold Games at a leisure centre for the 'Westdene Wanderers', a garden club, a summer fayre and a trip to The Deep in Hull. Staff recorded how many activity sessions each person participated in each day to look for patterns of times when people did not take part so they could check out the reason.

The service had a complaints policy and procedure which detailed timescales for acknowledgement and investigation. It also provided information of who to escalate complaints to should the person remain unsatisfied following an internal investigation. The procedure was on display in the service and was also included in the service user guide along with a complaints form in each person's bedroom. The service did not receive many complaints but when people raised issues we saw these were dealt with quickly.

Good

Is the service well-led?

Our findings

People who used the service and their relatives knew the names of the registered manager and the registered provider. This showed us they made themselves available and known to people rather than being office-based. One person who used the service said, "[Registered manager's name] is brilliant and [registered provider's name] is too." Comments from relatives about the registered manager included, "[Registered manager's name] is in on a Saturday morning so I can speak to her" and "They need a bigger home so that everyone can have this proper care."

Health and social care professionals made positive comments about the registered manager. These included, "Management is in regular contact to report concerns regarding residents. They request social worker advice, input and participation as necessary. They share information" and "Management is helpful and professional; they contact me prior to meetings to give information."

The service's statement of purpose included aims and objectives which focussed on upholding people's rights, treating people with dignity and respect, encouraging independence, recognising individuality and providing skilled care. We found these aims were met in practice. The statement of purpose also provided information to the questions the Care Quality Commission (CQC) asks when inspecting the service; is it safe, effective, caring, responsive and well-led.

Staff were provided with a handbook which detailed expected ways of working and company standards, confidentiality, equal opportunities, training expectations, what a breach of these entailed and who to speak with should they have any issues of concern.

Staff told us they liked working at the service and the culture was supportive and open. They said they could raise issues with the registered manager and registered provider when required. Comments included, "I like working here. I've chosen to do this job for less money as it's more rewarding", "I would recommend this home to anyone", "You can approach managers and they are open to suggestions", "We have good team work and really good care workers", "If we want anything we tell them [registered manager] and they get it" and "It's lovely here, everybody gets on well. It's a lovely place to work and the manager is a stickler." A person employed to complete mentoring and training sessions said, "Staff always have a smile on their faces for the residents; it's a big team effort, carers, cleaners and laundry staff have time for a chat" and "The providers are keen to promote training."

We saw there were meetings and questionnaires for people who used the service and their relatives. The registered provider and registered manager had listened to people who used the service and their relatives and had made changes as a result of their suggestions. The changes included the colour of the staff uniforms to clearly identify different staff groups; staff had been involved in choosing colours and style and these had been ordered. In surveys, people identified they preferred showers to baths; there were two showers in the service and the registered manager told us they were in the process of refurbishing another room as a walk in shower. The menus had been changed as a result of suggestions made by people in meetings. There were staff meetings where various topics were raised and discussed; staff were able to

express their views.

There was a quality audit system in place and the registered manager described how an audit on infection prevention and control had led to changes in practice with more equipment and better hand wash signs made available. They said the audit on safeguarding led to checking staff knowledge more closely via discussions and resulted in more training. The audits were completed on an annual schedule and included menus, medicines, safeguarding, training, infection prevention and control, bathing/showering, health issues and staff sickness. There were also cleaning schedules which included the kitchen and a health and safety check. Medicines were audited weekly. The service had achieved a score of five for food safety from the local authority (five being the highest score available). The registered manager completed 'return to work' interviews following absences to establish the reason and if any support was required, for example following sickness or maternity leave. Any shortfalls identified by questionnaires or audits were actioned.

Each month senior care staff, who each have eight people who use the service assigned to them, monitor their records for falls, accidents, risk assessments, weights and nutritional screening. The information is recorded on the computer system as a monthly evaluation. This helps staff to identify issues and trends and report them to the registered manager for action.

The registered manager was aware of their responsibility to notify the CQC of incidents which affected the safety and wellbeing of people who used the service and in completing the Provider Information Return (PIR) when required. We received notifications and the PIR in a timely way.

We found the registered manager had made links with agencies and formed partnership working. For example, three students on a local Academy health and social care course came and spent time with the people who used the service. The registered manager told us in return, people who used the service will be invited to visit the Academy in September for afternoon tea and to listen to the school choir. Last summer young people from the National Citizen Service came in for a two days to spend time with people and provided a piece of electronic equipment for people to use when 'skyping' their relatives.