

The Whiteley Homes Trust

Whiteley Village

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 20 and 21 September 2016. We announced the inspection to the provider at 4.30pm on 19 September 2016. This was because the registration covers a range of different services and we wanted to make sure managers from each service would be available to meet with us and arrange for us to visit and meet with people using the services.

The last inspection took place 27 September 2013

Whiteley Village is a retirement community near Walton upon Thames in Surrey. The Village includes a nursing home, Whiteley House, for up to 86 older people and a residential home, Ingram House, for up to 27 older people, known collectively as the Care Centre. There is also an extra care scheme, Huntley House, for up to 51 older people living in their own flats and receiving personal care when they needed. The service is also registered to provide personal care to anyone living within the village in one of their 262 almshouse cottages and 16 privately owned houses.

The village is run by The Whiteley Homes Trust, a registered charity. The Trust states that its role is "To enable our older residents to be as independent as possible and contribute as much as they can to Village life." The Trust's admission criteria for people wishing to live in the almshouses or Huntley House is "older generations" (those who have reached state pension age) who are of limited financial means. The Trust accepts people who fund or part fund their own care at the Care Centre.

Whiteley Village is registered to provide four regulated activities. Three of these, accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for the Care Centre; and the regulated activity of personal care for Huntley House and the domiciliary care service in the rest of the village. At the time of our inspection 95 people were living in the Care Centre and 62 people were receiving personal care and support at Huntley House or in the rest of the village.

There was a registered manager in post for the regulated activity of personal care. The registered manager for the Care Centre had left the organisation earlier in 2016. The person who managed Whiteley House and Ingram House had applied to be registered with the Care Quality Commission and this application was being processed. 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 and associated Regulations about how the service is run.

People living at Whiteley Village were happy there. They felt their needs were met. People felt safe with the care provided and within the environment. There were clear procedures to safeguarding people from the risk of abuse and to investigate any allegations of abuse. The risks to people's safety and wellbeing had

been assessed and the staff had guidance on how to help keep people safe. People received their medicines safely and as prescribed. There were enough staff and they were recruited in a suitable way.

People consented to their care and treatment. Where people had difficulty making decisions the principles of the Mental Capacity Act 2005 were followed to ensure people's rights were protected. People's nutritional needs were being met and people living in the Care Centre, Huntley House and the rest of the village had access to freshly prepared nutritious meals if they wanted these. People were supported to stay healthy and their mental and physical health were assessed, monitored and their needs were met. They had access to doctors and other healthcare professionals and the staff worked closely with these professionals to ensure people received the right support.

The staff liked working at the village and felt their views and opinions were listened to. They had access to a range of training and they had good support and guidance. There were regular meetings of all levels of staff and information was shared appropriately.

People received support from staff who were kind, caring and polite. Whilst we witnessed some interactions which were not positive, the overwhelming feedback from people using the service and their representatives was that the staff were very caring. The provider responded appropriately to the concerns we witnessed and spoke with the staff concerned who acknowledged and recognised where their behaviour may have appeared uncaring. People told us they had good relationships with the staff. They staff spoke fondly about the people who they cared for. People's privacy was respected and they were supported to maintain independence and live the life they wanted to. The staff had a good awareness of how to support people at the end of their lives and people were able to receive care at this time which reflected their personal wishes and preferences because these had been discussed in advance with them.

People were involved in planning their own care and their views and opinions were acted upon. The service valued the importance of family and friendships and, where people wished, their families were involved in planning and reviewing their care. People's care needs were met in a person centred way and their individuality was valued and respected. There was a wide range of social events and activities within the village and in the different locations. People were supported to access these, although some people in the Care Centre wished for more opportunities for social activities designed specifically for them.

Senior managers within the Trust were positive role models who were well respected. They valued people who lived at the village and the staff and regularly asked for their opinions. They responded appropriately to feedback and concerns. There were good systems for monitoring the quality of the service and identifying themes and trends. The service worked in partnership with other organisations whilst striving for continuous improvement. There was a very positive culture and a sense of community which was felt by people living there and staff alike. The values of the organisation represented the views and opinions of the people who lived there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We identified some health and safety concerns during the first day of our inspection, which put people at risk. The provider took action to rectify these however they had not previously identified these risks.

People felt safe with the care they received and living in Whiteley Village.

There were procedures designed to safeguard people and protect them from abuse.

There were enough staff to meet the needs of people and they were recruited in a safe way.

People received their medicines safely and as prescribed.

The risks to people's safety were assessed and appropriately managed.

Is the service effective?

Good ●

The service was effective.

People had consented to their care and treatment.

People were cared for by well trained and supported staff.

People lived in an appropriate environment which met their needs.

There was a range of freshly prepared food which met people's nutritional needs and preferences.

People were supported to meet their healthcare needs and had access to other healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by kind, supportive and polite staff. They had good relationships with the staff.

The staff valued people's individual needs and treated people in a person centred way.

People's privacy and dignity was respected.

People were given the right care as they were approaching the end of their lives.

Is the service responsive?

Good ●

The service was responsive.

People, and those that mattered to them, were actively involved in developing their care and support plans.

The staff made every effort to make sure people were empowered and their choices and wishes were respected.

People told us the staff made their family welcome and valued them.

The staff recognised the challenges some people face with transition.

Care and support plans were detailed and included person centred information about how to meet people's needs.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship.

There was a range of ways for people to feed back their experience of the care they received and raise any issues or concerns they had. Complaints and concerns were taken seriously and the provider learnt from these.

Is the service well-led?

Good ●

The service was well-led.

People using the service, their representatives and the staff felt it

was well-led.

The senior managers were positive role models.

The provider actively sought and acted upon the views of others through creative and innovative methods.

The Trust had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always act upon.

Records were appropriately maintained, accurate and up to date.

The provider and staff undertook a number of different audits to check the quality of the service

There was a strong emphasis on continually striving to improve.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service.

Whiteley Village

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 20 and 21 September 2016. We announced the inspection to the provider at 4.30pm on 19 September 2016. This gave us the opportunity to meet with senior staff on arrival at the Village and explain the plan for our inspection. The managers then had the opportunity to arrange appointments for us to meet with people living independently in Huntley House and houses within the village.

The first day of the inspection visit was carried out by two inspectors, an expert-by-experience, a nurse specialist advisor and a pharmacy inspector. The second day of the inspection visit was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience supporting this inspection had personal experience of caring for someone who used services.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events, safeguarding alerts and the last inspection report. The provider had completed a Provider Information Return (PIR) in 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in this.

During the visit we spoke with 17 people living in the Care Centre, eight people living in Huntley House and three people using a service and living independently in the village. We spoke with 10 visitors, who included relatives, friends and three community healthcare professionals.

We met and spoke with the director of community services, who is the nominated individual, the registered manager for personal care, the manager of the care centre, the manager of the domiciliary care services and the manager for Ingram House. We also spoke with the human resources and training managers. We also spoke with staff on duty at Ingram House, Whiteley House, Huntley House and domiciliary care staff who

included nurses, care assistants, catering staff, housekeeping and maintenance staff and the activities coordinator. We also spoke with three volunteers.

We observed how people were being cared for and supported. Our observations included a Short Observational Framework Inspection (SOFI) during lunchtime service in one of the dining rooms in Whiteley House. SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us. The expert-by-experience joined people for lunch in another dining room of Whiteley House on the first day of the inspection and in the dining room at Huntley House on the second day of the inspection. We also observed lunch time support for people at Ingram House. We looked at the environment. We looked at how medicines were managed in both the Care Centre and in the domiciliary care service, including administration, storage, disposal, records and policies. We looked at the care records for 14 people in Whiteley House, three people who lived in Ingram House, two people who lived in Huntley House and two people who received support in their own homes in the village. We looked at the staff recruitment records for nine members of staff, staff training, support and supervision records and records of staff meetings, communication, rotas and allocations. We also looked at other records the provider used for managing the service, which included records of complaints, compliments, safeguarding alerts, audits and other quality monitoring checks.

Is the service safe?

Our findings

People using the service said they felt safe. They gave examples of how they were protected from the risk of fire and told us they were always cared for in a safe way. Some of their comments included, "[The carers] check the floors for me; I have poor eyesight", "Yes, I do feel safe", "I feel absolutely safe. You know perfectly well that if anything bad happens, such as a fall, you can press the alarm and know that there is someone there straight away", "The girls make sure I take my medications; they stand here to make sure I take them" and "You've got no worries here mate. They're good to me. The times I've hit the floor is nobody's business. I've only got to ring the bell. I say [over the intercom] "I'm down" and they come."

On the first day of our inspection we found some risks to health and safety in Whiteley House (the nursing home). For example hot water pipes to some radiators had not been covered. The surface was hot to touch and there was a risk of people being scalded if they touched or fell against these. One sluice room had not been locked and cleaning products (which could potentially be harmful) were not secured in two of the sluice rooms. In addition we found one cleaning product had been left unattended in the library. The call bells in some of the toilets and bathrooms had been removed. We told the provider about these concerns. They took immediate action. They secured all cleaning products and reminded the staff to ensure they were always secured. They recognised that the locks to the sluice rooms were not as secure as they could be and had arranged for the doors to be equipped with new locks. They covered all hot water pipes with temporary lagging and had arranged for a more permanent solution to take place. They had also equipped all bathrooms and toilets with call bells and arranged for the maintenance team to make regular checks to ensure that the alarms were not removed from these rooms again.

People using the service were protected from the risk of abuse, and appropriate action was taken when abuse was identified. The provider had up to date and clear procedures on safeguarding people and whistle blowing. Information about how to recognise and report abuse was on display around the Care Centre (the nursing and residential homes) and Huntley House (the extra care scheme). People were given a handbook which included information relating to keeping safe. The staff received training in this as part of their induction and then regular updates. They also received written guidance about safeguarding and whistle blowing. We saw that these subjects were discussed with the staff during team and individual meetings with their managers. The staff we spoke with demonstrated a good knowledge of how to respond to concerns that someone was being abused. One member of staff told us, "If I see anything unusual, like a bruise on someone, I would report this. We would discuss the situation and it would be investigated." Another member of staff said, "I would speak with my manager if I was worried someone was being abused, there are lots of senior staff I could go to and I could also report concerns to [the local safeguarding authority]." A third member of staff commented, "We are aware of different types of abuse, for example, financial, physical, psychological, we have had training and we know how to protect our residents."

The staff explained they knew what whistleblowing meant and they felt confident that managers would respond if they raised a concern. One member of staff told us, "I know my residents, and I would have no problem whistleblowing if I saw something wrong. Their care comes first." Another member of staff told us, "If I saw another member of staff doing something the wrong way I would report it."

The provider had responded appropriately to allegations of abuse and safeguarding alerts. They had notified and worked with the local safeguarding authority and other agencies to investigate concerns and take action to put things right. Records of safeguarding alerts clearly outlined the action taken and how the person involved was protected from further abuse. In addition the provider had taken Trust wide action to reduce the risk of similar abuse occurring elsewhere, for example by training staff. They had a transparent approach where concerns were discussed with the staff team so they could understand what had gone wrong and their roles and responsibilities for preventing further abuse. The nominated individual regularly analysed all safeguarding alerts so that they could identify trends. They looked at how each incident was dealt with and learning points for the future.

People living in the Care Centre had safety boxes in their rooms to store valuables and personal belongings. Bedroom doors were lockable and people were able to have keys for these. People living in Huntley House were living in their own flat which had a lockable front door.

The staff made regular checks on people in their own rooms in the Care Centre throughout the day and night and these were recorded to show they were well and safe. The staff told us they carried out checks on people who were at risk within Huntley House. For example, a member of staff told us, "[Person] has been a bit unwell recently, so in addition to his personal care visits we make sure we pop up and see him at least three times a day, so if he needs anything or his condition gets worse we know." The registered manager for personal care told us that people living independently in the village could join the "I'm ok" scheme, which was a telephone monitoring system where people made a phone call each day to confirm they were well and did not need any assistance. The system logged if anyone failed to call so that support staff could be sent to check the person.

People living in the Care Centre and Huntley House were given call bells for their rooms and flats. Some people also carried portable alarms with them, so they could call for assistance if needed. During our inspection we noted that call bells were answered promptly. Most people confirmed this was usually the case, although some people reported a delay in response during some of the busier times of the day. The nominated individual had started an audit of call bell response times. They had looked at specific days and times of day to gather information. They told us they were beginning to see a pattern of when call bell response times were longer than they should be. They said that once they had completed their research they would look at the reallocation and deployment of staff to ensure that greater numbers of staff were employed during these times of the day.

People in Huntley House and those receiving a service from the domiciliary care team said there were enough staff. However, some people living in the Care Centre told us they did not always feel there were enough staff to meet their needs. Some of the comments from people included, "I think [the staff] are too rushed in the morning", "Sometimes you have to wait a long time for them to answer the bell. They might come and tell you they will be 10 minutes, but then you have to wait. I'm sure they could do with some extra staff", "You can be kept waiting, particularly at meal times, for certain services that you feel should be attended to more quickly (for example when I need to go to the toilet)", "They seem to have enough staff; they are quite good at coming when [my relative] rings his bell. If it's lunch time they may ask him to wait. I know he gets his medications on time", "It's attempting to be very good, but occasionally has to employ agency staff who are likely to be untrained. They don't understand how to do things. I had to use sign language to make them understand. I am entirely satisfied with the regular staff" and "It takes time for them to answer the call bell and sometimes we wait a long time for the evening meal."

The managers explained that there had been problems with recruiting some staff and they sometimes used agency (temporary externally employed staff) to cover staff vacancies and absences. They told us they used

the same agency and where possible the same familiar staff. We met two members of staff who worked for an external agency. They told us they had regularly worked at the service and knew it well. One of the managers told us, "We have had a big staff drive (recruitment) recently to prevent relying on agency, now we're virtually fully staffed during the day."

The staff working at the service told us they felt there were enough of them. They said they had time to meet people's needs and also had time to "sit and chat with people" as well as meeting their physical needs. The staff said they worked well as a team so that work was fairly allocated and they felt this was manageable. We saw that the staff offered care in a calm way, taking their time to offer support and they did not rush people.

Each person had the risks to their safety and wellbeing assessed. Some of the information recorded in the risk assessments in the Care Centre was difficult to locate because reviews and updates were not always separated from information which was no longer relevant. One external professional said, "I sometimes find it difficult to find the information I need in the file. For example, the falls risk is dated in 2013, and the review is not next to it. It is there, but filed further down. Then it said falls, no falls. This makes no sense to me." However, there was guidance for the staff on how to manage risks and support people, it would just benefit from clearer organisation in some places. Some of the risk assessments were very good. For example, one risk assessment at Huntley House relating to a person who required assistance to move using a hoist included photographs to show how they should be supported and also detailed information reflecting their comments about how they needed to be supported to avoid pain and discomfort.

We saw that people were supported safely and in a way that reflected their recorded risk assessments.. One relative told us they had concerns that their relative was not always seated in an upright position following meals and this presented a risk of choking. They said, "[My relative] has a clear plan on her wall. She is meant to sit upright for half an hour after meals. This does not happen. They even give her medication lying down." We spoke with the nurse in charge about this and they agreed to look into these concerns and make sure everyone was seated appropriately during and after meals.

People received their medicines in a safe way and as prescribed. One person told us, "They give me all my medications in the morning. It's always somebody who is trained that does it. There is no problem."

All prescribed medicines were available at the service and were stored securely. In the Care Centre medicines were stored in locked medicines trolleys. When the medicines trolleys were not in use, they were immobilised to the walls in an appropriate manner. In Huntley House and for people living in the village, people were provided with a secure storage area for their medicines. Some people in Ingram House (the residential home) looked after their own medicines. They had a secure cabinet to store these in.

The staff checked and recorded the temperature of medicine storage areas, including medicine fridges, at Whiteley House. The staff were able to describe the process to reset the fridge in case of temperature excursions. This assured us that there were robust processes in place to store medicines requiring refrigeration.

Medicine administration records (MAR) were accurately maintained and showed that people were receiving their medicines safely, consistently and as prescribed.

The provider had a homely remedies protocol in place. We found that the stock quantities of these medicines reconciled to that kept in the records which meant there was good overview of the management of these medicines for people. We found that people had not been given inappropriate quantities of these homely remedies and that they were securely stored in the treatment room, within a locked cupboard.

People reported that they received their medicines in a timely and correct manner. The staff were aware when a medicine was due to run out and could make arrangements to order more. Where a variable dose of a medicine was prescribed (e.g. one or two paracetamol tablets), we saw a record of the actual number of dose units administered to the person. For entries that were handwritten on the MAR chart, we saw evidence of two signatures to authorise this (in line with national guidance).

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by the pharmacy (as evidenced by the pharmacy returns book). Controlled drugs were appropriately stored in accordance with legal requirements, with daily and weekly audits of quantities undertaken by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them. People's behaviour was not controlled by excessive or inappropriate use of medicines. For example, we saw PRN forms for pain-relief/laxative medicines. There were appropriate, up to date protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine did not have its intended benefit.

Medicines were administered by staff that had been trained in medicines administration. We observed a medicines round and found that staff had a caring attitude towards the administration of medicines for people. The competency of the staff responsible for administering medicines was regularly checked and recorded.

We found that no one was administered their medicines covertly and for people living in the Care Centre who self-administered their medicines there was a risk assessment and care plan relating to this. The provider had a policy to ensure people who self-administered their medicines were protected from harm.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by an external company and the provider, including safe storage of medicines, room and fridge temperatures and stock quantities on a daily basis. When asked, the provider stated that no medicines incidents/ near misses had been reported recently since Jan 2016. However, they demonstrated the correct process verbally of what to do should an incident/near miss arise in the future (including who to contact). This was in-line with the provider's policy.

The provider confirmed they were happy with the arrangement with the supplying community pharmacy and GP, and felt that the provider received good support with regards to the training of staff in relation to high risk medicines and medicines reviews. This was evidenced by checking the record of several medicines reviews that had been carried out within the last six months for one person. The provider stated that the GP had recently agreed to carry out a weekly review of people.

The provider undertook regular checks of the building and employed maintenance teams to address any concerns. There was evidence of checks on fire safety, water, gas, electrical appliances and electrical safety. Windows in the Care Centre were equipped with restricting devices which were regularly checked. The staff had taken part in fire safety training and were involved in fire drill evacuations. Each person living in one of the communal homes had an individual fire evacuation plan which was regularly reviewed and updated.

Hoists and wheelchairs were clean and in good working order. There was evidence of regular checks and servicing. The staff knew how to operate this equipment and told us how they would check people were safe and secure when they moved them. One member of staff told us, "We always transfer in twos and we get training to do this. We maintain dignity in moving." People were supplied with pressure relieving mattresses

and cushions when required. The staff reported that mattresses and bedrails were checked and cleaned every day and we saw evidence of recorded checks. Equipment, including mattresses and bedrails looked clean and well maintained. We witnessed the staff using a range of equipment to help people move. They did this appropriately and following approved manual handling techniques. The staff reported that there was adequate equipment to meet the needs of people using the service.

Some equipment, such as hoists, wheelchairs, vacuum cleaners and laundry baskets was stored in corridors in Whiteley House, with loose straps on the floor. This could present a risk for people moving around the service. We discussed this with the manager for the Care Centre who reported that the equipment was not supposed to be stored in this way and they would speak with the staff about ensuring the equipment was stored appropriately when not in use.

The provider had procedures to ensure the safe recruitment of staff and they followed these. There was a human resources department who oversaw the checks on staff suitability. All staff were required to complete an application form with full employment history. Gaps in employment were followed up and recorded. A minimum of two references were obtained for all staff, including previous employers. The provider also made checks on their criminal record status, eligibility to work in the United Kingdom and their identity. All staff recruitment checks were recorded and we saw evidence of these in the files for a selection of staff who had been recruited in 2016. We also saw evidence of proof of checks on agency staff.

Is the service effective?

Our findings

People at Whiteley Village had been involved with planning their care and had consented to this. We looked at a sample of care plans and other records in all the services and found evidence that care had been discussed with people and they had consented to their treatment, to the sharing of information and to record keeping. Where people were able to they had signed their consent

Some people had given verbal consent and this had been recorded. There was evidence that their wishes regarding end of life care and resuscitation in the event that they stopped breathing had been discussed with them. For people who were unable to make an informed choice because they lacked the capacity to do so, there was evidence their care and treatment had been discussed with those who were important to them, such as their family and advocates. People who had capacity and wished for their family to be involved had this wish respected and the next of kin had signed their agreements to the planned care.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The managers for all the services understood their responsibility for making sure the least restrictive options were considered when supporting people and ensured people's liberty was not unduly or unlawfully restricted. The managers had submitted DoLS applications for authorisation where people's liberty had been restricted in the service. The capacity assessments, best interest decisions and DoLS applications and authorisations were recorded. People's care plans also stated who should be involved in any best interest decisions for each person, for example decisions about medical interventions in the future.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the person, if possible, people who know the person well and other professionals. The staff understood that people had a right to make decisions about their care and be supported to do so in a safe and lawful way. Care records outlined where people could make decisions for themselves. We observed when the staff spoke with people they gave them time to respond to ensure people had understood what was being said. We saw the staff gained consent from people to deliver care and support to them.

The staff were able to tell us about DoLS and MCA. They understood the principles of these and their responsibilities. They told us they had received training in these areas. They said that they allowed people to make choices and obtained their consent about their day to day care and how they spent their time. Some of their comments included, "A person who has capacity does not need a DoLS, we have to respect their choice whatever it is, even if we do not agree with it", "We have to assume a person has capacity, we need to be open minded and treat people fairly; everyone has the right to make a choice", "MCA allows others to help make decisions for someone who cannot do this, for example if they have dementia and need bed rails or something else that could be restrictive", "Everyone here has a choice to take risks, we are here to

support them, not restrict their freedom" and "I always check to make sure people are able to make a decision, maybe they did not understand so we should think about how we asked them for their decision."

People were cared for by well trained and supported staff. They commented positively about the staff. One person told us, "The regular staff you get to know them well, they know our needs well." Another person said, "I am confident in the staff, they know what they are doing." A third person commented, "They seem to be well trained, they are very efficient."

New staff took part in comprehensive training and shadowed experienced staff. The staff we spoke with from all the services told us they had been given a suitable induction which helped them learn about their role and responsibilities. One manager told us, "We do induction well here because we want to make sure the right staff stay and give them the support we need."

Care assistants were supported to complete the Care Certificate (a nationally recognised set of training standards). The provider had facilities to train the staff at the village and training managers to support them. The staff records we saw indicated the staff received a range of training which was relevant to their role and regularly updated. The staff commented that training was useful and they were able to request additional training courses if needed.

The staff were supported to undertake vocational qualifications. Some of the staff we met spoke about this, telling us they had the opportunities to learn new skills and improve their qualifications. The staff also told us there were opportunities for career development and promotion. We spoke with senior staff and managers who had started work as care assistants and had been given the opportunity to learn the skills and apply for new roles. They spoke enthusiastically about this. One member of staff told us, "If you work hard and want to do well the Trust supports you because they want dedicated and hard working staff."

Registered nurses in the United Kingdom are required to revalidate their registration with the Nursing and Midwifery Council at regular intervals. The provider supported the nurses with this. For example, the manager of the Care Centre had supported the nurses to reflect on their practice, giving them advice and opportunities to do this.

The staff had a good awareness of their responsibilities and were able to describe in detail about their roles and the work they undertook. Senior staff had different allocated responsibilities and they were aware of these and how they worked as a team to support each other.

All the staff we spoke with told us they were well supported within the organisation. They said there was good team work and good communication. We saw evidence of this with the staff responding to different situations in a calm and organised way. There were daily handovers of information where the staff updated themselves on any changes at the service. The staff participated in regular individual and team meetings with their line manager, where practice issues, individual achievements and the service were discussed. The provider monitored how often meetings took place to make sure all the staff were involved in these regularly. There were annual appraisals for the staff and ongoing assessments of their competency. For example, the staff working for the domiciliary care service were assessed by senior staff caring for people and administering medicines. Where parts of a staff member's performance required improvement this was discussed with them and recorded. Likewise compliments from people who used the service and observations of good practice were discussed and recorded.

Some of the comments from the staff team included, "I can honestly say this is a very open team", "I feel confident and in control working as part of this team", "I have regular supervision and appraisals but I can

talk to my manager whenever I need, they never turn me away", "They are a pretty fair employer, a very good employer actually, the residents come first here but the staff are treated well" and "The atmosphere between the staff is good, everyone gets on well, caring is a stressful activity but we all look after each other and support each other, and the managers are very supportive too."

Whiteley Village is a site of approximately 225 acres in Surrey. The village has a range of facilities available to all villagers. These include a shop, swimming pool, post office, bar, restaurant, golf course and churches. There are also cricket and rugby grounds used by local teams and a nursery. The roads are safe and speed is restricted. The grounds are well maintained and there is plenty of open space for people to access, included woodland walks.

Huntley House (the extra care scheme) has individual flats some of which can accommodate couples. The flats include a lounge, separate bedroom, walk in shower room and kitchen area. People equip, decorate and furnish these as they wish. They are provided with support from external professionals to ensure they have the right equipment (such as hoists or specialist beds) if they need. All flats are connected through an on call alarm system and the building is staffed 24 hours a day so people can access support if they need this. There is a communal lounge and a dining room, where people can meet for activities if they wish. Food can be ordered and is paid for separately to the care, and people can eat in the dining room or have meals brought to their flats.

The Care Centre included Whiteley House and Ingram House. Whiteley House is an old listed building and although everyone has their own room which has been personalised, there are only small lounges for people to meet as a group. There are two communal dining rooms which people also use for activities. In addition there is a small library and a sensory garden. People had personalised their rooms at Ingram and Whiteley Houses.

People received a range of freshly prepared meals and their nutritional needs were met. People living in the Care Centre had all meals provided. People living at Huntley House and in the rest of the village could request meals, either to eat in the main dining room or to be delivered. Some of the comments from people about food included, "Brilliant food, menu given to us and we can ask for something else", "We've had endless meetings about food with the management; there's been a little improvement. The evening meal is at 5:30pm and it's a long time until breakfast. The quality of the food is quite good, better than the cooking. But they are making strenuous efforts to improve it", "The food could do with being looked at by the inspector, the greens are overcooked occasionally", "If friends come they provide a three course lunch for us here in my room", "It's very easy to be critical of food served en masse, but they are catering for 100+ people", "Supper can sometimes be a little light", "The food is edible, well prepared, well served. I can't complain", "Sometimes the food is quite good and other days even someone with a good appetite couldn't eat it. I think they have too much chicken", "There are good days and bad days [with the food] I think they give you too much, and there are too many meals", "Sometimes they do not know what they are serving, I had pasta and mashed potato given to me once" and "The food seems okay, some of it is mashed, sometimes the vegetables are a bit hard."

People's nutritional needs had been assessed and there was a care plan which reflected these assessments. People at nutritional risk had been identified and there were plans to support them. There was evidence of regular referrals to dietitians and speech and language therapists to ensure people received the right support. The nurses and care staff had a good knowledge of how to support people with texture modified food, those at risk of choking and people at nutritional risk. We spoke with one of the chefs who did not have a good knowledge in this area. However, the provider told us that all catering staff were receiving special training in this area during September 2016. People who were at nutritional risk had their food and fluid

intake monitored and we saw the staff reviewed these records to ensure people were receiving the amounts they needed. People were weighed regularly and we saw that generally weight was well maintained at the service, and that changes in weight were acted upon.

The provider contracted a catering company to manage its catering arrangements which included the provision of kitchen staff and kitchen assistants. In the Care Centre, food was served from a hot trolley and monitored by a kitchen staff member. Food was served from a canteen style dining room in Huntley House. Records of food and fridge temperatures were kept to enable the provider to monitor food was served at safe levels.

People living at the service had been involved in regular meetings to review menus and look at ways these could be improved.

People's health care needs were assessed, monitored and met. Some of the comments from people using the service and their relatives were, "One morning a carer said I didn't look too well. She put me on the doctor's list and it turned out I had a chest infection, I would not have asked to see a doctor myself, but she did the right thing", "I can ask if I want to see doctor if I am not feeling well and it will be done", "The chiropodist visits regularly", "The carers help make appointments for me" and "[My relative] came in [here] from hospital with ulcerated legs. One nurse took charge of the situation, took photographs and made a plan, and now it's all healed."

One visiting healthcare professional told us, "The staff here are very helpful" and "They always bring forward appropriate concerns, they are forward thinking, the staff very good."

People's care plans included information about their health needs and how these should be met. There was evidence of regular consultation with health care professionals and the staff reported they had a good rapport with the local GP who visited regularly.

Is the service caring?

Our findings

During the first day of the inspection we witnessed some interactions in Whiteley House (the nursing home) which were not caring and did not show people respect. For example, during lunch in one dining room the staff spoke amongst themselves over the heads of people who they were supporting about their own holidays, other staff and people living at the home. Not all the staff paid attention or spoke with the people who they were supporting. They did not always explain what they were doing, for example when they were offering people food. A small number of staff used language which did not show people respect, for example, when approaching someone who they were about to assist with lunch one of the staff said, "Come on sleepy head." Another member of staff was rude to a person they were supporting calling the person, "Stubborn" when they would not take a mouthful of food.

We reported our observations to the managers and senior staff. They immediately met with the staff and took action where the staff had used inappropriate language. They also discussed the impact of the dining room experience on that day with all the staff. They told us the staff recognised what they had done wrong and were saddened that they had behaved like that. The following day senior staff monitored the meal time experience in that dining room. They also reported that they would be doing this regularly in all dining rooms and discussing best practice with people. They were considering introducing "experience" training where the staff carried out care tasks on each other so they could experience what it felt like to receive care.

Throughout the rest of the inspection and in all other areas of the service we saw positive, kind and caring interactions. These included staff speaking gently to people, bending down to their eye level and allowing people to take their time to make decisions. Even in the Whiteley House second floor dining room on the first day, where we saw some poor interactions, we also saw some positive and kind support. The staff in all the services showed a caring attitude and genuine affection for the people living in the village. The staff knew the people they were supporting well. They were able to tell us about their interests, likes and dislikes.

People using the service and their relatives told us they liked the staff and had good relationships with them. Some of their comments included, "The girls are angels. There isn't one that I could say anything against. They chat to me and make me laugh. They are wonderful girls", "They're very helpful. They come in [to my flat] whenever I pull the cord. They are in and out all the time. They are very flexible on the routine. If there's anything in particular I want, they will do it", "I am very contented. I am looked after very well", "All I have to do is ring the alarm and there would be half a dozen people here to help me. They are all so willing to do anything all the time, I've absolutely no complaints at all. You expect little hiccups in a community like this but there is never anything to remember or bother about" and "[The carers] make my breakfast and mid-morning coffee and a sandwich for supper. They always ask if they can do anything more. I would go down to the office if there was a reason to complain, but I really can't see any reason to complain."

Other comments included, "The girls are very good here. I would go and talk to [the manager] if anything was wrong. But I haven't had anything wrong in the two or three years [that I have been receiving care from them]", "It was a different carer this morning. She was very good", "The care is very good. We have a

permanent staff or carers who become our friends, which makes Huntley House quite unique", "I can't fault it. Whenever they are due they turn up. I have no problems with punctuality", "They are fantastic. They really are. I couldn't ask for better carers. Not only are they good but you always have someone to talk to", "The staff try very hard; it can't be an easy job", "The care is second to none. I can honestly say I have not come across one staff member who is not exceptional", "They are very, very good. I can't praise them highly enough. Anything I want, they are there. And they do it with a smile, which is the most important thing. I've only got to clap my hands and they come", "The care is pretty damn good! They ask me [before doing things]. They are always giving me a hand. They try very hard", "The people here are fantastic, absolutely fantastic. I was very ill once and they took great care of me. I wouldn't want to be here for the rest of my life if they weren't", "They are all very pleasant, very nice. We get on well", "They are looking after [my relative] very well. I'm very pleased. I don't feel I need to worry about her. She has been here five and a half years", "[The nurses are really good. I couldn't have managed without it. I think the staff here do a superb job" and "They are lovely caring staff, all very supportive, I am very happy."

One of the volunteers we met commented that they felt some of the people living at the service were lonely. They said, "They are very caring here, although I think people are lonely. The staff are so busy." The registered manager for personal care was undertaking some work specifically to look at loneliness. They told us they recognised this was a problem for the older community. They said they wanted to find ways to support people, not just through organised social events, but by looking at individual needs and trying to address other issues, such as bereavement, which could lead to feelings of loneliness.

The staff spoke positively about their work and the people who they cared for. Some of their comments included, "The Village is so person centred and we are flexible to meet needs", "What I am doing for my residents, someone will do for me one day", "We try to respect people's choices and give them care that they like", "If someone does not want care at the time we are offering it, that is fine, we make sure they are ok and return later", "Our job is to do the things for people that they cannot do for themselves in a loving and caring way" and "I care for our residents so much, they are interesting people who have had many different experiences and we need to respect that."

Some of the staff had been involved with creating life stories with people. These were records which contained information about the person's life before they moved to Whiteley Village, their interests and things that were important to them. One of the staff undertaking this work told us, "It is fascinating, listening to their memories, their stories and how they lived their lives." They also told us how they had spoken with women who had given up work when they married and raised their families, comparing the lives of women today who often worked whilst raising families. They said they had explored the emotions around this with one of the women they supported and how she had felt saddened that she had given up her opportunity for a career. This, and other conversations we had with the staff throughout the inspection, demonstrated their commitment to supporting the whole person not just identifying and meeting physical needs. The staff consistently spoke about ways in which they cared for and appreciated how the person felt, their emotions and their perception of the world.

People's privacy and dignity was respected. People living in Huntley House (the extra care scheme) and in their own homes in the village received care in their flats or cottages. They told us the staff always rang the doorbell and announced their presence. They also told us they provided care behind closed doors and covered them whilst they were helping them to bathe or shower. People living in the Care Centre (the nursing and residential homes) told us the staff knocked on bedroom doors and made sure they provided care in a discrete and private way. We witnessed this and saw that the staff ensured people were appropriately dressed and covered when in communal areas. The staff supporting people to move using hoists did so in a discrete way, making sure the person's clothes were not moved by the equipment.

Information about people was stored securely in staff offices or in their rooms, flats and cottages.

People were enabled to maintain their independence when they wanted and to do things for themselves. Care plans described the skills and abilities of the person and aspects of their care they could attend to themselves. People living in Huntley House and the village were able to prepare their own meals if they wished. People throughout the village could use the facilities there, such as the shop, post office and restaurant. We saw people accessing these independently, and the staff told us the Trust employed support workers to assist people to access the community when they wished.

People's religious and cultural needs were respected and met. There were two churches in the village and anyone living there could attend the regular services. One church held a collective worship, not affiliated to any faith, every week in the communal lounge at Huntley House, which anyone in the village could attend. People's religion and cultural needs were recorded in care plans and there were individual plans for the staff to know how they should support each person to meet these needs. The catering department were able to provide culturally appropriate meals on request.

People were given support which reflected their preferences and met their needs at the end of their lives. Each person, and their family where appropriate, had been asked to give information about their wishes for care at the end of their lives and arrangements for when they died. These included whether they wished to be treated in hospital or to remain in the village. People who were approaching the end of their lives had a specific care plan which outlined how they should receive support, including pain relief. These plans were regularly reviewed.

The staff had received training so that they knew how to care for people at this time. A small number of staff had received additional training, guidance and support from a local hospice and they were cascading the information they had learnt to other staff.

The Trust was in regular contact with local health palliative care nursing teams, who visited people living in the village and offered individual guidance and support. The Trust was also planning to provide a small number of hospice beds in the future so that more people could have the opportunity to remain in the village for the end of their lives.

Is the service responsive?

Our findings

People, and those that mattered to them, were actively involved in developing their care and support plans. Their wishes, preferences and personality were considered and they were able to contribute their ideas. People told us that their families were also involved in planning their care. Some of the comments from people living in the village and their relatives included, "They often seek our views informally", "They ensure there is close family involvement", "My son was involved in planning [my care package] with me" and "They have asked me about the care I want, I feel involved, they always check and make sure I am happy."

The staff made every effort to make sure people were empowered and their choices and wishes were respected. For example we saw the care plan for one person who had been capable of making their own decisions when they moved to the village. The staff had supported them to create a care plan, which included a life story detailing their personal preferences and things which were important to them. The person's mental capacity had changed over time and they were no longer able to voice their opinions and decisions. However, the staff used the care plan which the person had helped to create in the past to make sure they delivered care in the way the person had wished for.

In another example a person who had moved to the village was unable to communicate verbally and had limited other means of communication. The staff had worked with the person and their family to create a pictorial guide to enable the person and staff to communicate with each other. The guide included photographs of people, places and events which were important to the person. There were also symbols, letters and pictures of everyday objects and local community facilities. The staff and the person used the guide to help understand each other. The manager for the domiciliary care service told us they were still working on improving the guide, reflecting on what worked well and how they could make changes to make it even better.

People being supported at Huntley House and in the village told us the staff were responsive to their individual needs and requests. For example, One person told us, "If they come to see me and I want a lie in they tell me they will come back later." The staff confirmed this. They told us they had the flexibility to rearrange visits to a time which suited each person, so that if they were not ready for care at the planned time, they agreed a later time to revisit. Other people gave us examples of how the staff were available when they needed them not just at planned visit times. The domiciliary care service employed a team of staff to work throughout the day so that they were available and had a degree of flexibility.

People were also involved in planning developments in the village and individual services through regular meetings. Each service held their own "residents' meetings" and there were a number of committees in the village where people from the Care Centre (the nursing and residential homes) and Huntley house (the extra care scheme) were represented. There were also catering and social activity committees.

People told us the staff made their family welcome and valued them. People living in all parts of the village told us that families could stay for meals, that communal rooms were accessible for family celebrations and

events and that the staff were as kind and caring to their family as they were to them. There was a guest house in the village where relatives could book a stay if needed. Relatives confirmed the staff were good at staying in touch with them if something changed or if they needed to share information. Some of the things people and their relatives told us were, "They have meetings for relatives every few months [where they talk about] Wills and Powers of Attorney, staff changes and what's happening. I would like a bit more information about dementia next time", "The girls will always come to me if [my relative's] got a problem", "I get on well with [my relative's] named keyworker, she is very good" and "I think they're brilliant. My family knows them and they know my family. They're always pleasant and willing. Just lovely."

We witnessed the staff welcoming visitors and asking them if they wanted drinks. Visitors were able to book a meal to share with their relatives. People were able to have their own telephone lines in bedrooms at the Care Centre and in their own flats and cottages.

The staff recognised the challenges some people face with transition. People told us that when they first moved to the village they were given support to settle in and made to feel welcome. One person said, "The staff helped me to settle following my move [to live here]. [The manager] called to see me and took me to lunch. They didn't want me fretting. They took me for a ride on the buggy to go to a tea party somewhere else in the village." Another person told us, "[The manager] comes to speak with us individually to make sure we are alright." We saw staff approaching a person who had recently moved into the Care Centre. They talked about how the person felt and made sure they had everything they needed. There was a range of information for people when they moved to the service, which included contact details for various departments, social groups and support. In addition to this the provider had undertaken a research project with the University of Surrey looking specifically at the challenges of transition for older people. They aimed to use the research to help find ways to improve the experience for people and help meet their individual emotional needs.

Care and support plans were detailed and included person centred information about how to meet people's needs. The staff kept a record of the care provided which included information about people's wellbeing. The plans focussed on the person's whole life, including their goals, skills and abilities. For example, the plans emphasis of meeting emotional needs was as great as the information about physical care needs. The staff had recognised and recorded the importance of "forming a trusting relationship" with the person before delivering any care. Care plans included the comments and feedback from the person they were about and copies of care plans were available for people to look at in their rooms, flats and cottages.

There was evidence that physical care needs were being met. For example, we audited how pressure wounds were being treated and saw that people had the care they needed so that their wounds could heal. One member of staff told us, "We take pressure sores and wounds seriously. Sometimes people move here with them, but we work hard to heal them or stop them getting worse". Another member of staff said, "We regularly check skin during personal hygiene time, and we look for any problems. Then we would work to limit progress of problems and aim for recovery of good skin integrity."

The staff recognised the importance of keeping accurate and clear care plans. One member of staff told us, "There is great importance in having accurate records and in knowing the direct impact this has on people's experience of care." The daily records made by staff to show the care they had provided showed how they focussed on the dignity and respect of individuals, there was evidence the staff had supported people to be independent where they wanted and were able to be.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. There was a strong sense of community within the village, with people

from the different services and living independently, joining together to participate in social activities.

Some of the comments from people living in the village about social events and activities included, "We can choose to go out on the village bus once a week. We went shopping to Richmond recently". "There is a weekly bible study group which I enjoy", "We have a regular fish and chip supper, I like that", "We always go to see the Christmas lights in town [London]", "[My relative] has his paper delivered every day "[My relative] goes to the sing-a-long. He enjoys music", "They are doing their best to provide activities. I like the exercise session. I go to one upstairs and the person who does it takes me to a more advanced one at Ingram. There are lots of activities", "It's nice to meet the other women. I love the quizzes, that's fun and then there's bingo which is good fun. The volunteers run it and they are excellent. I must say a word of praise for them", "There's a shop and a place to play golf and a clubhouse", "I enjoy the French group", "We have a scrabble session in the afternoon", "There is a lovely garden with a waterfall and seating area", "I would like more craft activities", "They keep us up to date with current events because we talk about the news each morning" and "I like the coach trips." One person said, "To socialise and meet people that is important and we have opportunities to do this here.'

There were regular organised events and outings open to all villagers, including those living in the registered services. These were well advertised and there was information about these within the magazine and on display in the various locations. There were also a large number of clubs and societies, some run by villagers and some by volunteers or staff. These including using the facilities of the village, such as the bar, grounds, swimming pool and bowling green. There were two churches within the village where regular services were held. Services also took place at the Care Centre and Huntley House, for those who could not or did not wish to access the churches. Throughout the village there were facilities which could be used by anyone, including a shop, restaurant, bar and post office.

In addition to village activities, there were activities organised at the Care Centre and Huntley House. At the time of our inspection the Trust had employed one person in the role of activity coordinator for the Care Centre, but there was also a vacancy for another member of staff in this role. Volunteers helped run and support activities within the homes. There was a programme of planned activities and some people enjoyed these. However, others felt there was not enough for them to do. The provider was looking at ways to resolve this. They had advertised the post externally and were using the support of volunteers and care staff to provide and facilitate some groups and events.

During our inspection we witnessed a number of different events and activities within the different services, including exercise groups, board games, the French group, visiting dogs and a quiz. Some of these activities were ad hoc and organised by the staff supporting small groups.

There was a monthly magazine for all villagers which detailed special events, provided news and information about the village, important contact names and numbers and announcements. There were notice boards around the Care Centre and Huntley House where information about the service and future activities was displayed.

There was a range of ways for people to feed back their experience of the care they received and raise any issues or concerns they had. These included regular meetings and committees, an annual satisfaction survey and the provider's complaints procedure. People told us they knew how to raise concerns and make a complaint and felt confident doing this. Managers and senior staff were visible throughout the service and people were confident and happy approaching them. There were a number of occasions where senior staff talking with the inspection team were approached by people using the service. The staff immediately attended to the person and took time to listen to their concerns. People told us they felt confident these

would be acted upon and that they "Trusted" the staff to take their concerns seriously.

The provider's complaints procedure was well advertised. We saw records of complaints and the action taken to resolve these. This included a detailed investigation into the concern and feedback to the complainant. There were also action plans which outlined how improvements to the service should be made and the nominated individual analysed all complaints and used this analysis to help inform the Board of Trustees about any trends and how these were being dealt with.

The service was able to show a difference to the way they delivered care and support by proactively using complaints and concerns as an opportunity for learning. For example, following a number of concerns about the quality of food the provider had established a catering committee of people living at the service to help plan and improve menus. Following another complaint, the provider had organised for all the staff to attend additional training around equality and diversity and dementia to improve overall knowledge and skills. The provider had employed an additional member of senior staff to monitor and support other staff following a complaint about how some people were being supported. The nominated individual told us they tried to resolve issues before they became formal complaints. People echoed this sentiment with one person saying, "When we do have a problem we talk to them and it's sorted."

Is the service well-led?

Our findings

Everyone we spoke with explained that they were happy living at Whiteley Village. They felt it was a good service. Some of their comments included, "I have recommended here [to friends] very often", "I would definitely recommend this place, no improvements are necessary", "I hope the inspection goes well because I am very happy here", "I give the service 10 out of 10", "It is lovely here being able to look out on the green or watch the local boys playing rugby and cricket", "On the whole this is a very good service", "[The manager] is lovely, she is always popping in to check on me", "This service is very well-led, the managers are very good, they have a wealth of knowledge and they are trying to improve things all the time" and "I am very happy here, this is a wonderful place."

The senior managers at the Trust were positive role models. They actively sought and acted upon the views of others through creative and innovative methods. For example, the chief executive officer spent a morning working alongside the domiciliary staff providing care to people at Huntley House (the extra care scheme) and in the village. They wrote an article about their experiences to share with the villagers and staff. They recognised the importance of the service and the difference it made to people's lives. They said that the care staff provided, "The little things that make us all feel better about ourselves and ready to face the day." They went on to say that they recognised how hard it was for people to ask for help and support, but encouraged people to approach the domiciliary care team when they needed, going on to say that, "I can say from my own experience with the team that the kindness, care and attention to the needs of the individuals made me think how lucky we are to have this service in the village." They highlighted that people already using the service valued the care and support they received.

The nominated individual and the managers of the different services had a good rapport with people. They spent time talking with people living in the village and clearly knew each individual well. They responded to questions and problems when approached by people living there, their visitors or staff. Throughout the inspection we saw examples of them putting the needs of people first. Their interactions showed that they valued and appreciated everyone's opinions. People appeared happy to see them and greeted them with smiles and friendly words. They knew who they were and felt comfortable approaching them. The staff spoke positively about the nominated individual and the managers, telling us they would feel confident speaking with them regarding any issue. One member of staff said, "I find my manager very approachable, and I love my job. We are a good team." Another member of staff told us, "[The manager] is always available if I need help, I can ask them anything any time." A small number of staff who were not from the United Kingdom told us that the service had a "Very British culture" and they sometimes felt left out. We shared this feedback with the provider who agreed to look into this. They told us that they did not want staff to feel left out and they would look at ways to combat their concerns in this area.

The Trust had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. The provider's records of complaints and comments showed that each concern was taken seriously, investigated and the person was given feedback. They shared information about common concerns within their monthly magazine and discussed these at

meetings with people. People living in the village and the staff told us that they felt able to discuss concerns they had and felt these were responded to and acted upon. In addition the provider had taken action to address concerns identified through other means. For example, following a safeguarding concern earlier in 2016 the provider decided to employ additional senior staff to work alongside care assistants supporting them and monitoring how they were performing. During the inspection we identified a number of health and safety hazards at Whiteley House (the nursing home). The provider responded to these immediately, making them safe and also looking at extra work they could do to reduce related risks.

People spoke about the safe and friendly community they lived in. The provider offered some accommodation for the staff within the village. We spoke with staff who lived there with their families. They told us how they and their families felt part of the community. One member of staff told us how they had been married in one of the churches in the village. Another member of staff told us how important it had been for their child growing up in the village, and how this had developed their sense of empathy and care towards people with disabilities and the older generation.

The village had a good community spirit and people living in different parts of the village joined together to share social activities and facilities, such as the swimming pool, golf course, shop, post office, bar and restaurant. Many of the more independent villagers were involved in volunteering at the Care Centre. The provider was looking at ways to extend this and develop peer support groups.

Many of the staff had worked for the Trust for several years. They spoke about their enjoyment working at the village. The more recently employed staff also commented positively about their experiences. Some of the comments from the staff included, "Coming to work here was the best decision I ever made in my life", "I am very happy here and the residents are very nice", "I have not noticed any need for improvements, as everything is so caring", "People are looked after well here", "It's a fresh start. Complete breath of fresh air. Everyone is really supportive and happy", "I enjoy getting up in the morning", "The service is passionate about care", "The way people work here is beautiful, it is such a nice place", "Whiteley Village is really really lovely", "I want to live here myself when I get to that stage", "I love it, love my job here and my residents, they are also happy. I'm happy in my job. It is 100% good place to work", "I like the residents, it is nice to have a varied role here, the provider is very good with training and I recently enjoyed an opportunity to learn more about palliative care", "We are all part of the community, it is so lovely here", "It is like a family working here", "The managers have a passion and they have encouraged the staff" and "I love it here, it is not like coming to work."

Records were appropriately maintained, accurate and up to date. Everyone using one of the care services had a care plan which was appropriately maintained. There were up to date contemporaneous notes of the care provided and how people's health and wellbeing was monitored. Staff records were complete and showed how they had been recruited, trained, supervised and supported. Other records, such as audits, records of complaints, safeguarding alerts and meetings were all clear and accessible. The provider's guidance, policies and procedures were regularly reviewed and updated. The staff and people living in the village were all provided with a handbook of information which was relevant to them. The provider's website was clear and accessible.

The provider and staff undertook a number of different audits to check the quality of the service. These included the health and safety, infection control and environmental audits for the buildings, care plan and record audits, medicines audits and audits of clinical care (such as how wounds were being managed). In addition to these the provider had developed a set of key performance indicators which they monitored monthly. These included the analysis of accidents, incidents, complaints and safeguarding alerts. The provider had good evidence that where concerns were identified in any area they took appropriate action to

put things right. Audits and checks included action plans which outlined what needed to change and who was responsible for this.

The Trust regularly consulted with people using the service, their representatives and the staff to ask for their opinions. There was evidence of regular meetings with people and an annual Trust wide survey for staff and villagers. The most recent survey had been completed in 2015 and feedback from this had been positive. However, where areas for improvement had been identified the provider had created an action plan. In addition the individual services also conducted surveys about the quality of care people received and how they felt about this.

There was a strong emphasis on continually striving to improve. The provider recognised and regularly implemented innovative systems in order to provide a high quality service. The provider had plans to develop a "new and ambitious model of care and support." The Whiteley Village Trust stated they aimed to create "One of the best places to age in Britain." The provider had commissioned a project with the University of Surrey to research community members' perspectives on care during a time of transition. The objectives of the research included exploring whether the core values of the village were still relevant, to document people's experiences of care and support and to identify what worked well and how this could be built on. They had concluded their research and created a report of their findings which included recommendations for improvement. They showed a commitment to meeting these recommendations. For example the research identified gaps in occupational therapy and mental health support within the village. The provider was looking at ways to extend the range of support services available for people to include therapies. They had made contact with a local hospice and other organisations to start the process of recruiting specialist staff to work at the village. They had also found a greater need for further extra care housing, and had a long term plan to create this.

The Trust had developed the "Living Well" audit designed to give a baseline picture of strengths and main areas of improvement needed for services. The audit looked at quality of life for people living in the village, including their comfort, how they were supported adjusting to change and the services they received. The nominated individual was meeting with managers and front line staff to discuss the findings of the audit and use this to help plan for the future. The nominated individual told us, "We are looking at ways to help shape our direction in the way people tell us it needs to be shaped."

The provider had developed a strategic plan which included looking at what worked well and what improvements were needed. People living in the village were asked to contribute their ideas and opinions about the service. The provider was in the process of inviting external experts to be part of the strategic plan offering their views on best practice. There was a group set up to develop the plan and this included staff, people who lived within the village and an independent chair. In addition they had summarised a three year plan for improving the service, which included short, medium and long term aims. Some of the areas they had identified for making improvements included using technology in a more proactive way to monitor and deliver care and support, training and developing staff, increasing transparency and more involvement from people living in the village.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. They strived for excellence through consultation, research and reflective practice. In addition to the research with the University of Surrey and the use of external professionals to help implement the strategic development plan, the manager of the Care Centre had been part of another research project with the University of Surrey to look at promoting ethics in social care. The research looked at ways to provide training for staff by identifying educational interventions that worked well. For example, the care staff undertook a number of training sessions facilitated by the manager and

presented in different ways, including role play and practice discussions. They were given the opportunity to evaluate the research. As a result they had helped to develop training programmes for the wider social care community not just Whiteley Village looking at dignity in care, understanding values, respecting people's wishes, supporting friends and family and developing ethical culture in care.

The registered manager of the domiciliary care services told us they were looking at supporting people with loneliness and bereavement. They were starting a project to look at how people could be better supported and how the staff could recognise when people needed additional help before they became unwell or depressed. In addition to the regulated services at the village, the Trust employed support workers who offered assistance for people who were living independently but needed support with specific areas, such as shopping or planning their week. The registered manager told us the Trust was looking at ways to enable the support workers to offer the companionship and emotional support some people needed following a loss or when they felt lonely.

The staff at Whiteley Village had taken part in work to help develop National Institute for Health and Care Excellence (NICE) guidelines around preventing falls for older people. NICE are recognised as a national provider of good practice guidance for services providing health and social care.

The managers and senior staff shared their knowledge and undertook work to improve practice and knowledge throughout the village. They had regular meetings where good practice and things that had worked well were discussed. The manager at the Care Centre showed us a selection of presentations they had made to departmental heads and staff at Whiteley Village. These included presentations about the Care Quality Commission and the Regulations the service was inspected to, recognising and acting on work related violence, preparing budgets and reflective practice.