Island Healthcare Limited

Westview House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Westview House is a care home registered to provide accommodation for up to 38 people. The service provides specialist care to people living with varying degrees of cognitive impairment. Some of the people at Westview House had complex needs. At the time of our inspection there were 28 people living in the home. Westview House also provides a home care service for people living in the community, although at the time of the inspection no one was receiving this service.

People's experience of using this service and what we found
People and their relatives told us they were happy with the care provided and staff were caring and compassionate. We observed that staff were kind and treated them with respect.

Risks to people were assessed and minimised and people were protected from the risk of abuse. People were supported to take their medicines as required and there were suitable systems for ensuring the home was clean and equipment was safe for use.

Staff were recruited safely, and there were sufficient numbers of staff to keep people safe. Staff had received appropriate training and support to enable them to meet people's needs.

Staff demonstrated a commitment to providing person-centred care based on people's preferences and wishes. The staff team knew people well and had built trusting and meaningful relationships with them. People and their families were involved in planning how they wished to live their lives, and the service ensured that care was always personalised to meet the needs of each individual living there.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests; the policies and systems in the service supported this practice.

Staff were kind, patient and responsive to people's needs. People were treated with dignity and staff respected their privacy

People were supported to engage in a variety of activities of their choice. Activities were available in the home and out in the community.

The provider had systems and processes to monitor quality within the home. The manager understood their regulatory responsibilities and shared information when required.

People, their families, staff and external professionals all told us that the provider and manager were supportive, and the home was well led.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was Good (published 8 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Westview House

Detailed findings

Background to this inspection

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

Inspection team
The inspection was conducted by two inspectors and an expert by experience [ExE] on the first day and one inspector on the second day. 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 ExE had experience of care for older people and those living with dementia.

Service and service type
Westview House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Westview House is also registered to provide domiciliary care in people's homes, at the time of the inspection no-one was receiving this service.

The service had a manager, but they had not yet been registered with the Care Quality Commission, although an application to do so had been made. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with seven people who used the service and six relatives of people about their experience of the care provided. We spoke with nine members of staff including the provider, the manager, the chef and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including quality assurance processes, policies and procedures.

After the inspection
We looked at staffing rotas and training records. We reviewed the evidence gathered during the inspection. We spoke with two professionals who regularly visited the service.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had robust policies in relation to safeguarding and whistleblowing and staff had received training based upon these.
- Relatives of people living at the service, told us they thought they were safe. One relative said, "We feel confident that [relative] is in a safe environment here."
- The manager and provider were aware of their safeguarding responsibilities and had reported concerns to CQC and the local authority, as required.
- Staff understood their responsibilities to keep people safe and knew the provider's whistleblowing policy. All staff we spoke with, confirmed they would not hesitate to raise concerns if they had them.
- The provider had physical intervention policies and procedures for the use of restrictive practice. This is when a person can require restriction on their movement in order for staff to provide an essential aspect of their care and support. The manager and provider had explored how they could support people with complex needs and behaviours that were difficult to manage, whilst keeping them and others safe. Records showed that where people had been assessed to need some restrictions, staff had clear guidance and it was done in the least restrictive way.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed and documented as part of the care planning process. These identified how staff should support people and what equipment, if any, was needed. For example, where people required bed rails to prevent them falling, a risk assessment was in place which considered any potential hazards and how the equipment should be used. Risk assessments had been regularly reviewed to reflect people's changing needs.
- Positive behaviour plans were in place for people living with dementia, with clear guidance for staff to follow on managing any risks. This meant staff were able to safely support people who had complex needs.
- Staff knew each person well and could recognise how they expressed if they were unsettled or unhappy about something. We observed staff closely monitoring changes in people's behaviour and calmly supporting them using gentle touch and distraction. This meant that any risks around people's behaviours, were promptly recognised and acted upon.
- Risks from the environment had been assessed and each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.
- The provider had employed a health and safety officer to ensure that risks relating to the environment and the running of the service were identified and managed effectively. These included gas and electrical safety, legionella, fire safety and infection control.

● Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

● Staffing levels were based on the needs of the people living at the service and there were enough staff to safely meet people's needs. One staff member said, "Staffing levels are good. They are still recruiting more people, but the management always make sure we have enough."

● Staff were patient and had time to sit and talk to people. Where people had complex needs, additional support was provided, which meant people received support in line with their level of need.

● The provider told us they had recruited some new staff and were waiting for employment checks before they commenced work. Any gaps in staffing levels were filled using existing staff or an external agency. However, regular agency staff that knew people living at the service, were used and worked alongside staff employed at the service.

● The provider had a recruitment process in place to help ensure the staff they recruited were suitable to work with the people they supported. All of the appropriate checks were completed for all staff.

Using medicines safely

● Medicines were safely managed, and accurate records were maintained of medicines received into the service, administered and disposed of. Staff received training in medicines administration and had their competency checked to ensure their practice was safe.

● Medicines that required extra control by law, were stored securely and audited each time they were administered.

● Clear protocols were in place for medicines prescribed to be administered on an 'as required' basis.

● There were systems in place to ensure the application of topical medicines such as creams was completed safely. The date creams had been opened was recorded, to ensure that they were disposed of when they reached their 'use by' date.

Preventing and controlling infection

● The service was clean, hygienic and well maintained. Domestic staff were employed and completed regular cleaning tasks in line with set schedules.

● Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons, which we saw they wore when needed.

● The laundry room was clean and organised, with a process for ensuring there was no cross contamination.

● The provider had completed regular audits to ensure that suitable standards of hygiene were maintained in the home.

Learning lessons when things go wrong

● Accidents and incidents were recorded and monitored on an electronic system by the manager. The provider had oversight of this and any themes or patterns were identified. Where action was needed to address any issues, these were carried out promptly.

● The manager ensured risk assessments were updated if required, following any accidents or incidents. Information was shared with staff through handovers between shifts, staff meetings and individual staff supervisions.

Good

Is the service effective?

Our findings

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about how to protect people's human rights in line with the MCA and received regular training on this topic. We observed staff seeking people's consent before assisting them with all aspects of their care. One staff member told us, "We always ask people, we don't just do what we think, we involve them."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- MCA assessments and best interest decisions were completed and recorded appropriately, where required.
- The provider and manager understood their responsibilities in terms of making applications for deprivation of liberty safeguards (DoLS) to the authorising authority and making notification to us about those applications being granted. There were systems in place for monitoring these and ensuring they were kept up to date.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Comprehensive assessments had been completed. Care plans were outcome focussed, identified people's needs and wishes and were regularly reviewed.
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care. This meant that staff knew people well and supported them in line with their wishes.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records and diverse needs were

recorded and responded to. For example, where people had a specific religious faith, they were supported to have visits from religious ministers. In addition, some people were supported to attend a church service, specially arranged for people living with dementia.

● The provider had an equality policy and staff completed training in equality and diversity. The provider, manager and staff were committed to ensuring people's equality and diversity needs were met.

● Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a positive quality of life.

Staff support: induction, training, skills and experience

● Staff were knowledgeable about people's needs and carried out their roles effectively. Staff told us that they had received an induction which included shadowing more experienced staff, whilst getting to know the people living at the service. One staff member said, "My induction was good, I was shown around, and I had to do all of my training like manual handling, the care certificate and dementia." In addition, staff who were new to care received training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

● The provider had a detailed training programme and once staff had completed the required training they had regular updates to keep them informed of best practice. There was information available for staff to see when training was scheduled. Training provided included first aid, infection control, food hygiene, end of life, pressure care, nutrition, dementia and safeguarding.

● Relatives we spoke with told us they thought the staff were very knowledgeable in how they supported people. One relative said, ''Staff are particularly well trained in dementia care. We note from their behaviour that they understand elderly person care well.''

● Staff received supervision and an annual appraisal, which enabled the registered manager to monitor and support staff in their role and to identify any training opportunities

● Staff told us they felt supported in their roles by the provider and manager. One staff member said, "They keep us informed about things that are going on, so we are always aware."

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

● All food provided at Westview House was freshly prepared by the kitchen staff. People had plenty of choice, with several options being available for each meal. We observed that the lunchtime meal was a sociable occasion with positive interactions between people and staff.

● Visual prompts such as photographs of food, were used to support people living with a cognitive impairment to make choices. We saw staff using photographs of food and on the second day. When they did not have a photograph of one of the options available, staff quickly found one and printed it off.

● People and their relatives told us the food was good and they were able to enjoy meals together if they wished. One relative said, "Oh the food here is amazing, I am able to come and eat with my [relative] when I want to, it feels like a home from home." Another said, "We are offered meals too, so we can eat with [relative] when we visit. The food is made fresh and on site.''

● Where people required their food to be prepared in a specific way because of a medical need or problems with swallowing, staff were aware of the associated risks. Staff followed guidance from healthcare professionals in relation to these.

● People's food and fluid intake was monitored, with clear action for staff to take if people were not eating and drinking sufficiently well. For example, they referred people to GPs or specialists for advice and offered meals fortified with extra calories.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People's health was monitored by staff and they were supported to access healthcare when needed. For

example, people were supported to access opticians, chiropodists, GP's and hospital appointments. Where people had complex needs or were unable to verbally communicate, staff monitored changes in their body language, presentation and behaviours to identify changing health needs.

● The manager and staff had a positive working relationship with the local health clinic and used a 'telehealth' system. This meant for example, they could monitor peoples blood pressure, oxygen levels and pulse rates and send the information electronically to the health clinic, who could provide a quick response if needed. This allowed timely and effective care to be provided.

● Care plans were updated to reflect the advice from health care professionals such as in relation to swallowing, dietary needs and pressure relief.

● Essential information about people was available in a concise format to transfer with them to hospital, should they be admitted. This would ensure hospital staff had information about people's care needs.

● A range of tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used tools to assess people's pain levels, risks of developing pressure injuries and to monitor their bowel movements. Clear guidelines were in place for staff to follow when action was required.

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

● The environment was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring and there was a passenger lift available. We noted pictorial signs throughout the home, to help people who live with dementia.

●The provider had recently reviewed the layout and use of the home. As a consequence, there was now a treatment room for people to use when external medical professionals visited or the hairdresser. There was a quieter lounge for people who preferred more privacy and accessible gardens, which were being updated to make them more sensory for people with a cognitive impairment. In addition, the provider told us they were planning to develop an indoor garden room for people to use.

● A new call bell system had recently been installed. This linked in with movement alert equipment used and enabled staff to provide prompt support when people required it.

● Technology was being used to enhance people's wellbeing. For example, the home had electronic speakers that connected to the internet. These were used to play music and for memory recall. We observed staff talking to a person about music they enjoyed as they were becoming unsettled. The staff member then asked the speaker to play some gentle calming music and sat down and held their hand whilst they listened to music. The person immediately became more settled. In addition, the home had an electronic tablet for people to use. Staff supported them to use this for social activities such as looking at news or searching the internet for information.

Good

Is the service caring?

Our findings

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

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

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

● People and their relatives consistently told us staff were kind and compassionate and treated them well. One person said, "The staff are very kind to me." A relative told us, ''I don't feel bad leaving at the end of my visit, as the staff are so lovely to everyone. It's as perfect as it could be, being in care here."

● The provider, manager and staff all worked hard to build positive relationships with people, their friends and families. We observed visitors to the service being greeted by staff with a smile and familiar greetings, using people's names. It was clear that everyone knew each other well and this contributed to a relaxed environment. The provider was very visible in the service and when one person's relative arrived, they hugged, and the provider asked how they were, showing genuine care and concern. One relative told us, ''I can't fault the care here. They even encouraged my [relative] to bring their piano and it's still here in the lounge for everyone to enjoy even though my [relative] is no longer able to play.'' Another relative had written in a thank you card, 'What a lovely atmosphere at Westview when I visited [relative]. As I walked in I was greeted by laughter and smiling faces everywhere.'

● Each person had their life history recorded, which staff used to get to know people and to build positive relationships with them. We observed staff talking to people about their interests and their family members, which demonstrated that they knew people well

● People's cultural and diversity needs had been assessed and were detailed within their care plans. This included people's needs in relation to their culture, religion, sexuality and gender preferences for staff support. Staff completed training in equality and diversity and the provider, manager and staff were committed to ensuring people's individual needs and choices were met.

● During our observations, we quickly learned the names of people living at the service, as staff continually spoke to them and used their name each time. In addition, staff wore badges that said, 'Hello my name is…' This meant that people who may have difficulty remembering staff names, could easily see who they were. One relative said, ''It's a lovely community here.''

● Staff told us that they had time to spend with people. We observed them sitting quietly talking or using gentle distraction to avoid people becoming unsettled due to their cognitive impairments. They showed kindness and compassion to people and recognised how living with dementia impacted on them. For example, one person was walking in the lounge and touching their clothing, looking confused. A staff member approached them and guided them to a seating area saying, "I like this top, it's beautiful, it's the same colour as your eyes". The person smiled and embraced the staff member. Comments from staff included, "I really enjoy it here, we have great communication and I love getting to know each of the residents," and "We always try to make time to sit with people. It's so important."

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

● Care records contained evidence that demonstrated the person who received care or their family members, had been involved and were at the centre of developing their care plans.

● We observed staff asking people's permission before assisting them and involving them in decisions about their care. For example, staff asked people if they wanted to sit at the dining table for lunch or if they wanted to go to the bathroom. A staff member told us, "I will always ask [the person] and give them guidance. I don't want to take away their independence."

● Staff spoke to people in a way they could understand and showed patience when supporting people living with dementia. For example, we observed staff sitting next to people or in front of them when they spoke, so that they made eye contact. When people were given choices, staff spoke clearly and waited for them to answer, without rushing them. During lunchtime we observed a staff member supporting a person. The staff member said, "I do like that jazzy shirt you are wearing. Shall we keep that looking nice by having an apron today?" The person agreed and let the staff member help them.

● External professionals told us that people received good care at Westview House. One external healthcare professional said, "I cannot fault the care."

● The provider and manager were aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. We saw examples in people's care plans where advocates had supported people to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

● The provider had policies on equality and diversity, equal opportunities and dignity at work. We saw that these were routinely put into practice.

● People were supported with dignity and respect, at all times. We observed staff supporting a person with a cognitive impairment to move. They gently touched them to make sure they knew staff were there. The staff member then said, "Hi [person's name] we are just going to move you if that is alright?" Using a hoist to re-position the person, staff continually spoke to them and explained what was happening the whole time. This demonstrated care and respect for the person and an understanding about their communication needs.

● Staff described how they protected people's dignity and privacy when supporting them with personal care, such as covering them with a towel and closing the door. One staff member said, "I make sure the curtains are closed and the door is shut. I cover them with a towel and always talk to them before. People with dementia, may not be able to retain what I'm saying, but they are human and should be treated well, like anyone else would want to be treated."

● People's family and friends could visit when they wanted and there was a quieter lounge where they could meet in privacy, if they wished to.

● People's independence was encouraged, such as supporting people to go out into the community and do as much as possible for themselves during personal care.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care that recognised their individual needs and wishes.
- People's needs were assessed prior to admission to ensure the service could offer the support they needed. Care plans contained good information about the person, their care and support needs and how staff should support them. This took into account how people liked to be supported and recognised their individuality. For example, one person could easily become unsettled and not accept support from staff. Their care plans clearly described how staff should respect this and then offer support again, once the person was more settled. A relative told us, ''My [relative] is always spotless and smells nice so it's clear that the staff have gone the extra mile with their personal care.''
- Care records were reviewed regularly and updated when people's needs changed.

Meeting people's communication needs

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

- People's communication needs were assessed, and staff were able to give examples of how they used nonverbal communication methods to interpret a person's care and support needs. Staff had access to picture cards to use where required.
- Care records included information about how the person communicated and if they needed any communication aids to enable them to be able to express their views or concerns. People were wearing hearing aids and glasses as required.
- The provider had invested in a digital communication tool that was accessed using a handheld computer. This was an interactive programme that supported decision making and cognitive abilities. We were told that this was used to support people who had more significant cognitive impairment, to maintain their engagement with the care and support they received.

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

- People were supported to participate in meaningful activities. The service employed staff specifically to provide activities and consider people's wellbeing. For example, people were supported to be involved in activities of daily living such as folding laundry or laying the dining tables. Where people were cared for in bed, the activities staff member spent time with them, and showed a great deal of skill and knowledge about how to engage with people who had significant cognitive impairment.

● Staff sat with people and participated in daily activities together. These included playing instruments to favourite songs, card making for relatives, reading newspapers, watching old comedy films or programmes with popcorn and snacks, bingo, doing puzzles and dancing.
● In addition, people were supported to go out to the local beach or to café's, join a choir for people living with dementia or attend community activities. People were also supported to attend a scheme, which was based at one of the provider's other services. This provided opportunities for people to spend time together whilst doing gardening jobs or woodwork.
● The provider had arranged for external activity providers to visit the service and provide a variety of experiences for people. For example, we observed one external entertainer support people to use handheld computers and watch videos of different birds, whilst listening to the birdsongs. A music therapist visited regularly, and we were told that people and their families all enjoyed this together. One relative told us, ''There is a very good range of entertainment here."

Improving care quality in response to complaints or concerns
● The provider had a policy and arrangements in place to deal with complaints. These provided detailed information on the action people could take if they were not satisfied with the service being provided. Complaints were listened to, taken seriously and dealt with appropriately. Records confirmed this.
● People and their relatives told us they had not had any cause to raise a complaint about the service, however they knew how to do so if required. One relative said, ''I do know how to raise a complaint if my [relative] was unhappy with their care, but we have never needed to do this.'
● The manager and provider told us if any complaints were received and upheld, any lessons learned would be shared with staff to avoid a similar issue arising in the future.

End of life care and support
● The service was not supporting anyone with end of life care at the time of the inspection.
● People's basic end of life wishes had been captured in their care plans. However, these were not detailed. We discussed this with the provider, who showed us they had made referrals to a local hospice, who provided support to people and their families to make person centred end of life care plans. We were told that these would completed in the near future.
● Staff had received training in end of life care.
● The provider and manager told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life.

Good

Is the service well-led?

Our findings

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

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

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

- There was a manager in the service, but they had not yet been registered with CQC. The provider was supporting the manager and had been overseeing the management of the service, following the departure of the previous registered manager. New systems and practices had been implemented, however these needed to be imbedded into the service to ensure a consistent approach was maintained.
- There was a clear management structure, consisting of the provider, the manager, deputy managers and senior staff. The service operated an on-call system so that staff could get support from the management team when they needed it. In addition, the manager was able to raise concerns and discuss issues with the registered managers of other locations owned by the provider, using a private social media forum.
- The manager, deputy managers and senior staff worked as a team to ensure there was oversight in all areas of the service, with each having assigned roles and responsibilities. The provider held regular meetings with the manager to discuss any issues and improvements in the home. There was an action plan in place that identified where work was required, to ensure systems within the service were effective.
- The manager and deputy managers undertook a range of audits and checks on the service to monitor the performance. The provider was very proactive within the service and had oversight of the quality of care being provided. They provided a positive mentor role and support for the manager. In addition, the provider had a health and safety lead who carried out regular environmental health and safety, and fire safety checks.
- The manager and provider understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
- The provider had an electronic quality assurance system which the manager accessed to record their checks and monitoring of the service. The provider reviewed this and arranged for any actions identified to be carried out promptly.

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

- The manager and provider were committed to delivering good quality and person-centred care. They told us, "We really want to get it right here and make sure this is a great place for people to live."
- The service's systems ensured people received care which met their needs and reflected their preferences. The management team led by example, treating people as individuals and encouraging people, relatives and staff to be involved in what happened at Westview House.
- Relative's of people told us they were very happy with the care provided and that staff knew people well.

Comments included, ''The owner [provider] would not ask their staff to do anything they would not do themselves. They lead by example'', ''You want to know what the service does well? Let's see. Well I can't fault it'' and "The staff know my [relative] so well, they always treat them with kindness."

● Staff were aware of the provider's values and were proud to work at the home. Comments from staff included, "We are always informed of any changes, it's nice to know we matter", "This job is hard work, but it's rewarding and worth it" and "I enjoy coming to work, I'm proud to work here and do what I do."

● Staff demonstrated that they cared about the people they were supporting and had the skills and knowledge to meet their needs. For example, we observed staff engaging people living with dementia, with kindness and compassion whilst recognising changing behaviours. Staff used gentle touch and distraction naturally and this meant that when people became unsettled or agitated, staff quickly and calmly supported them to avoid escalation.

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

● The management team were open with us and committed to ongoing service development.

● The previous performance rating was prominently displayed in the reception area.

● The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. Following any incidents or incidents people and their relatives were kept informed showing a transparent service.

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

● The people and relatives we spoke with, all knew who the manager and provider were. We observed friendly interactions between people, their relatives and the staff team who were all clearly comfortable with each other.

● The provider had invited relatives to visit the service for 'tea and chat, where people and their relatives could find support from the staff team.' These were informal meetings where the provider and manager shared their vision and values for the service and sought the views of people's relatives. One relative had written a thank you card following a meeting which said, ' I found it very comforting to meet other families who are living with dementia and I didn't feel so desperate knowing that others are going through the same emotions' We very much appreciate the hard work by everyone who made the get together special. The atmosphere was very welcoming and fun.' The provider told us that these meetings were planned regularly. In addition, they were starting a family forum, to get relatives more involved and make decisions about the service.

● Staff were extremely positive about the manager and provider and told us they enjoyed working at the service. One staff member said, "[The provider and manager] are very helpful and have made me feel so welcome here." Another said, "[The provider] is amazing, I love them. They are very passionate, and make things happen." A third said, "[The manager] is really good, she knows the staff and the clients so well."

● Staff meetings at all levels took place to inform staff of any updates, discuss issues, concerns and promote best practice.

Continuous learning and improving care

● The provider had arrangements in place to support the manager in their professional development. For example, regular managers meetings were held with managers from the providers other services. Any incidents that had occurred in any of the providers services, were discussed so that lessons could be learnt, if needed. At each management meeting a member of the provider's management team, was given an area to research and deliver information to the other managers. This meant that the management team were actively seeking information to keep themselves up to date with latest guidance and best practice.

● The provider arranged for external training for managers to target specific areas where the service wished to improve and develop their practice further.
● The manager told us they felt very supported in their role by the provider. They said, "[The provider] is so hands on and supportive. If I have any questions they are always here for me."

Working in partnership with others
● The provider offered training and support to families using their services. For example, training to understand dementia and how it can present in people, mental capacity awareness and finances, were available free of charge to families. This demonstrated that the provider wanted to work collaboratively with families to achieve positive outcomes.
● The manager told us that they worked well with external health and social care professionals. They had close links with the local GP service and had regular visits from a community nurse, who provided advice and guidance where needed. An external healthcare professional told us, "[The provider], manager and staff team work really closely with myself and colleagues at the health centre as soon as they feel something is wrong with a resident. They are proactive in the management of people and we work together well in best interest meetings and care planning."