Mr Trevor Nesbit

# Westoe Grange Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Westoe Grange is a purpose built two storey residential care home which provides care and support for up to 40 older people. 35 people were using the service at the time of inspection.

This inspection took place on 31 May and 1 June 2016 and was unannounced. We last inspected this service in August 2014, at which time we found them to be meeting all of the regulations that we inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Westoe Grange. Staff understood their responsibilities with regards to protecting people from harm and improper treatment. Records showed there were enough staff employed at the service and staff confirmed this. People told us the staff responded to them promptly and medicines were given on time.

Policies and procedures were in place to ensure the smooth running of the service. Care needs were thoroughly assessed and person-centred care plans were drafted. Risk assessments were regularly reviewed and preventative methods were recorded to reduce the likelihood of a repeat event.

Accidents and incidents were recorded, investigated, analysed and monitored for trends. Action plans were in place to address shortfalls and drive improvements through the service. The manager recorded all incidents and escalated them to external bodies such as the local authority and CQC as necessary.

Checks on the safety of the home were carried out regularly by on-site maintenance staff as well as by external professionals where necessary. Personal emergency evacuation plans were in place.

Medicines were managed in line with safe working practices. They were administered safely and hygienically and medicine administration records were maintained and up to date.

The manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and their own responsibilities. Staff worked in people's best interests and we saw these were documented in line with MCA principals.

Staff supported people to maintain a healthy, well balanced diet. People told us the food was lovely and they enjoyed a variety of meals. The chef catered for people's likes and dislikes.

Staff received an induction upon commencement of their employment and they were trained in topics specific to their role. Formal supervision and appraisals were carried out routinely.

Staff interacted well with people and demonstrated genuine, kind and caring attitudes. We saw staff offered people choices and encouraged them to make decisions about aspects of daily life. People were respected by staff and their privacy and dignity was maintained.

People engaged in a variety of organised activities. They were supported by staff to maintain links with their family and the community by encouraging visitors into the home without restrictions. Group activities and one to one sessions took place and the service sometimes hired a minibus to facilitate day trips.

People and their relatives knew how to complain and told us they would feel confident to approach the staff or manager if something was wrong. Resident and relative meetings were held and a quarterly survey was used to gather feedback and opinions about the home and the service.

The manager held a comprehensive set of records, audits and action plans which demonstrated they monitored the quality and safety of the service. The provider had oversight of the service.

Staff told us they were happy to work for the provider and enjoyed a good relationship with the people who lived at Westoe Grange.

## 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.

Safeguarding policies and procedures were in place and staff understood their responsibilities.

Individuals risks which people faced were assessed and monitored.

The premises were well maintained and the necessary safety checks were undertaken.

Staffing levels were adequate and people told us staff responded to them promptly.

Medicines were managed safely and hygienically.

### Is the service effective?

Good

The service was effective.

Staff were fully inducted and trained. Refresher courses took place regularly. Routine supervision and appraisal meetings took place to support staff in their role.

Staff communicated well with each other and the management. Various methods were used to ensure effective communication took place.

The manager had staff had a good understanding of the MCA and its principals.

People told us the food was lovely. The catering team were well organised and met the dietary needs of people.

### Is the service caring?

Good

The service was caring.

People told us the staff were friendly and caring.

Individual diverse needs were assessed and catered for. People's

differences were respected by staff.

The service had appointed 'dignity champions' to further promote dignity in care. We observed staff protected people's dignity and maintained privacy.

The service provided relevant advice and guidance for people which was on display around the home.

## Is the service responsive?

Good

The service was responsive.

Care needs were individually assessed and support plans were person-centred.

Care monitoring tools were completed to monitor people's well-being more closely. All documentation was regularly reviewed and updated as necessary.

People engaged in a variety of meaningful activities including, one to one sessions and day trips.

There was a complaints policy in place and people knew how to complain. The complaints we reviewed were investigated and responded to in a timely manner.

## Is the service well-led?

Good

The service was well-led.

The staff were happy in their work and told us they were supported by the manager and provider.

There was a registered manager in place and we found they were meeting the requirements of the Health and Social Care Act 2008.

Staff meetings took place. Best practice ideas, complaints and incidents were shared as learning opportunities.

People and their supporters were consulted via meetings and surveys to gather feedback about the service.

Audits of safety and quality took place and action plans were drafted to drive through improvements to the service.

# Westoe Grange Care Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 31 May and 1 June 2016 and was unannounced. This means the provider did not know we would be visiting. The inspection team consisted of one adult social care inspector.

We reviewed all of the information we held about Westoe Grange prior to the inspection including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their registration obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We contacted the local authority contract monitoring team and safeguarding adult's team, to obtain their feedback about the service. We also asked external health and social care professionals for their experiences of the service. We asked the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information informed our planning of the inspection.

During our inspection we spoke with seven people who lived at Westoe Grange. We spoke with nine members of staff including the registered manager, the deputy manager, senior care workers, care workers, the activities coordinator and catering staff, who were all on duty during the inspection. We also spoke with two relatives of people who used the service, who were visiting at the time. We spoke with two paramedics who were visiting the service at the time to escort a person for a non-emergency hospital admission.

We spent time observing care delivery at various times throughout the day, including the lunchtime and teatime experience in the dining room. We carried out some observations using 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 carried out an inspection of the treatment room where the medicines were kept and looked at the kitchen and food preparation areas. We also observed people engaging with activities.

We examined four people's individual care records in depth. We also looked at other elements of people's care, including generic risk assessments and medicine administration records.

We looked at four staff files, including a mix of staff who carried out care and non-care related roles. Additionally, we examined a range of other management records which related to the quality and safety of the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe residing at Westoe Grange. The relatives we spoke with confirmed this. We heard comments such as, "I'm happy here, I feel safe." and "There is nothing to worry about here". The local authority officers who provided feedback told us they had no concerns about the service at present.

Policies and procedures were in place to protect people from abuse. The manager used a multi-agency threshold tool as guidance to escalate reportable incidents as necessary to the local authority and CQC. Staff displayed a good understanding when we asked them about their role and responsibilities and records showed they had been trained in safeguarding procedures. This demonstrated that the provider protected people from harm or improper treatment.

We reviewed 12 minor safeguarding incidents which the manager had referred to the local authority. We saw these were documented, investigated and preventative measures were put in place to reduce the likelihood of a future event. The manager used a 'consideration tool' to decide if incidents were more serious. These were also referred to the local authority adult safeguarding team and we saw records of thorough investigations, strategy meetings and outcomes clearly documented. Accidents and other incidents including falls were also recorded, analysed and monitored for trends. Actions taken included the consideration of assistive technology, medicine reviews and safety equipment put in place.

Risk assessments were in place to support staff to manage peoples' care needs. Care records showed people's individual needs had been assessed and any aspect considered a risk was documented with control measures and preventative actions. For example, people with a mobility support plan had a falls risk assessment, moving and handling plan and an equipment assessment completed. We saw the records took into consideration the person's ability's in order to promote independence and these were regularly monitored for changes in needs and updated.

Personal Emergency Evacuation Plans (PEEP's) were created and stored in a central file which was held by the manager. These are plans which the staff devise after assessing a person's ability to escape in the event of an emergency, such as a fire. All the staff we spoke with were confident with the emergency procedures. Firefighting equipment was in place and we reviewed records of practice evacuation drills which had taken place. A business continuity plan was also in place in the event of major disruption to the service.

The premises were well maintained and safe. The main entrance was secured with a keypad entry and exit. People were offered a key to their own bedroom. An emergency call bell system was installed throughout the home. We examined records which related to the safety of the premises, equipment and utilities being used. Safety checks on gas, electricity and water which must be carried out in line with the provider's legal responsibility as the landlord were arranged and carried out as necessary. Other safety checks were routinely carried out by the maintenance and catering staff. There were no issues with infection control. We observed the home to be clean and comfortable with no malodour.

Everyone we spoke with told us they thought there was enough staff working at the home. We observed the

staff go about their duties in a relaxed manner. They had time to sit with people and chat in between their care tasks. The people and relatives we spoke with told us the staff responded to them in a timely manner. We reviewed the duty rota for the week of inspection and it reflected the staff on duty. The manger told us she used a dependency tool to determine staffing levels. A dependency tool is a way of assessing the needs of the people living at the service and calculating how many staff are required to safely support people. The manager reviewed this monthly.

The recruitment of staff was robust. The staff files we examined contained evidence of application, interview and pre-employment vetting checks being carried out. Two written references were obtained, identity was verified and a DBS check was completed. The Disclosure and Barring Service (DBS) check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are to be employed. We asked the staff if these checks had been carried out and they confirmed that they had. Records which related to monitoring of staff sickness absences and any disciplinary action taken were thorough. This showed that the manager ensured staff were suitable to work with vulnerable people and that their performance was monitored.

We spent time with two senior care workers and discussed the medicines policy. They explained the procedures regarding receiving, storing, administering and disposing of medicines. We found these procedures were in line with national best practice guidance. During an inspection of the treatment room we found medicines were stored safely and securely. We observed the room was locked each time it was left unattended. Within the locked room, there were locked cupboards and a locked trolley which contained each person's individually labelled medicine, surplus medicine and controlled drugs. Controlled drugs are those medicines which require tighter legal control measures under the Misuse of Drugs Act 1971. We carried out a random check on the stored medicines and the controlled drugs. We found them to be accurate. Medicines which are only taken when required, such as for pain relief were also well managed and individually labelled. A refrigerator was in place for those medicines which require refrigeration. Staff completed checks on the temperature of the refrigerator and the room. Daily, weekly and monthly auditing took place to ensure that medicines were administered safely and to ensure staff maintained records which were accurate. Medicine competency checks were carried out with staff by a local pharmacist and reviewed by the manager.

We observed one senior care worker administering medicine to four people. People were approached sensitively and the medicine was administered safely and hygienically. The senior care worker spoke gently with people, providing reassurance and encouragement. Medicine administration records (MAR's) were completed after each medicine was given. This meant accurate records were made as people accepted or refused their medicine.

Good

# Is the service effective?

## Our findings

Staff were knowledgeable in key topics such as safeguarding, medicine administration and health and safety. They had received training from internal and external training providers, including healthcare professionals who had provided specific instructions about individual's support needs. Specific training related to the needs of the people who lived at the home such as dementia and challenging behaviour had also been undertaken. One person told us, "They (staff) work really hard; they know what they are doing."

Records showed staff completed refresher courses. Evidence in staff files showed all staff had received an induction upon commencement of their employment which was specific to their role, and had completed a probationary period. The manager had given staff the opportunity to progress within the care sector and they had achieved qualifications at a higher level. Staff files showed staff had been promoted within the company.

Supervision and appraisal took place regularly. Supervisions covered key aspects of the staff's role such as safeguarding, record keeping, dignity, respect and equality. They were also based around the 6C's. The 6C's – Care, compassion, courage, communication, commitment and competence are a set of values and behaviours set out by NHS England. We found each supervision quite repetitive and had been pre-populated, however we saw written evidence overleaf which showed a discussion had taken place with each staff member. Staff confirmed they did receive regular supervision sessions. We discussed with the manager to vary the supervision themes to ensure they remained relevant and current. Appraisals were carried out annually to review the overall training and development needs of the staff and to set targets for the staff to achieve in the year ahead. This ensured staff continued to develop in their role and made sure their competence was maintained.

We attended a 'handover' meeting between staff as they changed shifts. Communication was good between the senior staff leading the handover meeting and the staff who attended. Each person's clinical and social needs were discussed and updates or actions which needed to be addressed were shared. Keyworkers made notes about the people they were responsible for. Issues to be actioned were delegated appropriately. A diary was maintained by senior care workers to track key information and appointments. The manager or deputy manager also attended these meetings to ensure there was management oversight. We reviewed handover notes from previous sessions which showed information about people and their needs were always discussed amongst the team. The staff also maintained daily notes about each individual to ensure other staff knew what had occurred prior to them coming on duty. Effective communication meant that all staff could carry out their role responsibly.

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in

care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The deputy manager told us and records confirmed that 10 people who lived at the home required a DoLS application. These decisions and others regarding finances, health and well-being had been made in the person's best interests and other relevant parties such as relatives, GP's and social workers had been involved in the process. Best interest decisions were reviewed regularly and the manager monitored when further applications for extending these authorisations were required. The manager had also notified the Care Quality Commission of these applications as they are legally required to do so.

We spoke to the catering staff in detail about managing the kitchen and providing a service to the people who lived at the home. We also observed the lunchtime and teatime experience over two days. A member of catering staff showed us around the kitchen facilities. We saw there was a board on display which indicated 'special dietary needs' people may have such as pureed food, a soft diet or allergies. Specific 'dislikes' were also noted. The catering staff visited new people to talk to them about their preferences. We saw a 'communication book' was in place to record information between the catering staff to ensure the team were made aware of any changes to people's dietary needs. The kitchen was clean and tidy with separated food storage and preparation areas and utensils. The service had implemented best practice guidelines in the kitchen area to ensure high food safety standards were achieved.

The dining room was set out invitingly. Tables were covered by tablecloths, condiments, cutlery, cups and saucers set out ready for people to arrive. We saw the staff set out specific cups or mugs which people preferred to use. People had chosen their lunch earlier in the day and the staff worked well together to serve people at the tables quickly. The food looked appetising and well balanced. People appeared to enjoy their meals. We heard positive comments such as, "There's nice food here, I like the curries" and "I like the food they make here." Catering staff told us a bigger meal was usually served at lunchtime and we saw the options displayed on a menu board in the dining room. The catering staff told us alternatives were always available and they were prepared to make "anything they could to keep people happy." The chef told us, "I have made some tomato soup for (person) as I know he prefers that to pea and ham" and "I have also made (person) waffles and fried eggs as that's his favourite, he didn't want today's choices." One person told us, "The food is lovely and I usually have it in the dining room, but I have been poorly so I just opted for a sandwich in my room instead today."

We observed the staff used coloured plates, cups and adapted cutlery to assist some people which allowed them the independence to eat their meal without staff intervention. Some people changed their mind about the earlier choice they had made and others asked for a 'swap' once they saw the food. Staff facilitated all the requests to change meals and alternatives were quickly arranged. Staff circulated around the room and sat with people to encourage them to eat where required. Some people required more assistance and we saw staff discreetly assist only as necessary. Allergen information associated with the daily menu was also on display in the dining room to ensure staff could identify possible areas of risk at a glance.

'Hydration stations' were situated around the home. These were stocked up and refreshed throughout the day with juice and fruit. This was to ensure people maintained good fluid intake and had access to additional portions of fruit to promote a healthy diet. We spoke with three people while they enjoyed a 'cuppa and chat' with the staff in the afternoon. Cheese, biscuits, crisps and fruit were served with hot and cold drinks.

Care records showed people had access to external healthcare professionals to support their health and

well-being. A section of the care files was dedicated to professional visits and we reviewed notes written by staff regarding GP's, district nurses and other external professional's visits and the additional input they had provided. Reports and written instructions from external professionals were shared by keyworkers to other staff as necessary. One person said, "We are well looked after, they call a doctor if we need one. The chiropodist comes in too."

The property was purpose built and adapted to suit the needs of the people who lived there. The décor in the communal areas was homely and welcoming. Some best practice guidance around dementia care had been considered when decorating the home. For example, walls were painted with a contrasting colour from the floors, ornaments and artefacts were on display to stimulate memories and conversation. Communal rooms had pictorial and word signage on the doors to make it easier for people to understand and navigate themselves to where they wanted to be .Easy chairs were situated throughout the corridors to enable people to relax in different areas of the home. We spoke with one person who liked to sit next to the newly introduced computer. We saw with the support of staff he was able to access 'YouTube' and play music throughout the home. He told us, "I like sitting here."

There was ample communal space for people to access and to enjoy the company of others whether that was watching TV or joining in with activities. People had personalised their bedrooms with furniture and pictures from their own home. Each bedroom door had a sign with the person's name and photograph on it. All bedrooms had their own en-suite facilities. There were handrails in place round the home, larger shower rooms with walk-in facilities as well as bathroom's with bath lifts.

Good

# Is the service caring?

## Our findings

The staff displayed a caring, kind and friendly attitude towards people and visitors. We observed lots of positive interactions throughout the inspection and staff clearly knew people well. For example, staff addressed people by name and instigated conversations by asking after relatives and other visitors. People made comments such as, "The staff are friendly" and "The staff are wonderful". Two visiting paramedics told us, "There's nice staff here… friendly". A relative told us, "They look after me when I'm here, they even know my name and I don't even live here!"

Staff told us they had untaken equality and diversity training and we saw how diverse needs were identified in care records, such as medical, social and religious. Staff told us how they treated people equally but understood that everyone was individual. Records showed some people had enjoyed a home visit from their local priest whereas others had enjoyed a trip out to the local pub.

Wherever possible people had consented to the care and support they received or their relatives had agreed to it on their behalf. People and those who mattered to them had taken part in their care planning and reviews. Some people had declined the option of holding a key to their bedroom. We saw people had signed consent forms allowing the staff to hold a key instead. Relatives told us there were no restrictions on visiting and they were welcomed anytime. One person and their relative told us they had taken part in the 'residents' meeting and they had found it valuable. "We talked about dignity and what it meant to us" they added. The service was in the process of setting up a 'visitor's forum'. We saw posters around the home asking for friends and relatives to join in with discussions and decisions about the running of the home.

The home had appointed 'dignity champions'. This meant specific staff members took on the responsibility of leading in this area and shared advice and best practice with their colleagues. Their aim was to 'provide high quality services that respect dignity'. A specific 'dignity' noticeboard had been set up with up to date information and news articles on display, including internet research and real life stories.

Notice boards displayed around the home provided information and guidance for people which included leaflets on falls prevention, influenza and advocacy services. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. The service promoted access to formal advocates if people needed this support. Care records showed that most people had family who acted on their behalf informally. Some people had legal arrangements in place with relatives acting as a lasting power of attorney for finances and health matters and this was also evidenced in care records.

Information about the providers safeguarding and complaints policies were on display along with their statement of purpose.  We saw Westoe Grange had been recognised for its commitment to 'creating a better life for people with dementia' by the local care alliance.

Staff told us they respected people's privacy and sometimes people liked to stay in their rooms. They also told us they maintained privacy and dignity by drawing the curtains and ensuring doors are closed when

they attended to personal care. We saw care staff discreetly assist people to eat or to use the bathroom in order to uphold dignity. We observed one interaction when a staff member came to check on a person who was sitting alone in the conservatory. The person said, "I just wanted to be on my own, I was in a funny mood". The staff member comforted them and said, "Have you had enough time to be on your own, do you want to come and join us through here". "Yes I do" was the response. This demonstrated the staff were respectful of people's privacy but also they showed concern for the person's well-being.

There was nobody receiving end of life care at the time of our inspection but staff records showed some care staff were trained in this area to enable the service to be able to provide this level of care if anyone wished to remain at the home during this time. Care records showed that staff had discussed end of life wishes with people on admission and during reviews to ensure they were up to date with people's wishes.

Good

# Is the service responsive?

## Our findings

The care records we examined were detailed and informative. Each person had been given a named keyworker. Keyworkers had the responsibility to ensure the records were reviewed and kept up to date. Pre-admission assessments were carried out in order to ensure the service could meet the person's needs and to allow the person or their advocates the opportunity to decide if Westoe Grange was a suitable place to reside. The care records were organised into five sections which covered; personal information such as life history, daily routine and consent; daily reports and monitoring charts; support planning such as, personal care, mobility and dietary needs; review documentation and miscellaneous information and correspondence relating to appointments and financial affairs.

Daily notes and monitoring charts were in place to record information about people's weight, food and fluid intake and skin integrity issues. We reviewed these documents and cross checked them against individual care records. The monitoring tools were completed on consecutive days, signed and dated by staff. Care staff recorded their observations in relation to general well-being, pressure areas, mealtimes and activities. External additional information was kept in files about people's care needs, such as shared documentation from partnering organisations, such as the NHS or local authority.

Care records were person centred and contained specific information relevant to each person. For example, we saw social history documentation containing information about the person's life history, family and memorable places such as school, weddings, jobs and holidays. In one record we reviewed, a dietary notification was completed for the chef. It read, "Additional calories required from butter, cream, full fat milk and cheese. Extra snacks and desserts must be offered when intake is poor." The records we examined had been recently reviewed, and a meeting held between the person, their relative and their keyworker. The manager had signed off the review and acknowledged any changes to support plans.

The service used a separate transferable document which captured the identity of the person and their basic needs to share important information with other professionals in the event of an emergency admission to hospital. This ensured effective communication took place.

The service recently hosted a charity evening at the local pub. People we spoke with told about the event and how much they had enjoyed it. Staff, management and provider representatives had also attended along with relatives, friends and members of the community. One person told us, "I had a lovely time on Friday night – my family did too…I couldn't dance though!" they joked.

A newly appointed activities coordinator was in post and they told us they had been allowed to develop the role with the manager's support. They had researched activities online and evaluated the benefits of the activities for older people and people living with dementia. A variety of activities were in place on the current programme including guest speakers, quizzes, crafts, a petting zoo, exercises, and one to one time. People told us about going for a walk with the activities coordinator. One person said, "She is wonderful, she tries her best at everything she does." Daily record sheets were completed by the activities organiser and the night staff transferred this information into individual care records. The activities coordinator had also

created a 'pick up' shelf in the store room with pre-arranged activities set up so care staff could just pick them up and use them if people were looking for something to do when the activities coordinator wasn't on duty. The service has also purchased an electronic tablet (hand held computer) and had set up a 'Skype' account. Skype is a computer application which allows people to video call others on their electronic devices. People told us about 'skyping' their relatives. One person said, "I am waiting for my relatives in Australia to sort out an account…then we will be able to chat".

The service was in the process of building up resources for activities suitable for people with dementia. They had invested in a 'sounds' bingo game. This enabled people to enjoy bingo but without the pressure of looking for numbers at speed. The game involved a sound being played and people matching the sound with a picture on their bingo card. Other activities such as reminiscence sessions were being built on with the introduction of images of the local area, local streets and memorable events. The idea was to upload these images onto a DVD and play it on the large TV screen to stimulate memories and conversation.

The service had a complaints policy in place. People told us they knew how to complain and wouldn't hesitate to speak to the manager if something was wrong. Relatives echoed this. The policy was also on display on notice boards around the home.

The manager held comprehensive records with regards to concerns and complaints. We reviewed four minor concerns which had arisen in the last six months. We saw these were resolved immediately by the manager taking action. There were no formal complaints logged for 2016, however we were able to review some historical complaints in order to ensure the policy has been implemented. We saw details of the complainant and their issues were logged, along with any remedial action, investigatory notes and outcomes. These complaints were resolved within the given timescale and signed off by the manager. Actions taken had included the immediate re-assessment of a person's needs, hourly observations by staff to check a person's well-being and the involvement of external professionals. We saw the manager had communicated well with the complainants, keeping them up to date by telephone calls and a written letter summarising the outcome and actions taken.

Good

# Is the service well-led?

## Our findings

Staff told us they were happy working at Westoe Grange and felt supported by the management and provider. Comments included, "I'm happy, it's a good place to work", "There's good morale, it a massive family", "(Manager) is a very good manager, it's a friendly bunch here" and "It's the best home I've worked in, they really get involved". Relatives told us the staff and managers were approachable and they had no hesitation in speaking to anyone. We observed the manager and staff talking to people and relatives throughout the inspection, promoting an open and transparent culture.

There was a registered manager in post. This meant she had accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service was run. The manager was supported by a deputy manager and six senior care workers.

Prior to the inspection we checked our records to ascertain whether statutory notifications were being submitted and we found that they were. The manager had sent several notifications to us about applications for DoLS and notifications of deaths or other incidents which had occurred at the home.

Staff meetings took place regularly and notes were taken. We found staff were involved and key topics and relevant issues were discussed including sharing best practice ideas, complaints and incidents to ensure everyone learned from them. For example, following an unannounced inspection from the local authority in February 2016, the manager shared the feedback with staff regarding the improvements and progress the local authority staff had identified.

The manager kept comprehensive audits about all aspects of the service, such as the dining experience, infection control and medication. All audits were signed off by the provider's compliance manager. Action plans were in place to address the individual issues raised. For example, during a cleaning audit, where stains had been identified on carpeted areas, this was immediately addressed with the domestic staff to have the carpets cleaned.

The provider ensured they had an overview of the service and carried out their own monthly quality audit. The compliance manager spoke with people and staff and observed interactions around the home. They also inspected records such as complaints and matters raised. An action plan for the operations manager was completed monthly. Key Performance Indicators (KPI's) were set as a target and aspects such as business management and health and safety were measured against these. This demonstrated that good leadership was visible at all levels which inspired staff to provide good quality care.

The manager had issued surveys to people, their relatives and staff to monitor quality and satisfaction. The surveys evidenced when feedback had been given, action was taken to address this. Results were positive overall, for example 29 people said they were happy with the activities provision, however five people said they were 'sometimes' were happy and one person said they were not happy. The manager spoke with those people individually to resolve issues and achieve satisfaction.

The manager had built community links which benefitted people who lived in the home. People engaged in activities locally and the manager arranged for community groups, musicians and entertainers to visit the home to ensure inclusion and socialisation.