Western Park Leicester Limited

Western Park View Nursing Home

Inspection report

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13 January 2017

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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?	Requires Improvement

Summary of findings

Overall summary

Western Park View House provides nursing and personal care and accommodation for up to 60 people. The registered manager informed us that 51people were living at the home.

This inspection took place on 11 and 13 January 2017. The inspection was unannounced on the first day and was carried out by one inspector 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. Our expert for this inspection had experience of the care of older people. They attended for the first day of the inspection.

A registered manager was in place. 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 using the service and their relatives we spoke with said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and generally understood their responsibilities in this area.

People's risk assessments provided staff with information of how to support people safely. Staffing levels were sufficient to ensure people were safe. People using the service told us, in the main, they thought medicines were given safely and on time. There were systems in place to ensure that the premises were safe for people to live in.

Staff had been subject to checks to ensure they were appropriate to work with the people who used the service.

Most staff had been trained to ensure they had the skills and knowledge to meet people's needs though more training was needed in specific areas to ensure staff had the skills and knowledge they needed to meet all of people's assessed needs.

Staff generally understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives, and the service had obtained legal approval for limiting people's choices when necessary for their best interests.

People had plenty to eat and drink, everyone we spoke with told us they liked the food served and people were assisted to eat when they needed help. People's health care needs were met.

People and their representatives told us that staff were friendly and caring and we saw many examples of staff working with people in a kind and compassionate way.

There was some evidence that people and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs. There were sufficient numbers of staff to ensure that people's needs were responded to in good time.

Activities were organised to provide stimulation for people.

People and relatives told us they would tell management or staff if they had any concerns and they were confident they would be followed up.

People, their relatives and staff were satisfied with how the home was run by the registered manager. They all said that this was a well led and well run service.

Not all safeguarding incidents had been reported to CQC as required, which meant we were unaware of all the issues relating to people's safety which prevented a comprehensive risk assessment to see when the service should be inspected.

Management carried out audits and checks to ensure the home was running properly to meet people's needs, though analysis of issues had not always taken place to ensure incidents could be prevented in the future.

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.

People and relatives told us that people were safe living in the service. People had risk assessments in place to protect their safety. Staff recruitment checks were, in the main, in place to protect people from unsuitable staff. There were enough staff to safely meet people's needs. Staff knew how to report any suspected abuse. Medicine had been supplied to people as prescribed.

Is the service effective?

Good

The service was effective.

Staff had been trained and supported to meet people's needs, though more training was needed for some staff to enable them to effectively meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had plenty to eat and drink and told us they liked the food served. There was collaboration with and referral to health services to maintain people's health.

Is the service caring?

Good

The service was caring.

People and their relatives told us that staff were friendly, kind and caring, which we observed in all interactions except one. Staff protected people's rights to dignity, independence and privacy. People or their relatives had the opportunity to be involved in planning for care needs.

Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided which responded to people's needs. Staffing levels were in place to ensure responsive care had been provided. A range of activities were available to people. Management listened to and acted on comments and

concerns.

Is the service well-led?

Requires Improvement

This service was not consistently well led.

Information regarding allegations of abuse had not always been sent to CQC as required. Not all issues identified in quality assurance processes had been acted on. People and their relatives told us that management listened to and acted on their comments and concerns. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

Western Park View Nursing 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.

The inspection team consisted of an inspector 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. Our expert for this inspection had experience of the care of older people.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We observed how people were supported during their lunch and during individual tasks and activities. 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 also spoke with seven people living in the service, two relatives of people living in the service, the registered manager, the regional manager, a registered nurse employed by the service, three care workers, the housekeeper and the cook.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Good

Is the service safe?

Our findings

All the people living in the service the home said that they felt safe. The relatives we spoke with also said their family members were safe living n the service.

Staff had been made aware of how to keep people safe. For example, staff were observed safely using both the hoists and rotunda. Two members of staff were always available to assist people to move safely. Staff spoke to people while they assisted them the person throughout the time of this procedure and checked that they were comfortable. A relative confirmed that the transfer of people using the hoist was always carried out in a safe manner. Staff members gave other examples of keeping people safe, such as always checking moving and handling equipment before it was used to ensure that the battery was working and to ensure bumper cushions were fixed to bed rails to prevent people's limbs getting trapped.

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. Care records contained individual risk assessments completed and regularly updated for risks, including for falls, help with moving safely, how to deal with behaviour that challenged the service, and risks of developing pressure ulcers. The staff we spoke with were been aware of their responsibility to report any changes in people's needs and act on them.

For example, a person was assessed as being at risk of developing pressure sores. The risk assessment included relevant information such as the provision of a specialist mattress, use of a pressure cushion when sitting and the need to protect the person's skin by the application of barrier cream. We saw this equipment and cream was in place. There was also information directing staff to regularly reposition the person in bed to protect their skin. We looked at records and these indicated these measures had been carried out. On a small amount of occasions, some assistance was provided was later than the agreed time. The registered manager said this would be followed up with staff, as she thought this was a lack of recording rather than staff not carrying out the procedure.

There was information in a person's care plan that they should be assisted to eat soft foods to ensure they were protected against the risk of choking. We spoke with the cook who showed us relevant information as to people's nutritional needs which was followed to ensure the food provided was safe for them person to eat. This showed that relevant information was available to staff to keep people safe. We observed staff following these safety issues and people being provided with appropriate diets.

During the visit we saw no environmental hazards that might put people's safety at risk from, for example, tripping and falling. Health and safety audit checks showed that water temperatures had been checked, there was servicing of equipment such as hoists, and fire records showed that there was a regular testing of equipment and fire alarms. Regular fire drills had taken place to ensure staff had the knowledge to keep people safe during a fire incident. The fire risk assessment set out that there were safe fire precautionary systems in place.

The majority of people spoken with said that there were enough staff on duty to safely care for people. A

relative told us, "I like the fact that there is always at least one member of staff in the lounge at all times. It means there is someone there should they be needed." We observed this to be the case throughout the inspection visits. For example, if a staff member needed to leave the lounge, they would only do so once they had another staff member was present in the lounge. We observed that people who needed assistance did not have to wait long for a staff member to support them. Staff also told us they believed there were sufficient staff on duty to ensure people were safe. This meant that people's care needs could be safely met at all times.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, work checks had been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character. This showed that, in the main, the necessary documentation for staff was in place to demonstrate staff were safe to supply personal care to people. The registered manager followed this up by the second day of the inspection visit and outlined the measures that had been taken to ensure that people were safe.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority as required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager did not deal with them on their own. We saw evidence of an incident where the registered manager had cooperated with the local safeguarding team with regard to a safeguarding incident in order to keep the person safe.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "I would report it to management straightaway. If they did not do anything I would go to social services." The provider's safeguarding (protecting people from abuse) policy set out the role of the local authority in safeguarding investigations, although it was not completely clear that staff should always report such incidents to the local authority or to CQC. The whistleblowing procedure did not have the telephone number of CQC or contact details of the local authority, if staff needed to bring concerns to the attention of outside agencies. The regional manager said these issues would be amended in the procedures, and we were supplied with updated copies after the inspection visit.

All the people we spoke with, except one, said they received their medication on time. One person told us that staff did not give their medicine at the correct time. They said they needed their medicine to be taken before they had food. If not they experienced a severe side effect. This had been discussed with staff but the person said the issue had been unresolved. The registered manager followed this issue up and said medicine was given at the correct time, though it could have been an issue with an agency staff member. They said they would discuss this with the staff member in question to ensure medicine was supplied at the right time. Relatives told us that as far as they were aware, there had been no problems with people receiving medicines from staff.

We observed medicine being given. The staff member explained what the tablets were for to people who requested this information. A person told us they could ask for a painkiller when they needed it, and they were supplied with it.

A system was in place to ensure medicines were safely managed in the service. Medicines were kept securely and only administered by staff that had been trained and assessed as being able to do this safely.

We looked at medication administration records for people using the service. These showed that medicines had been given and staff had largely signed to confirm this. There were a small number of occasions where staff had recorded a code as to why a person had not received their medicine. However, there was no explanation indicating why this was the case. The registered manager thought this was because medicine was supplied to people as they needed it, but said she would follow this up with staff to ensure records were clear why medication had not been supplied.

We observed some people being given their medicines by staff. This was carried out properly. People were encouraged to take their medicines and were given fluids in order to be able to take their medicines more comfortably. There were medicine audits undertaken so that any errors could be identified. Temperature checks for the fridge holding medication had been carried out and these were generally in line with required temperatures to make sure the effectiveness of medication was safely protected. The registered manager said that air conditioning had been ordered for the medicine room to ensure the temperature of the room did not become too high to lessen the effectiveness of medicine.

We saw protocols in place for PRN (as needed) medicines. Protocols ensure that medicine is supplied consistently to people to ensure their health needs are safely met. A person told us that they always received their PRN medicine when they requested it.

Good

Is the service effective?

Our findings

People and the relatives we spoke with said care and support was effective and they thought staff had been trained to meet people's needs.

Staff said that the training they had received had been effective, in the main, in giving them the right skills and knowledge to enable them to support people appropriately. A member of staff said, "Training is good and we are encouraged to do other training as well." Staff told us there were always opportunities to discuss any issues with senior staff to help them provide effective support to meet people's needs.

The staff training matrix showed that staff had training in essential areas such as fire safety training, protecting people from abuse and moving and handling techniques. We also saw evidence that a number of staff had qualifications related to their role. Others had been encouraged to undertake vocational training so that they had the knowledge and skills to provide effective care to people. There was also information available to staff in some people's records of the person's health conditions. For example, if a person had a specific medical issue there was information in their records to help a person had inflammation of the spinal-cord. This helped staff understand this person's condition and the effect of the person's well-being.

We saw that new staff were shadowed by other care staff. Staff said this had been very useful in being shown how to provide care and being able to seek advice on how to effectively meet people's needs. We saw that induction training had been provided to help ensure that when people began work at the home they had the skills and knowledge they needed, such as how to transfer people safely to ensure that staff understood how to provide effective care to people.

Some staff had not received training in relevant issues such as health conditions, and end of life training. The registered manager said she would arrange further training and following our inspection visit sent us information confirming this. This would mean that staff would be fully trained and supported to be aware of and able to respond effectively to all of people's assessed needs.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We saw that staff had received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and this legislation was were being followed. We found that some people had an approved DoLS in place which covered issues such as

needing assistance with personal care and medicine. There was evidence in place that all the people living in the home had been assessed for their capacity to make decisions.

We asked staff about how they provided care to people. They said that they talked with them, put them at ease and asked for their consent before supplying personal care. This showed us that staff understood that they needed to seek people's approval before providing them with care and support. At all times during the inspection we observed staff explaining to people what care they were going to provide and seeking their consent before supplying this.

All the people we spoke with said they thought the food and drinks they were supplied with were good. A person told us, "I told them [staff] I don't like soft foods like stews and they altered my choices for me." We looked at menus and found that there was a choice of food, with other options available if needed. Staff provided assistance to people who needed help to eat. For example, they assisted people to eat at their own pace so they were not rushed and could enjoy their food.

We observed lunchtime. Staff offered a glass of cold squash to people before giving them their meal. The staff member serving the meals immediately asked people if they wanted the meal cut up and did so if requested before continuing with serving lunch.

One person spoken with did not believe they had enough food offered in the evenings and told us that they purchased their own snacks. This was discussed with the registered manager who said food was always available to people. On the second day of the inspection visit, the registered manager said the person had been informed that they could have food at any time.

People had eating and drinking care plans which included a list of their likes and dislikes, weight charts, and risk assessments concerning their nutrition and hydration. Food and fluid charts were in place for people who needed their intake monitored. When specialist advice was needed we saw evidence that staff referred people to relevant professionals. For example, a person's record showed staff were concerned about them losing weight and referred them to a dietician who prescribed dietary supplements and fortified meals.

People with swallowing difficulties were supplied with soft and pureed food to help them eat the food. The food served appeared of good portion size and was nutritious.

We saw that people were offered drinks of their choice frequently by staff. People also told us that drinks were available at any time and we saw that staff encouraged people to drink. This prevented people suffering from dehydration.

The cook had a good understanding of the nutritional needs of people and their individual likes and dislikes. They told us that when a newly admitted person came into the home to live, she was supplied with information by management about their nutritional needs. The cook supplied us with evidence of people's food needs, such as providing a soft food diet for people with swallowing difficulties and adding butter and cream to food to help people at risk of losing weight to boost their weight.

These were examples of effective care being provided to ensure that people's nutritional needs were met.

People told us they were satisfied that staff had ensured they had prompt access to health professionals when needed. Relatives told us that medical support, particularly the GP and ambulance, were called when necessary. A visiting nurse said that staff always followed their instructions and referred people for assessment and treatment when necessary. Staff gave us examples of when they had reported to

management about people who were feeling unwell. For example, a person had not been eating and was lethargic. This was reported to management and they called the GP who diagnosed an infection. New medicine was prescribed and the person's health recovered. In another person's care records, we saw that the person had a suspected chest infection. Staff called the GP who visited and prescribed antibiotics, which improved the person's condition. These were examples of people's healthcare needs being met at the service.

We saw records of accidents. We found staff had referred people to medical services when they had a potentially serious accident. Staff told us that they were able to alert management staff to medical concerns and these issues were followed up. For one person who had fallen, appropriate action was taken to involve medical services.

Good

Is the service caring?

Our findings

People and relatives told us staff were friendly and caring. One person told us, "They [staff] always knock on the door before coming in and they tell you what is going on. I think this shows that privacy is respected." We saw staff protecting people's privacy throughout the day when people needed assistance.

Staff were seen to be caring while assisting people in the day as well as having positive conversations with them. Staff were heard gently telling people what was happening in the service and checking they were okay. One staff member discussed gardening with a person living at the home, which was their hobby. This conversation had a positive effect on the person who talked about various jobs and activities they would be able to do as soon as the weather improved.

A relative said "They [staff] always talk nicely to people and they have so much patience with everyone." A person living at the home told their relative that, "The company of [the]….. staff keeps me going."

We observed that staff being, in the main, respectful and caring in their dealings with people living in the home. All staff, whether they were care staff, kitchen staff, or the activities person, staff talked with people in a friendly way and this created a relaxed atmosphere. People coming into the lounges were greeted by their names in a friendly and welcoming fashion. There was one occasion where a person persistently asked for a drink. The staff member nearby did not respond and appeared to ignore the person. The registered manager said this issue would be taken up, as it was not acceptable practice to ignore a person's request.

All the people we spoke with said they felt listened to by staff and enabled to be as independent as possible. A staff member told us that a person had struggled to use a knife and fork so they were provided with special cutlery. This enabled them to feed themselves independently. Another staff member said if people were able to wash themselves staff would only provide assistance when needed. This promoted people's independence.

We saw in care plans that people or their relatives indicated they had been involved in setting up their own care, though no one except one relative could remember care plans. There was evidence in people's care plans that people had a right to see their care plans and have their needs discussed and agreed within the care plan. The registered manager said people would be reminded they could see their care plans at any time and have them amended if needed.

We saw that a staff member went to get a person a blanket to put over their knees to keep them warm. Staff ensured there was a blanket over people's knees when they were assisting them to use a hoist, therefore protecting their dignity. Staff told us that they respected people's privacy and dignity. They gave us examples of this such as protecting people's dignity during personal care by covering any exposed areas and asking people quietly in communal areas whether they needed to use the bathroom.

All the people we spoke with considered staff to provided personal care when needed and enabled them to make personal choices. We saw examples of those such as staff asking people what drinks they wanted and

what type of biscuits they wanted at morning drinks.

The philosophy of care at Western Park View Nursing Home was set out in the literature of the service. This emphasised respect for people, encouraging independence, respecting privacy and for people's rights and needs to be respected. This orientated staff to provide a caring service. We saw evidence in a staff meeting where management had emphasised that staff must always respect people who lived in the service.

In people's care plans, there was information about their cultural and religious needs and how they should be met. This showed us there was respect for people's cultural and religious needs.

These issues showed that staff were caring and respectful in their dealings with people and respected their rights to choose their lifestyles.

Good

Is the service responsive?

Our findings

People told us that staff looked after and responded to their care and health needs.
A person told us when they first came to the home they were unable to walk, "I now have a frame and I can walk around the home." Another person told us, "I used the call bells […] and they [staff] always come straight away." We saw that when people operated call bells during the day, these were answered within a minute.

Another person said staff listened and always took appropriate action. We observed one person slipping down in their armchair. Staff brought a hoist and gently moved them to a comfortable position then checked that they were comfortable. We saw other instances of staff responding to people's needs. For example, one relative told us that staff responded to the family member's need. They noticed their relative was sitting at a different angle to normal. They called the ambulance and the person was treated.

We saw that staff responded to people's needs in a number of other ways. For example, a person asked for a fruit juice and a staff member got them this immediately. A person's drink was spilled so staff quickly replaced this for them. A person made a request to go to the bathroom. Staff responded quickly to this request. A person was in distress so staff asked them what the matter was and reassured them. A person started dancing to music and a staff member immediately reacted to this and danced with them. It was obvious the person enjoyed this activity.
These situations told us that staff had responded to people's needs.

We looked at care plans for four people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. Information was detailed about activities of daily living such as how to communicate with the person, personal hygiene, eating and drinking needs and how to maintain their safety.

There was also information about people's background and lifestyle preferences.
When we spoke with staff about people's needs and interests, they were familiar with them and were able to provide information about people's likes and dislikes. Care plans were seen to be in place and were reviewed regularly to ensure that care was still appropriate to meet peoples' needs.

Staff told us that management staff had asked them to read care plans. This meant they were in a position to respond to people's needs. They said if people's needs changed then they were informed of this through staff handovers, and we saw evidence of this information. This meant that people's new and changing needs could be responded to. One staff member said that staff had been allocated to either the residential or nursing sides of the service but would supply care to people whatever their needs. However, staff had only been appraised of information about people from one part of the service, so did not have full information about all people they supplied care to. The registered manager said that a system would be introduced to ensure that staff knew of all the changing needs of all people in the service. .

People and representatives told us there were sufficient staff on duty to meet people's needs. All the people we spoke with, except one, told us that call bells were answered quickly. The registered manager said that this person found it hard to judge time and regularly said it took staff a long time to respond to their request. In reality, this was usually within ten minutes. We found staff responding quickly when we observed call bells ringing. Staff also told us that there were enough staff to be able to respond to people's needs in a short time span.

Relatives told us they were able to visit regularly and were always warmly welcomed by staff. This showed that people were supported to maintain contact with people who were important to them.

We saw the activities coordinator present throughout the day in both lounges. People were seen to be taking part in both group and independent activities. One person said, "I don't want to join in, I am not that type of person and they [staff] respect that decision." Some people played indoor bowls. Other people were reading a newspaper or books or playing scrabble. Staff were seen speaking with people throughout the morning. Another game was played when bowls had finished where people were encouraged to shout out names of famous pairs of celebrities. This activity meant more people participated together as well as encouraging reminiscing. This appeared to have a positive effect on people.

We saw a large activities board in the corridor where people walked by to get to the dining room. It showed the week's activities, as well as posters for future entertainment, such as tea dances, church services and communion. Audio books were also available on request to people.

The activities organiser told us of different activities throughout the week. These included singing, board games, music, quizzes, crafts outside and trips out.

We spoke with the registered manager with regard to looking at enrolling a staff member on specialised training to provide appropriate activities to people living with dementia. She later told us after the inspection this would be carried out.

No one spoken with had raised or wished to make a complaint. One person said, "I have not had any complaints." All the people spoken with said they would either talk with staff or management if they needed to express a concern or complaint.

People told us they did not know of the complaints procedure. However, they said they would have no hesitation in talking to staff should they need to raise an issue. The registered manager said she would raise this issue with people so that people were aware of how to make a complaint.

We looked at the complaints book which contained a small number of complaints. This included details of the action taken to resolve the issues raised, though there had been no written feedback to the complainant. The registered manager said this would be carried out in the future.

The provider's complaints procedure set out the role of the local authority in undertaking complaints investigations if the person was not satisfied with the action taken by the provider. There was also information about the local government ombudsman should the complainant feel that the local authority had not followed proper process in investigating their complaint.

Requires Improvement

Is the service well-led?

Our findings

People who lived in the home and their representatives thought the service was well run. The registered manager was considered to be approachable and helpful by all the people we spoke with. Everyone we spoke with said they were happy to speak with both staff and management. One person said staff were "Approachable." Another person said staff, "Listen and act on what you need." A relative said, "I can't fault the care, it's been amazing," and they would recommend the home as it had been well led and well managed.

We looked at information about alleged incidents of abuse. We found one incident that had been reported to the local authority but had not, as legally required, been reported to us. The registered manager said she did not think that reporting to CQC was needed as the situation was not found to be proven. However, she now recognised and understood that any allegations of suspected abuse needed to be reported.

The registered manager was visible, available and proactive in managing the service. It was clear that they walked the floor and we saw they were supportive to staff as well as knowing people well. Staff interactions were, in the main, positive and friendly. There was a sense of a team with staff in all roles ensuring the comfort and wellbeing of people. We saw evidence that the registered manager followed up issues with staff about issues that needed improvement such as staff compliance with senior staff directions. .

Staff told us they could approach the management team about any concerns they had. One staff member said, "Yes, I know I can always go to the office and ask anything if I have a query." Another staff member said, "Management are supportive. They are there if you need to ask them anything." A staff member said that staff had been complimented on doing a good job by management which made them feel acknowledged and helped morale.

Staff members we spoke with told us that the management team led by example and always expected people to be treated with dignity and respect. They said they would recommend the sevice to relatives and friends because they thought the home was well run and the interests of people living at Western Park View were always put first.

We saw that residents meetings had taken place. People told us that the home management responded positively when to changes were requested. There were relevant issues discussed in the meetings such as gaining people's views of the service about important issues such as activities, food, staff training and facilities. This meant people and their relatives had the opportunity to be consulted about the services offered and they had been included in the running of the home.

We saw that staff were supported through individual supervision, appraisals and staff meetings. Staff supervision records evidenced that supervisions covered relevant issues such as training and care issues. This meant that staff had received support to discuss their competence and identify their learning needs.

We saw minutes of staff meetings. These covered relevant issues such as staff training and management

expectations as to how to provide effective individual care to people. Staff told us that they could raise issues and suggestions at these meetings, they felt listened to and the issues they put forward were discussed and taken into account by the management of the service.

These are examples of a well led service.

People and their relatives had been asked their opinions of the service in the past year by way of completing satisfaction surveys. These showed that people's experience of living in the home had, in the main, been positive and they had been asked whether this could be improved. One person stated, "The service has improved a lot." Another person stated, "Level of service is excellent." Action had been taken in progressing issues raised in the surveys, such as the forthcoming refurbishment of the service, which we saw evidence of. However, not all issues had been covered such as a person stating they would like to see an increase in the frequency of having a shower. There was no evidence that this issue had been addressed. The regional manager said this would be followed up.

The registered manager had implemented a system to ensure quality was monitored and assessed within the service. We looked at a number of quality assurance audits. These included audits looking at 'accident analysis' to try and prevent accidents in the future. However, when we looked at this document we did not find any analysis. We also looked at a record of an accident where a person had fallen. There was no indication that any other control measures were needed to try to ensure the person did not fall again. There was also an incident where a person had gone out of the service. The record stated they had nearly been run over on a nearby main road. Again there was no analysis of how this could be prevented in the future. The registered manager acknowledged this and said it would be put followed up. She later confirmed that a device would be installed to the front door so that staff would be aware if someone had exited the building when they were unsafe to do so.

There were other audits in place including medicine, maintenance, health and safety, kitchen, and a bedroom audit, care planning, fire checks, the premises, maintenance checks. There was evidence that the provider visited monthly and checked essential systems such as people's views of the service, maintenance, medicine and fire records. There was a reference that refurbishment was required to people's bedrooms but no specific plan in place to achieve this. The regional manager supplied us with this information about this after the inspection.

Having robust quality assurance systems in place will help to protect the safety and welfare of people living in the service.