The Orders Of St. John Care Trust

OSJCT Westgate 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

We inspected this service on 21 February 2017. This was an unannounced inspection.

Westgate House nursing home is registered to provide accommodation for up to 61 older people some living with dementia who require personal or nursing care. The home is divided into three units namely Kingfisher, Skylark and Nightingale. At the time of the inspection there were 59 people living at the service.

There was 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. The registered manager worked closely with the deputy manager as well as the area operations manager.

We were welcomed by the registered manager and head of care who were clearly happy to see us.

People who lived at Westgate House felt safe. Some people living with dementia were not able to tell us their experiences. We saw those people sought reassurance from staff and were relaxed with them. This showed they felt comfortable and safe with staff. Relatives told us they felt their family members were safe living at the home. Staff had a clear understanding of how to safeguard people and protect their health and well-being. People's medicines were stored and administered safely.

The provider followed safe recruitment procedures and people were involved in the recruitment of staff. There were enough suitably qualified and experienced staff to meet people's needs. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where required, staff involved a range of other professionals in people's care.

People were supported to express their views and were involved in making decisions about their care and were offered day to day choices. Staff sought people's consent for care and treatment and ensured they were supported to make as many decisions as possible. The registered manager and staff had a good understanding of the Mental Capacity Act 2005. Where people were thought to lack capacity, assessments in relation to their capacity had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions

People received effective care from well trained staff. Staff demonstrated high levels of knowledge and understanding required to be able to positively impact on people's wellbeing. People received care from staff that understood the needs of people living with dementia. People felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager), appraisals and team meetings to help them meet the needs of the people they cared for.

People's mealtimes were positive and sociable experiences. Staff were innovative in the ways they supported people who were living with dementia to eat and drink and this improved their health and wellbeing. People were given choices and received their meals in timely manner. People were supported with meals in line with their care plans.

There was a calm, warm and friendly atmosphere in the home. Staff we spoke with were motivated and inspired to give kind and compassionate care. Staff knew the people they cared for and what was important to them. Staff appreciated people's unique life histories and understood how these influenced the way people wanted to be cared for. People's choices and wishes were respected and recorded in their care records.

People had access to meaningful activities and stimulation at the home. Activities were structured to people's interests. Staff knew how to best support people and what activities and further improvements to the home would suit the needs of people.

Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way.

Leadership within the service was open and transparent at all levels. The provider had effective quality assurance systems in place. The provider had systems to enable people to provide feedback on the support they received.

The registered manager informed us of all notifiable incidents. The registered manager had a clear plan to develop and further improve the home. Staff spoke positively about the management and direction they had from the registered manager. The provider and the registered manager continuously looked for innovative ways to improve the quality of care.

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.

Risks to people's well-being were assessed and recorded.

There were sufficient numbers of suitably qualified staff to meet people's needs.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff received on-going training which included specialist dementia care training as well development to enable them to deliver the most effective care to people.

There were champions who led and guided staff in best practice.

People's meal times were sociable and positive experiences.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were being cared for in the least restrictive way.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Visitors to the service and visiting professionals spoke highly of the staff and the care delivered.

Is the service responsive?

Good

The service was responsive.

People received activities and stimulation which met their needs or preferences.

People's needs were assessed and personalised care plans were written to identify how people's needs would be met.

People's care plans were current and reflected their needs.

Is the service well-led?

Good

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made people feel included and well supported.

There were effective systems in place to monitor the quality and safety of the service and drive improvement.

OSJCT Westgate House

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 21 February 2017 and was unannounced. The inspection team consisted of two inspectors, a pharmacist inspector and an Expert by Experience in the care of people living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from three social and health care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We also obtained feedback from commissioners of the service.

We spoke with seven people and three relatives. We looked at nine people's care records including medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a means of understanding the experiences of people who could not speak with us verbally. We spoke with the registered manager, the head of care, the area operations manager and eight staff which included nurses, care staff, housekeeping, activities coordinator, maintenance and catering staff. We reviewed a range of records relating to the management of the home. These included seven staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. We reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People told us they felt safe and supported by staff. One person told us, "I feel safe, because we can have a chat with the carers. I have a call bell and the carers come running if I press it and I can pop my head out of my room door and call and people come". Another person said, "The carers are very good at answering the call bells. Although I would prefer to be at home, I do feel good here. I came for a month's respite and have stayed ever since". People's relatives told us they felt the home was safe for their family members. Comments included, "We feel that [person] is safe here and I can compare it to another home where I visit another relative which I do not feel happy with. The staff always seem to pop in and check on her" and "I feel safe as there is always someone on guard duty day and night. If you press the call bell, carers will come quickly".

Risks to people's safety had been assessed and people had plans in place to minimise the risks. Risk assessments were reviewed and updated promptly when people's needs changed. Staff were aware of the risks to people and used the risk assessments to inform care delivery and to support people to be independent. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as falls, using bed rails and moving and handling. Ways of reducing the risks to people had been documented and staff knew the action they would take to keep people safe.

Staff were knowledgeable about the procedures in place to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff told us, "I would report things to my manager. If they did nothing about it, I would report this to the area manager and to CQC".

People were supported by sufficient numbers of staff to meet their individual needs. The provider used a dependency tool to assess people's dependency levels and needs as well as to determine staffing levels. Records showed the number of staff required for supporting people was increased or decreased depending on people's needs. The registered manager considered staff sickness levels and staff vacancies when calculating the number of staff needed to be employed to ensure safe staffing levels. One member of staff said, "I would say we have enough of staff. We do not have to rush and we have time to answer call bells". The registered manager told us they had no staff vacancies and 'were 100% recruited'.

Safe recruitment procedures were followed before staff were appointed to work at Westgate House. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

Medicines were stored and administered safely. People received their medicines when they needed them.

Staff administered medicines to people in line with their prescription. Where people had limited capacity to make decisions about their own treatment, the provider had a detailed covert medicines policy which they followed. Covert allows for safe administering of medicine when people are either resistant to take them or they refuse and the medicine need to be given to them in their best interest. The policy stated how the covert medicines were to be given and that this was the most restrictive way. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken, the reason why.

Westgate House nursing home was clean and tidy and maintained a homely feel. Equipment used to support people's care, for example, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. Staff were aware of the provider's infection control polices and adhered to them.

Good

Is the service effective?

Our findings

People received effective care from staff who were highly knowledgeable, skilled, confident and well trained in their practice. Records showed and staff told us they had the right competencies, qualifications and experience to enable them to provide support and meet people's needs effectively.

The Skylark unit was designed suitably for people who lived with dementia. People could move freely in the communal areas of the building and large enclosed gardens that contained plants and sitting areas. The provider had adopted the 'Dignity plus project' throughout the whole home. This was a project in partnership with the Department of Health aimed at changing both the internal and external environment and making it more homely rather than clinical. As a result of this project, 'destination areas' were created on the dementia unit as well as a cinema room, a tea room, a quiet library corner and a kitchen area. The destination areas had themes which included seaside, garden and music. These areas gave people with dementia a purpose to move with the aim of reaching the destinations. Staff used these also as talking points. For example, one sitting area had hats, jewellery and dresses. We saw people and staff engaging in stimulating conversations in these areas. There was interactive artwork which people had made during activities session.

The interior of the home was dementia-friendly and was designed according to the research on dementia carried out by University of Stirling. Colour coordination was used to enable people to find their way in the home and to promote their independence. For example, carpets were free of any patterns that might cause confusion. The home had signage which was dementia friendly and allowed people to orientate themselves around the home. For example, toilet doors had contrasting colours and had a visible coloured picture on them. People's bedroom doors had people's pictures and names. People's bedrooms were personalised and contained photographs, pictures and the personal belongings each person wanted in their bedroom. We saw people easily and freely navigating around the home independently.

The provider emphasised continually striving to improve and the management team promoted and regularly implemented innovative systems in order to provide a high quality service. For example, they promoted good practice by cooperating with 'My Home Life'. My Home Life is a UK-wide initiative that promoted quality of life and delivers positive change in care homes for older people. The provider sought new ideas (Life stories) from Dementia UK. They also liaised with New Brewery Arts. New Brewery Arts is a multidisciplinary art charity working within the arts, education, retail and charity sectors. This partnership resulted in a piece of art being installed in the communal area of the dementia unit. The piece of art was an automaton whose design was inspired by the XIX century and Japanese art. An automaton is an object containing mechanical devices that allow it to perform a certain sequence of operations. During the inspection we saw people used this automation and took turns re-sequencing it. There were good conversations initiated during this automation. Staff used it also as a distraction for people who were distressed.

Newly appointed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. The induction training was linked to The Care Certificate standards.

The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This included training for their role and shadowing an experienced member of staff. One member of staff commented, "I was shadowing for two weeks. I felt more confident after that period of time".

The registered manager told us and records showed all staff had received dementia training. This training focused on understanding people's communication and validating their feelings and emotions. People's feelings and beliefs at any stage of their dementia journey were acknowledged by staff. For example, staff used people's life stories to have a better understanding of current behaviours. This meant people were less anxious and constantly reassured by staff who were able to understand and anticipate their needs. In addition, core staff on the dementia unit had also completed Qualifications and Credit Framework (QCF) level three dementia care. This training gave staff more knowledge and skills to enhance the quality of life of people with dementia as well as a better understanding of the difficulties and challenges faced by people with dementia.

Staff showed great skills whilst communicating and working with people living with dementia. Staff were aware of people's unique ways of communicating. Care plans contained information about how best to communicate with people who had sensory impairments or other barriers to their communication. For example, one person had both short and long term memory loss. The person's care plan gave clear guidance to staff on how to communicate with them without causing distress. Staff told us they knew this person well enough to interpret what she communicated. We saw staff supporting this person patiently and taking time to listen to them and responded in a non-patronising way. This person was happy and not distressed.

It was evident during our inspection that staff were knowledgeable of how to support people with the most complex forms of dementia. Staff received distress reactions training to support people effectively when dealing with complex behaviours. During our inspection we observed staff easily noticed signs of distress and successfully used distraction techniques. The distraction technique redirects a person's attention away from a negative mood to something entirely different and positive. For example, during lunchtime one of the residents got distressed. The person clearly got confused and was distressed about a deceased relative who she thought was still. A member of staff who was administrating medicines devoted their time to comforting the person. They reassured the person and comforted them. The member of staff started humming and the person joined in smiling and clapping. This interaction had a positive effect on the person. The person calmed down and went on to have their lunch. We later asked the staff member about the person and they provided us with detailed information on the person's assessed needs in relation to their dementia. Staff told us this person reacted positively to music when in distress and the best way to boost their mood was by singing and dancing with them.

Staff were supported to improve the quality of care they delivered to people through supervision and annual appraisal. One member of staff told us, "I find my supervision meetings very helpful. We talk about our concerns and we set our common goals". One member of the management team told us, "I believe that staff supported properly are the best you can get".
The provider facilitated champions within the home who promoted evidence based good practice. There were champions in medicines, dementia, dignity, nutrition, end of life, health and safety as well as management of falls. These champions were staff that volunteered for the roles and were passionate about the areas they chose to champion. The champions were supported to undertake additional training and raised awareness in their topic area and shared their knowledge within the team. For example, the dementia champion worked closely with the activities coordinator in planning meaningful activities for people living

with dementia. We saw people participating, concentrating and enjoying activities.

People told us they enjoyed their food. Comments included; "The food is very good. My favourites are salads and trifles", "The food is good here and we get two choices" and "I enjoy the food and my milky tea here". People's relatives complimented on the quality of food. One person's relative told us, "[Person] is well supported with staff for drinking as she is not eating much at present".

Westgate House used 'The Protected Mealtimes Initiative' (PMI). This is a national initiative that formed part of the Better Hospital Food Programme which allows people to eat their meals without unnecessary interruption and to focus on providing assistance to people unable to eat independently. We observed staff eating meals together with people and providing them with assistance and interaction. For example, one person living with severe dementia was interacting with maintenance staff using their favourite cuddly toy. They sat at the same table, eating and interacting together, which made the person genuinely happy and relaxed. A member of staff told us, "This is very important that staff eat together with the residents. Even the maintenance man does it, so people are not distracted with their food by staff doing their own tasks. Also, there is no salt and pepper or napkins at the table but they are on the trolley offered to the residents. This is given but then taken away so people are not distracted by things on the table but can eat more themselves independently". This meant the staff showed an in depth understanding of how to best support people who suffer from dementia over the meal times.

The home referred to national guidelines to enhance the quality of the service. For example, they had introduced blue plates. These were based on Hywel Dda University Health Board's 'Blue plates' project which was aimed at improving nutritional intake in patients with dementia through the use of coloured crockery. People had specialist crockery that meant they could be independent in eating and drinking. This had a positive effect on nutritional intake for people living with dementia.
There was a nutrition champion who worked closely with kitchen staff to ensure people's nutrition was maintained. People's specific dietary needs were met. Kitchen and care staff had the information they needed to support people. People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes. One member of the kitchen staff told us, "I make birthday cakes in advance for residents. Sometimes we cook for families in advance and they have a meal in the conservatory with the resident for special occasions". They also told us they met with people regularly to discuss if they needed any changes in the food they were getting. The kitchen staff knew all the residents and had flexible menus. Some people had special dietary needs, and preferences. For example, people having diabetic diet, pureed food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists as well as care home support if they had concerns over people's nutritional needs. Records showed people's weight was maintained and action was taken in response to any significant changes.

The provider followed the Mental Capacity Act 2005(MCA) code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. The MCA provides a legal framework to assess people's capacity to make certain decisions at a certain time. People were always asked to give their consent to their care, treatment and support. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments. Where people did not have capacity, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests. For example, one person was verbally and physically aggressive and resistive to personal care. A best interest decision had been made and a safe holding risk assessment had been completed. Staff supported the person with making simple choices and encouraged them to complete simple aspects of personal care. The person looked well kept.

The provider followed the requirements in the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be restricted of their liberty for their safety. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. Applications under the DoLS had been authorised and the provider complied with the conditions applied to the authorisation. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS. The provider had systems in place for monitoring and ensuring any conditions set by the authorising authorities were met.

Good

Is the service caring?

Our findings

People were positive about the care they received. Comments included, "We are well treated by the staff. They take notice of what I say" and "The carers are kind and friendly". One person's relative told us, "The staff are gentle and caring and have excellent communication. They're clear and will take us to one side to check that we are aware of [person's] health changes. They sit with [person], which [person] loves".

We observed many caring interactions between staff and the people they were supporting during our inspection. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant. There was chatting and laughter throughout the day.

Staff told us they enjoyed working at the home. Some of the staff members had been with the provider for a number of years. Comments included; "My relatives were residents here before. This is a very caring place and I have a caring nature. This is why I decided to work here" and "I think it's a very good home. I found it very interesting that we do not wake residents up. They wake up themselves and then we help them".

Staff showed they cared for people by attending to them in a caring manner. We observed people being assisted in a patient way offering choices and involving people in the decisions about their care. Staff often went beyond their basic roles to make sure people were happy. For example, one person living in the home had no family apart from his wife who often visited and staff knew her well. When it was the wife's birthday, staff helped the husband in their own time to get a card and flowers. They then went on to organise a tea party for the couple. We spoke to the person and they told us, they were so touched by what staff did and they cried with joy.

People were treated with dignity and respect by staff and they were supported in a caring way. We saw staff ensured people received their care in private and staff respected their dignity. For example, staff told us how they treated people with dignity and respect. One member of staff said, "We do close the door and we cover them with a towel to protect their dignity". People and their relatives told us staff treated them with dignity and respect. One person told us, "Carers knock on my door before they come in which helps me to keep my privacy. The staff know me well and are respectful to me". One person's relative commented, "They knock on the door before coming in and they check on my wife often. They look after me too, which is nice". Staff worked closely with the dignity champion.

Staff told us that people were encouraged to be as independent as possible. One member of staff told us, "We encourage our residents to do all they can whilst they can". People told us they were encouraged to be independent. One person said, "The carers help me to be independent. They let me wash myself as much as I can". Records showed people's independence was promoted. For example, one person had reduced mobility and used a walking frame. This person's care plan guided staff to 'give me time to do what I can and only support me when I need support'. We saw staff following this guidance.

Staff understood and respected confidentiality. One member of staff said; "We are strict about who we share

information with. It's on a need to know basis". Records were kept in locked cabinets only accessible to staff.

People and their relatives where appropriate were involved in advanced decisions about their end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. We saw the person and their family were involved in this decision. People, their families and professionals contributed to the plan of care so that staff knew this person's wishes and made sure the person had dignity, respect and comfort at the end of their life. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and comfort and involved specialist nurses in the persons care. The home had strong links with a local priest who they always involved when people were nearing end of life. The priest told us, "I have over the years seen a consistent caring approach at this very difficult item (end of life). Both resident and family are made to feel safe". The registered manager told us they facilitated reflective meetings after when a person died to enable residents, staff and relatives to reflect and share the memories about them.

Good

Is the service responsive?

Our findings

Before people came to live at Westgate House their needs had been assessed to ensure they could be met. Each person had a robust assessment of their needs and these were used to create a person centred plan of care which included people's preferences, choices and interests.

The assessments were tailored to the individual needs of people. For example, one person was bedbound and complained of pain during transfers. The management team liaised with the family and multidisciplinary team to ensure the pain was managed when this person came to live at Westgate House. This provided reassurances for the person and family and ensured staff would be able to care for this person.

Care planning was focussed on a person's whole life, including their goals skills and abilities. The provider used an 'All About Me' document which captured people's life histories including past work and social life enabling staff to provide person centred care and respecting people's preferences and interests. People's care records contained detailed information about their health and social care needs. Care plans reflected how each person wished to receive their care and support. For example, people's preferences about what time they preferred to get up. People and relatives confirmed they were involved in planning their care. One person told us, "I talk to staff about my care. They listen to what I have to say".

People's care plans were descriptive and reflective of their individual support and care needs. The care plans covered areas such as personal care, eating and drinking, mobility, emotional well-being, elimination and communication needs. The care plans included information about personal preferences and were focused on how staff should support individual people to meet their needs. These care records were current and reflected people's needs in detail. We saw daily records were maintained to monitor people's progress on each shift.

Care plans were reviewed monthly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person started coughing after meals. The person was referred by staff to be seen by their GP treated for chest infection. They were also prescribed fluid thickener to reduce the coughing and referred to the Speech and Language Team (SALT). We saw the care plan and risk assessments had been updated to reflect the changes.

The provider employed an activities coordinator who was passionate about their role. They told us they involved families and linked activities to people's interests and hobbies. They said, "We are using the 'All about me' document and have requested families to be more involved. People chose the activities and this allows them to make friends on different floors". People told us they enjoyed the activities. Comments included; "I go to the local pub The Dolphin, with other people from here in the minibus", "I have magazines brought to me and I do crosswords and Sudoku. The priest would come if I wanted him to come and I watch TV" and "I go out in my wheelchair once a day with a carer for a circuit in the garden which I enjoy. I can't see well, but like my own company and watching nature and TV travel and canal trips".

Records also showed people had been involved in several day trips. One person told us, "I have in the past been on four river trips to Henley. I hope that this will happen again, as we have had a change of activities people. I like potting up in the greenhouse. The bursar gets the seeds for me. I go to the local pub with other residents and we go in our minibus". People's relatives told us their relatives were supported to attend activities. They said, "Staff are helpful and chat to me and [person] as she can't do activities now that she is in bed all the time" and "[Person] mum used to go for the boat trips where they took wheelchairs. Look at the photo of mum and me. Now, the staff sit with [person] as she is very poorly, which is nice for us".

Staff understood the importance of involving people in appropriate activities which were stimulating and helped people to feel involved. Records showed there were one to one activities such as walking, jigsaws, reminiscence and creative arts and crafts as well as group activities including music therapy and board games and tea parties. The home had a greenhouse where people grew flowers and vegetables as well as a herbs garden close to the kitchen. People loved that the vegetables they grew were used for their meals. Other people preferred to remain in their rooms and staff respected that and supported them in their rooms to reduce the risk of social isolation. On the day of our inspection we observed excellent staff engagement with people. The home also provided evening activities.

People were supported to maintain links with the local community and volunteers were used to encourage people to build relationships through public events such as tea parties, summer parties and river cruises. The home had close links with a local school which had been involved in decorating some areas of the home. External groups visited the service to provide people with varied activities. For example, a local church choir visited and sang Christmas carols with people, their relatives and staff. The registered manager told us they planned to continuously be "inclusive with the local community. We have a great connection". The home had a day centre next door which enabled them to build community links and carry out joint activities.

Feedback was sought from people through regular family meetings, suggestion boxes as well as satisfaction surveys. Records showed that some of the discussions were around what changes people wanted. For example, people had been involved in choosing a colour for redecorating one of the dining rooms. People and their relatives told us they attended the resident/relatives meeting. People said, "I go to residents' meetings and will speak up and will talk to the manager and things have altered", "I have been to a couple of meetings and they have been informative and helpful" and "Yes, I go to the meetings and staff are helpful". People and their relatives also received newsletters with updates of changes and planned activities within the service.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. This was given to people and clearly displayed on notice boards. People and their relatives commented that the registered manager was always available to address most issues. One person said, "I honestly have nothing to complain about".

We looked at the complaints records and saw all complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to sympathetically, followed up to ensure actions completed and any lessons learnt recorded. People spoke about an open culture and felt that the home was responsive to any concerns raised. Since our last inspection there had been many compliments and positive feedback received about the staff and the care people had received.

Good

Is the service well-led?

Our findings

Westgate House was managed by a registered manager who was supported by a head of care and area operations manager. The registered manager had been in post for fifteen months. They demonstrated strong leadership skills and had a clear vision to improve the quality of the service. There was a clear leadership structure which aided in the smooth running of the service.

During the inspection we saw the registered manager interacting with people. People knew the registered manager and were very relaxed and comfortable talking to her. Some people visited the registered manager in her office and talked to her with ease. People and their relatives knew the management team and were complimentary of them. One person told us, "Yes, I know the manager's name. I talk to the manager". One person's relative said, "We have every confidence with the staff. The bursar and clerical side are attentive and reliable in every way".

The team at Westgate House promoted an honest, open and inclusive culture. During our visit, management and staff were keen to demonstrate their caring practices and relationships with people. They gave us unlimited access to all the documents and records we requested. Staff told us they felt the service was transparent, open and honest. One member of staff said, "They [management team] are friendly and open. If you have any problems, they are very supportive which is really nice".

Staff were complimentary of the support they received from the management team and they told us the home was well run. Staff comments included; "The manager is really good. They have taught me a lot. I'm lucky to be working here" and "My managers are fine. I can talk to them about anything. I had few personal problems and they helped me". The registered manager told us they kept in regular contact with all staff including those working at night. They told us they often visited the home during the night.

We received complimentary feedback from health and social care professionals. They spoke highly about their relationship with the registered manager and staff. They commented on how well staff communicated with them in a timely manner. One healthcare professional told us, "I am always made to feel welcome and feel like one of the team".

The registered manager told us one of their accomplishments had been improving staff training and getting staff on board. The effect of staff training was clear throughout our inspection as staff interactions with people were excellent especially on the dementia unit. Staff knew how to support people with dementia in a calm and non-patronising way. People were relaxed around staff.

The provider valued staff contribution at all levels. Staff participated in trust staff surveys. Staff were encouraged to make suggestions and be confident these were taken on board. Staff felt listened to. In the last staff survey, one of the common themes was staff recognition. As a result the registered manager introduced thank you cards and birthday cards as well as a small present bag to be given to staff on their birthdays. Staff told us they appreciated this gesture.

The offices were organised and any documents required in relation to the management or running of the service were easily located and well presented. The provider had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, catering, infection control and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service.

Staff told us the registered manager and head of care had an open door policy and were always visible around the home. People, their relatives and other visitors were encouraged to provide feedback about the quality of the service. For example, family meetings were held regularly and relatives could drop in anytime to speak with the registered manager.

Staff described a culture that was open with good communication systems in place. Team meetings were regularly held where staff could raise concerns and discuss issues. One member of staff told us, "We had our staff meeting not so long ago. I can add things to the agenda if I want to". Records showed discussions were around suggestions on how to improve care. The meetings were recorded and minutes made available to all staff. Staff also attended daily '10 at 10' meetings. These were head of departments update meetings which allowed staff to share and discuss changes timely. The provider published a staff bulletin 'Westgate News' which kept staff up to date with changes within the home.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents.

People benefited from staff who understood the whistleblowing procedure. The provider had a whistle blowing policy in place that was available to staff across the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

The provider maintained strong links with the local communities. Staff told us they had links with local schools who had helped in decorating part of the home. They also had links with Oxford Brookes University who were sending trainee paramedics for work experience. The registered manager told us this was a great opportunity for paramedics to get a better understanding of how their role in transitioning people between services was valued and how best they could support it to be more effective.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.