

# Abbeyfield Society (The) Westall House

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This was an unannounced inspection on 1 and 2 February 2018.

At the last inspection we found there was a breach in Regulation 14 of the Care Quality Commission (Registration) Regulations 2009 because the provider had not notified the Care Quality Commission about the absence of a previous registered manager for over 28 days. At this inspection we found no concerns in relation to notifications.

Westall House is a residential care home for up to 22 older people with a range of needs catered for, including people living with dementia. At the time of the inspection there were 21 people living at the home. On the same site is a sheltered housing service which we do not regulate. There are two floors and a range of communal spaces throughout including a dining room and lounge spaces.

At the last inspection, the service was rated Good.

At this inspection we found the service improved to Outstanding.

Why the service is now rated Outstanding.

Since the last inspection the registered manager and provider had worked hard to ensure there were continual improvements at the home. These had been recognised by the home receiving the 'house of the year' award from the provider and an external national nomination for the activities coordinator.

People received exceptionally good care from staff who treated them like part of their extended family and knew them incredibly well. They had found ways to involve people in all decisions about their care and home. Feedback from people, relatives and visitors to the home informed us about how well cared for they felt. Care and support was incredibly personalised to each person, which ensured they were able to make choices about their day to day lives in line with their needs, hobbies and interests. Information about their preferences were gathered in detail by members of staff allocated to help them write their life story.

People's privacy and dignity was respected by staff and their cultural or religious needs were valued. People, or their representatives, were involved in decisions about the care and support they received. People who had specific end of life wishes had their preferences facilitated by staff to help provide a dignified death.

The service provided to people was responsive to people's individual needs. There was an activities coordinator who ran the activities in the home with incredible passion. They had listened to every person's wishes and needs so they could develop bespoke activities to enrich their lives. There was a range of opportunities for people and their families to participate in. Activities always considered people's hobbies

and interests and were personalised as much as possible.

The provider promoted a drive to access pilot schemes and find ways to innovate the support people received. There was a strong emphasis on intergenerational and community working in the home. These provided opportunities for people to reminisce and promoted their well-being by being valued.

There was a high level of volunteers who regularly came and supported the home. They ran activities and felt a valued part of the community which the provider and management were promoting. Complaints were fully investigated and responded to in a timely manner. The registered manager had a strong ethos of valuing any concern a person or their relative raised because they knew how important it was for them.

The home had a provider and management who strove to provide people with excellent care. People, relatives and staff told us the registered manager was excellent and had ensured the best care and support was provided. The registered manager and provider continually monitored the quality of the service and made improvements in accordance with people's changing needs.

The provider wanted to drive innovation and strive for excellence at all times. They encouraged staff to participate in national pilots to improve the care and support people received. The staff and registered manager had received internal recognition and national recognition for the work they were doing. Staff at all levels felt supported and were proud their work to improve the lives for people had been recognised. They often went above and beyond to enrich people's experience and value them as people.

There were suitable numbers of staff to meet people's needs and to spend time socialising with them. Interactions were on a personal level and not just task based. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely. People were protected from abuse because staff understood how to keep them safe and were sure action would be taken if any concerns were raised.

The home continued to ensure people received effective care. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People who required special diets had their needs met and meal times were treated as a social opportunity. Staff had the skills and knowledge required to effectively support people. People told us their healthcare needs were met and staff supported them to attend appointments. One health care visitor was very complimentary about how the home supported the people they saw.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|  |                      |
|--|----------------------|
| <b>Is the service safe?</b><br>The service remains Good                      | <b>Good</b> ●        |
| <b>Is the service effective?</b><br>The service remains Good                 | <b>Good</b> ●        |
| <b>Is the service caring?</b><br>The service has improved to Outstanding     | <b>Outstanding</b> ☆ |
| <b>Is the service responsive?</b><br>The service has improved to Outstanding | <b>Outstanding</b> ☆ |
| <b>Is the service well-led?</b><br>The service has improved to Outstanding   | <b>Outstanding</b> ☆ |

# Westall 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 was carried out by one adult social care 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.

This inspection took place on 1 and 2 February and was unannounced.

The provider had 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. Before the inspection we reviewed the information that we had about the service including safeguarding records, complaints, and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the service were living with dementia and were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with 12 people who used the service and one person's relative, one health care professional and two volunteers. We also spoke with 12 members of staff. This included the registered manager, the head of care, care staff and ancillary staff.

During the inspection, we looked at four people's care and support records. We also reviewed records associated with people's care provision such as medicine records and daily care records relating to food and fluid consumption. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Following the inspection we asked the registered manager to send us some policies and these were all sent

within the time frame given.

## Is the service safe?

### Our findings

People continued to receive a safe service. They said, "Oh yes I certainly feel very safe here" and, "They help us do everything, so that makes me feel safe". Interactions were positive between people and the staff. People were comfortable in staff presence and would often laugh and joke with them. Visitors to the home confirmed they felt people were safe and had no concerns.

People were kept safe from potential abuse by staff who understood how to recognise it and who to report it to. Members of staff told us they would look out for bruising and a person who was withdrawn or not themselves. They all agreed if they reported concerns to the management they would be acted upon.

People were supported by enough staff to meet their needs and keep them safe. One person told us, "I don't ever have to worry about anything now I live here, there is always someone around when I need them, I don't have to ask twice for anything". One relative said, "Yes, I think so" when we asked if there were enough staff. They continued, "Always quite a few around". One member of staff said, "I do think there are enough staff" and was positive about the standard of staff working in the home. Each person wore an individual call bell pendant so they could get help. The registered manager told us they regularly monitored the system. This is so it alerts them to when new batteries were required in pendants and how quickly calls were responded to by staff.

The PIR told us and we saw people's medicines were safely managed and administered by staff who had received appropriate training. One person said, "I did do my own pills but now they do them". People were comfortable when supported with their medicine and staff were patient and went at the person's speed following their preferences. When people wanted to self-administer their medicine this was facilitated and risk assessments were in place. Improvements could be made to ensure practices around personal preferences, as required medicine protocols and stock controls were in line with current national guidance.

The PIR told us and we saw people were kept safe because risks had been identified and ways to mitigate them outlined. This covered areas such as pain management, health and social contact. On one occasion a person had spilled a hot drink on more than one occasion and their risk assessment had not been updated. This meant there was a lack of guidance to ensure all staff knew how to mitigate the risks. The registered manager told us they would update the person's care plan to reflect the actions already taken to mitigate the risks.

People were kept safe because accidents and incidents were regularly analysed. There were previous occasions when incidents had occurred and the lessons learnt had not been recorded despite action having been taken. The registered manager explained the provider had recently brought in a new system to record and follow up all accidents and incidents. This would allow the provider's health and safety officer to flag up any trends and ensure lessons have been learnt.

People were kept safe because the provider and management took health and safety seriously. Special equipment had routine checks and when concerns were found they were rectified. One stand aid had been

found with damaged wheels during the checks so taken out of action until fixed. There were routine fire checks including fire drills and alarm tests.

## Is the service effective?

### Our findings

People continued to receive an effective service. People were supported by staff who understood about capacity and consent. One member of staff said, "It is important to gain their consent". 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had consented to important decisions in their life. For example, they were consulted about whether they wanted bed rails and if staff were going to administer their medicines.

Staff knew if people lacked capacity decisions were to be made in their best interest. One member of staff told us they considered, "Whether it would benefit them [meaning the person]". They knew to involve other professionals and important individuals to the person such as family. An example was given of how they would put this into practice. Written capacity assessments did not always reflect current legislation. The registered manager told us this had been a company policy and they would review each person in line with statutory guidance.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff and the management knew what to do if a person was going to have their liberty deprived. No people at the home currently required a DoLS. During meals everyone's walking frame was removed so they did not have the freedom to leave. The registered manager told us this was for health and safety reasons. They told us they would consider other options. Following the inspection the provider informed us when people's walking frames were removed they could always press their call bell pendant or ask a member of staff and they would be returned.

People were supported to eat a nutritious and balanced diet. One person said, "Cook is marvellous" and told us about the soup they were having that evening being prepared especially for them. Another person told us, "I eat more than I ever did at home, that shows you how good it is". The chef said, "I see a resident within first week" to find out what they like and do not like to eat including any allergies or dietary requirements. They then create a food profile for each person. Each meal there was a choice of two home cooked options for people to choose from. When people were not happy with the options provided they were able to select something else. One person was read out the two supper options by a member of staff. They did not want either and asked for a sandwich instead. This was respected.

People with recognised differences were respected and had equipment in place to help them. One person had a special electronic magnifier to help them read. During the weekly quiz large print versions of the hand out and at meal times a large print menu was produced.

People were supported by staff who had enough training to meet their health and care needs. One volunteer

said the home, "Gets a very high standard of carer". Members of staff had access to lots of training including safeguarding, first aid, dementia awareness and moving and handling. Some staff were able to train other staff. Some staff had completed additional health and social care qualifications. One member of staff said, "Have just passed level three health and social care diploma. Nice to know in place so can be a senior".

People had access to other health and social care professionals to meet their needs. One person said, "I have not needed the Dr but I know people who have and it was very quickly arranged". Another person had a wound care record which demonstrated how staff had helped a wound heal by working with district nurses. Records showed and we saw they had prevented any further wounds occurring. Another person had records they had seen occupational therapist, falls and fracture prevention service, opticians and regularly reviews from their GP. One health professional confirmed staff liaised regularly with them and had a communication book or would call if they identified an issue. They confirmed any treatment they began was always followed through by the staff.

## Is the service caring?

### Our findings

People were supported by extremely kind and caring staff. All of the comments we received during the inspection, without exception, reflected how staff consistently put the people first. One person said, "They are lovely. Absolutely lovely". Other people told us, "I trust them all with anything", "The staff are always happy and willing to do anything for us" and, "They all do so much extra for us". One relative told us the staff were, "Cheerful, friendly and capable". They continued that the staff, "Treasure and appreciate what they do" and it was, "Great to know she is really being looked after". Another relative said, "I am extremely lucky to have Mum here" and explained the person had lived in the local village for many years. This meant they were able to keep all their local connections. One health professional told us the home was, "The best one. I would probably put my mother here". They continued, "People are happy" explained there was a good feeling around the home.

Compliments received by the home reflected what we found during the inspection. They were from people, their relatives and members of the community. People said, "Compliments to [name of staff] for her compassion shown yesterday" and, "Would like to thank all the staff who are wonderful". One person's relatives wrote, "We would just like to put on record our special thanks for the way staff reacted when Mum was so unwell on Sunday night" and continued, "They both stayed with Mum, well after their shift had ended, offering comfort and support until we arrived. Above and beyond the call of duty we felt". They had also received a compliment from someone following the announcement of the provider's award nominations which read, "I wanted to drop you a note to repeat how proud I am of the work you all do to make Westall the fantastic, caring, supportive environment it is".

The Provider Information Return told us and we saw there were times people were supported by staff who went above and beyond their duties to ensure people were well cared for. Recently, they had created a live show for the people to watch which finished with a slide show celebrating all the memories of the past year. Many of the staff came in voluntarily to appear in the show and complete all the rehearsals. It reflected people's pasts, present and hopes for the future. Relatives and volunteers had also come to watch it. Staff received an emotional, happy response from the people. One member of staff told us everyone in the room was in happy tears by the end of the show. On another occasion a person and their family had a wedding relating to a special landmark in the Country. Members of staff supported the person to attend the wedding in a car which picked them up and drove them back. This meant staff were making people feel special and facilitated them to celebrate their lives and important relationships. Staff often attended events in their own time. Recently staff had dressed up as elves and spent time socialising with the people so they were not just driven by work tasks.

The registered manager repeated throughout the inspection it was the people's home and they were part of the community. People told us, "The carers take me round the garden on a warm day and I really enjoy that" and, "It's like a big family here". Members of staff said, "We are in their home. It should be a privilege. I always act like a guest in someone's home" and it was, "Like being part of a big family". When the chef came round to see if people would like more meat during a meal. They stopped and had conversations with each person; it was not just task based interaction. People responded by laughing and engaging with them which

demonstrated they felt valued.

The provider, manager and staff had a strong ethos in involving the community to be part of the home to enrich people's lives. By creating a community, the home had a large group of 35 volunteers who organised social opportunities. Some of the volunteers had been gained through different schemes which had been developed by staff. For example, the activity coordinator explained following a recent pilot trial to minimise loneliness through reading, additional volunteers had joined including relatives. The volunteers we met during the inspection had been running activities within the home for many years and explained the joy they saw on people's faces. We saw many people engaged with some of the opportunities during the inspection. There was a warm and friendly atmosphere and people were engaging socially with others.

Staff were clear they worked as a team to support people. They took time to learn about each person and adapt the support they provided to meet their needs and wishes. One member of staff had created a video diary of their own condition to share with staff so they understood how to better support a person in the home with the same condition. Members of staff were incredibly positive about how this had improved the support they provided for the person. Another person had been helped by the team of staff to improve their mealtime experiences. Staff identified the person was not eating as much, so they sat with the person and moved them to a different place in the room to help them feel comfortable. As a result, the person started eating whole meals again. One member of staff said, "We think outside the box. Not everyone is the same. It can be a change of staff. We work as a team".

People were supported by staff and a management who had created a strong ethos promoting privacy and dignity. One person said, "No one ever enters my room without knocking the door". One member of staff told us when supporting people with intimate care they, "Keep doors shut. Put towels over them. Always ask if they want to do it themselves". All other staff agreed with these practices. During the inspection we saw people asked discretely if they needed support when in communal areas.

People were encouraged to access as many social opportunities as they wanted to. This included at all times during the day. Mealtimes were a social opportunity for people to share experiences and have conversation. One person said, "I enjoy lunch time for a bit of a chat and some very nice meals". People came from the sheltered housing to sit with those who lived in the care home. The activity coordinator set riddles for people to think about and discuss throughout the meal. This provided a topic of conversation for those who struggled with verbal communication. By embracing all social opportunities, staff were enhancing people's lives whilst they lived at the home.

Staff supported people to maintain caring relationships with their family and friends. There was an open door policy which meant visitors could come at any time. Relatives were encouraged to bring children to the home to visit their family members. The management were working on improving facilities for the young people visiting. When the weather was good they had lawn games and crazy golf in the garden. Relatives were encouraged to bring special food or takeaways for family members. People were facilitated to remain in contact with family and friends who lived further away. One person told us, "I would be lost without my phone it is a real link with my family and friends".

People's religious and cultural differences were respected by staff. One person spoke multiple languages so a member of staff regularly spoke with them in one of the alternative languages. People were asked if they would like to attend communion, and if they would like help to get along to the room in time for the service. When people made a choice it was respected and supported by staff.

People were encouraged to make choices about all the care they received. Staff told us how important it

was to listen to people and their views. They had built a close and open relationship with people so they felt comfortable to express their choices. The work staff had been completing around people's life stories had helped to create this strong relationship. One person chose to share information with a member of staff they had never shared before. They gave specific instructions around this information and informed the member of staff about their choices. The member of staff respected this person's wishes including not even documenting it.

Staff ensured they gave people as many opportunities to make choices. For example, there were two podiatrists who regularly visited so people could have choice about who they saw. The registered manager told us, "It is their choice" about where they would like to eat and what they would like to do at the home. When people were offered choices during the inspection staff respected them. When people had limited verbal communication the staff were developing other methods for them to make choices. For example, using pictures to point at the food they wanted.

## Is the service responsive?

### Our findings

People had access to a range of activities personalised to their needs and wishes. One person said, "The activities lady goes mad with lots of ideas for us to do. It wears me out just watching her. Always something going on. They get the staff to dress up on special days like St Georges, May Day and reading friends like Oliver Twist". One relative explained there was a good social side to the home and said, "Always a lively place". One volunteer said, "The activity coordinator works extraordinarily hard. Goes the extra mile". The registered manager told us the activity coordinator worked, "Really, really hard" and had a very positive impact on the home. They said, "She has transformed the home" including how involved the relatives were.

People had been encouraged to participate in social activities and share their common interests. The home had been chosen to be part of a national initiative 'Reading Friends' pilot run by the Reading Agency. 'Reading friends' is a project designed to empower, engage and connect vulnerable and isolated older people, people with dementia and carers through social reading activities. The home was amongst a handful of locations across the country which had been selected to participate after volunteering. Book groups with a central reader had been set and they had been working with the local library service. The activity coordinator had set up a steering group with people who had a range of backgrounds. Two people chose to attend a local play group to read the children stories. Both people had previously had strong connections with young people prior to moving into the home. One of them with dementia still remembered the event two weeks afterwards and spoke fondly of it.

People were encouraged to interact and engage with people of all ages including children and young people. There was a strong ethos for intergenerational working at the home. This was to provide people with opportunities to engage with young people and enrich their lives. All people had a choice to participate in any of the occasions. The activity coordinator and registered manager were clear any activity had to remain age specific. To improve the home further they had applied to install a children's play area in the garden. This was so people's young relatives would be made welcome to the home.

As part of the intergenerational work the activity coordinator had arranged events with schools and a young carer's organisation. Recently, they had run a Disney 'Frozen' event for the young carers. People were asked if they wanted to host a tea party for them and read them stories. They sat with the children to talk with them and staff dressed up as the characters. Feedback from the young carers organisation included it was the first time in two years they had witnessed one of the young people speak. Annually, a local school visited with pupils studying history to learn about the world wars. The activity coordinator borrowed artefacts from the local museum and people to tell stories about the World Wars with the pupils. It provided reminiscent opportunities for the people and allowed them to share their experiences. The school staff wrote, "Many thanks for all the time and effort you had put into our visit last Thursday which made it such a successful and memorable visit for the year six children. I think they gained a lot from speaking with the residents and the display in the dining room is always a huge help".

When people were less likely to join in the activities the staff found ways to interest them. One person who struggled to leave their bedroom because of pain was known to like animals. The activity coordinator

organised for a pet as a therapy dog to regularly visit them. They also encouraged them to participate by holding activities where they hatched ducks at the home. On another occasion they worked on creating nesting boxes for birds and again, the person participated. The activity coordinator told us it was about knowing what appeals to people from the information they learn through the life story work. This meant people's well-being was enhanced through individualised activities.

The provider was constantly looking for ways to enhance people's experiences when living in their services. They had started a 'pop up garden' competition to encourage homes to bring the outdoors in. Some people in the home were developing their entry to the competition facilitated by the activity coordinator. They were involved with all decisions about the garden they were creating including how they were going to display it and how it would look. The theme the people had chosen was memories and they were developing four areas of the garden in an old suitcase. Each area would represent part of the people's lives and there would be a mosaic path through the garden. By being actively involved in all the decisions, people were being engaged and having their ideas celebrated.

Another way people were being involved and engaged was through 'Play list for life'. This was where a person and those important to them would contribute to creating a list of important music to them to evoke emotional responses. For example, one person who had limited verbal speech had been involved in their choices. Their relative had listed some composers they used to like and confirmed they had been involved. Members of staff then sat with the person playing a variety of pieces of music by the same composer until they evoked an emotional response. This then formed the play list for life which could be played at any time by the person in their bedroom. Staff had been trained in this by bringing in their own music choices and seeing what emotions they evoked. They found it a powerful way of supporting people often with failing memory and limited speech.

Some people were unable to access the community regularly. In response staff had created a weekly shop where people could purchase things like stamps, writing paper and domestic items. The member of staff who ran it told us they would go round and speak with people regularly to find out what they wanted in the shop. They said, "I am a regular at half five [in the morning] at [name of supermarket]. I just like helping the residents".

The Provider Information Return told us and we saw during the inspection there was a range of activities people could participate in. There was a coffee morning including a raffle, a quiz, a 'knitting and natter' group and exercises. One person had stopped knitting prior to moving in the home. By getting them involved in the knitting group the activity coordinator referred to them as, 'Chief knitter' and created things for others at a variety of events including 50 Easter bunnies and at Christmas knitted stockings for children. We were told the person's relative had told the staff, "Knitting is the one thing keeping her going". A letter from a local community group said, "I should be grateful if you would pass on our sincere thanks to the ladies of 'Westall House' for the beautiful knitted garments they have made for small babies" and continued to explain how they would be used in Africa for parents unable to afford clothes.

The activity coordinator and registered manager were passionate about members of staff learning about the people they support. Each member of staff was allocated a person and they worked together to write the person's life story. It included what was important to them and information about their lives prior to moving into the home. All people knew who their key member of staff was. Through this process staff learnt lots about the people and found ways to enhance their lives. One member of staff told us in detail about the person's family and interests in a specific animal. They said, "She gets pleasure out of that". Another member of staff told us they had a, "Better understanding of them". The activity coordinator said, "I take pride if I don't learn anything new at the eulogy" when attending a person's funeral. By having a strong

understanding of the each person, care and support could be made bespoke for them.

People's care plans reflected the knowledge and understanding staff had for their individual needs and wishes. One person said, "All the staff know us so well" and continued, "I don't need to question anything - they just know, it's marvellous". Another person said, "They know how to help me and just know exactly what needs to be done". One relative said there was, "Detailed and personalised care". Staff were aware of what was written in each plan and often helped contribute to them. People had signed parts of their care plan to consent to what was written. Where one person had wanted some changes made they had been written in prior to them signing. Staff we spoke with knew about people's care needs and guidance. For example, one person liked having a newspaper delivered to them daily and this was followed.

People's care plan gave enough information and guidance for staff to be able to meet their needs and wishes. They contained details about their hobbies and interests. When a person with capacity did not want to share personal information this had been respected and documented. When people had a change in needs their care plans had been updated. One person had an incident which led to a change in the support they required with their medicine. Their care plan had been updated in line with these changes and provided clear guidance for staff to follow. Another person had an increase in falls and their care plan had been updated. It provided information about how to support the person's mobility.

People and relatives knew how to complain and thought action would be taken. All people told us they could speak with their named member of staff or any other care staff. The registered manager told us they see all concerns and complaints the same because they were important for the person who made them. When people and relatives had raised concerns they had been managed in a timely manner following the provider's policy. When serious concerns had been raised the registered manager had taken time to investigate them and speak with any relevant member of staff. They then responded in writing with the outcome of the complaint and then checked the person was satisfied with the response.

The staff were highly responsive to people's needs and wishes so they could have a dignified death. Through the life story work staff not only learnt about people's wishes at the point of death, but their aspirations and desires prior to this. For example, one person had developed such a strong relationship with one member of staff they divulged information they did not wish anyone else to know. The staff member respected their wishes not to have it written down and supported the person to feel comfortable to share it. This meant when people had requirements in order to have a peaceful death staff, where possible, facilitated it.

Staff helped to create 'desert island discs' with people of the music they liked. This meant they could be used during their funerals if they wished. All staff were aware of how to support people during this time and were aware of people's preferences. Care plans reflected discussions had occurred, where people wanted to have them and any wishes which had been expressed.

People were consulted about their end of life wishes and these were documented in their care plan so staff could follow them. For example, it was documented if they wanted to remain at the home rather than go to hospital. There were details about any family members who should be consulted and what they wanted to happen at their funeral. When people did not want to talk about their end of life wishes this was respected by staff and documented. Through the life stories work, people were able to express their aspirations and wishes prior to their death. Where possible, staff were facilitating these. Work had been done to link with the local hospices so staff were kept up to date with current best practice.

## Is the service well-led?

### Our findings

At the last inspection we found there was one breach in legislation because the provider had not notified us about the absence of a registered manager. 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. During this inspection we found they had rectified this problem and all notifications had been sent in line with their statutory requirements.

All of the feedback we received throughout the inspection was overwhelmingly positive with people consistently telling us they were extremely satisfied with the care and support they received. One person said, "It's like a hotel here, marvellous care, great food and clean towels everyday". People said they regularly see the registered manager around. People explained the registered manager shared their time between the sheltered housing and the care home. They agreed the registered manager was always busy doing something in the home. Visitors and relatives reflected the same feedback. One volunteer said, "It is a very good thing for the village. It is an asset".

Staff sentiments echoed the support people had for the management of the home. One member of staff said, "[Name of registered manager] and [name of head of care] are brilliant". Another staff member told us, "I love it. I really do love it" when we asked about what it was like working at the home. Other staff member said, "I wouldn't go anywhere else" and explained staff who leave, "Always come back". This was because they enjoyed working at the home so much and supporting the people who lived there.

The provider and management promoted the drive for excellence at all times. The registered manager told us they and the provider had a commitment to provide high quality care for people living in the home. The registered manager said, "I have high expectations. I know how good we are". They explained a reflection on this was the home and staff being nominated for seven categories covering all areas in the provider's 'making time awards'. They explained they were the home with the most nominations. The activity coordinator had won the 'rising star' award and the home achieved 'house of the year'. This reflected the additional work they put into making the experience for people the best they could. As well as internal awards the management worked towards external recognition. For example, the activity coordinator had made the final six nominations for a national activity coordinators award. The activity coordinator told us they had been invited for a face to face interviews as part of this process.

The management repeatedly demonstrated their commitment to provide excellent quality care. Staff and the registered manager had built strong and reliable connections with the local community and multidisciplinary healthcare professionals. Examples included the high level of local volunteers who regularly attended events and ran activities at the home. They had developed links with local schools, libraries and young carers groups. People told us there were always children around. One person said, "Children play in the garden" and reflected on how families were made welcome. At key times of year they ran events to welcome the community into the home. For example, last Halloween the local children were all invited to go trick or treating in a safe environment. All but one person wanted to participate. They had

welcomed the children knocking on their doors and having a conversation whilst feeling valued because they could hand them a treat supplied by the staff at the home.

The provider had a commitment to research in the adult social care landscape and pilot new initiatives in the Country. For example, the home was picked nationally to participate in the 'reading friends' to help reduce loneliness amongst older people. They had successfully worked alongside other agencies to develop this to work in a care home setting. The provider was monitoring the progress through evaluations being sent to their head office to analyse how it impacted the people positively. Dementia care coaches were being trained up within each home to improve the quality of support people with dementia were receiving. The activity coordinator was being trained at Westall and the development of the activities reflected the level of understanding they had. Examples of this were they ensured activities were age appropriate and they developed ways of reminiscing through social opportunities.

There was a strong emphasis on continual improvement. There were regular meetings for people using the service and for staff. The registered manager explained senior staff working for the provider were striving to be more present at the home so they can engage with people and the staff. Staff told us they had met and spoken with senior staff. This was learning after the last inspection because they had not been so active. The provider tried to engage with members of staff through planned 'surgeries' by the human resources department. This was so staff could talk through any concerns they had to drive progress. It was also so the provider could share any benefits staff got working for the company. This was to promote staff retention and provide consistency for the people living at the home.

The provider and management were constantly striving to provide people with high quality care and make improvements when it was required. For example, when it was identified more hoists were required due to a greater number of people on end of life care, a second hoist was purchased. The registered manager was always motivated to improve the place for people. They told us they had identified people wanted more activities in the afternoon and evening so were liaising with the activity coordinator to action this. The home was currently being redecorated in areas to improve the environment people were living in.

People were supported by staff who had clear lines of accountability and by staff who felt supported. The registered manager was supported by a head of care to run the home. One member of staff said, "This is a fantastic home. We can always go to [name of registered manager]". Other members of staff told us, "The seniors are very approachable" and, "I get a lot of support; particularly from [name of registered manager]". The registered manager told us they felt supported by the provider. The senior business manager has come to visit the home and their direct line manager would visit frequently. Another member of staff confirmed they regularly saw members of the provider. The registered manager said, "I can pick up the phone any time" and continued, "The support network has improved greatly".

There were effective quality assurance systems operated by the registered manager and the provider. These included regular audits, resident meetings and informal conversations throughout the day. When it was identified improvements could be made they were actioned. Recently the home had been redecorated in areas. People had been shown options and they had helped to choose the décor. There were systems in place to regularly review care plans. Recent ones had identified one person had not had an opportunity to discuss their end of life choices with a member of staff; this had been rectified and they had opportunities to share their wishes and choices.

The Provider Information Return told us and we saw the provider had policies and procedures based on current evidence based information to guide staff in their practice. These included policies on safeguarding, Mental Capacity Act 2005, health and safety and infection control. They had recently been updated to

ensure they continued to reflect legislation and best practice. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All systems relevant to the running of the service were well organised and reviewed regularly by staff in the home. The registered manager told us last year the provider had introduced a new electronic auditing system. These were regularly monitored by the provider and senior members of staff to ensure people were safe and well cared for. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.