

# Arrowsmith Rest Homes Limited

## Westfield Rest Home

### Inspection report

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### Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 27 January 2016 and was an unannounced inspection.

Westfield Rest Home is a small home situated in a residential area of Blackpool close to a main road. There are shops and leisure facilities with a good transport network. The home is a corner property and has recently undergone building work to extend the communal space and add more bedrooms. Building work was still on going within the home. Communal areas included one lounge with a second combined lounge and dining area. There are garden areas to the side and front of the home and a rear yard area.

The home is registered to provide care and accommodation for up to twelve people who have learning disabilities, dementia or a mental health condition. Twelve people were living in the home at the time of the inspection.

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

The last inspection was in August 2014 and was a responsive inspection due to information of concern received at that time. The service was meeting the requirements of the regulations that were inspected at that time.

During this inspection, we spoke with relatives to gain an insight into how their relatives were care for and supported. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Relatives told us staff were friendly and caring and this was observed during our inspection. We found members of the staff team were welcoming and there was a friendly atmosphere in the home. Relatives were encouraged to visit and be involved in people's care.

Relatives were encouraged to give feedback regarding the service people received through formal and informal means. We found aids and adaptations in people`s rooms were available. This helped people to maintain their independence and manage their conditions.

Since the last inspection there had been an increase in the numbers of people who lived at Westfield Rest Home. Previously seven people lived at the home, and this had now increased to twelve people. Due to the increased number of people living at the home, the management team had recruited two additional staff. Although the staffing levels had improved, we found the deployment of staff at lunchtime was not always managed for the benefit of people who lived at the home.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). We

found when restrictions had been made, these had been applied for and authorised by the local authority.

We found there were good systems in place for the safe administration of people`s medicines. We spoke with relatives regarding the support people received to take their prescribed medication safely. One relative said there were high levels of care provided with regard to medication management.

A member of the senior management team had introduced nutritional health screening tool into their care planning. We found weight monitoring and reviews of care plan records were regularly evaluated. Staff worked well with a range of health care providers for advice and guidance. This helped to keep people safe and well.

Although there were a range of quality monitoring systems in place they were not always effective. We found inconsistencies in the management of recruitment of staff, staff training and supervision. The registered manager had failed to submit a notification regarding a safeguarding incident and when deprivation of liberty safeguards had been authorised. We found the risk management for people in relation to their environment was not well managed. We found there was a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

A recent safeguarding incident highlighted not all appropriate bodies were informed of the safeguarding concerns.

The maintenance of the environment was not always safe.

There were not always safe recruitment processes in place.

Staffing levels were not effectively managed to meet the needs of people.

People`s medicines were managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The registered manager had failed to advise the Commission when a deprivation of liberty safeguards had been authorised.

Staff were not always supported through training and supervision to meet the assessed needs of people.

People were protected against the risks of malnutrition.

Staff worked well with a range of healthcare professionals.

### Is the service caring?

**Good** ●

The service was caring.

We observed relationships between people and staff were warm and friendly.

We found staff were caring and attentive.

Staff promoted people`s privacy and dignity in the care they provided.

We found people`s bedrooms were personalised and homely.

### Is the service responsive?

**Good** ●

The service was responsive.

We found staff responded to people`s changing health care needs.

Care plan records were personalised and regularly reviewed.

There was a range of activities available for people.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

People did not always benefit from living in a home where the risks posed to them was well managed.

Formal questionnaires and surveys took place to gain feedback from people and their relatives.

# Westfield Rest Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 27 January 2016 and was unannounced. The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, four members of staff, several people who lived at the home, four visitors and a GP. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of three people, staff recruitment and training records and records relating to the management of the home.

We also contacted the commissioning department at the local authority prior to our inspection. There were no concerns shared with us at the time of this inspection. This helped us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

We spoke with relatives to gain an insight into how staff protected people from harm and the risks of abuse. One relative told us, "When I leave here at night I know [my relative] and everyone else is cared for. You can't have a selfish attitude everyone is important."

Although staff were clear they had to report any suspicions of abuse, we found this was not always the case. We found a recent incident had not been reported to the local authority as a safeguarding concern for their investigation. This meant there had been no oversight, or guidance sought externally from the local authority safeguarding team. Our records indicated that the registered manager had failed to notify the Care Quality Commission of this safeguarding incident. It is a requirement that the registered manager should submit a notification regarding any safeguarding incidents to the Commission. We did find the registered manager took action to manage the situation. They had also notified the relative at the time of the incident. We spoke with a member of the family regarding this incident. They told us they now felt their relative was safe and well cared for. We asked the registered manager to submit a notification regarding the incident, outlining what measures they had in place to manage the risks posed.

When we spoke with staff regarding their understanding to safeguard people we found there were gaps in their knowledge and understanding. One staff member was unclear regarding the signs that could indicate when a person was at risk of harm or abuse. This meant possible indicators of abuse could be overlooked. We found a recently recruited staff member had not received safeguarding training as part of their induction training. The registered manager told us they had organised safeguarding training to take place in January 2016, unfortunately this had been cancelled. They told us they would ensure arrangements were made for staff to attend safeguarding training. This would support staff to keep people safe from the risks of abuse.

We looked at how the service was being staffed. Relatives we spoke with did not raise any concerns regarding the staffing levels in the home. All staff we spoke with told us they felt there were sufficient staff to care for people.

During our inspection the registered manager, deputy manager, carers, a cook and cleaner were on duty. Since the last inspection the management team had recruited two additional staff. This was because the numbers of people living at the home had increased from seven people to twelve people. A cook and a cleaner had been recruited to the staff team. Previously care staff had been responsible for cooking and cleaning within the home. We were told the recruitment of two additional staff had been a positive development for the service. One staff member told us they felt they now had sufficient staff to meet people's needs. They added, "We now have more adequate time to care for people." We found both new staff were enthusiastic members of the staff team. We observed they enjoyed spending time developing positive relationships with people who lived at Westfield Rest Home. The involvement of the whole staff team helped to create a safe and nurturing environment.

The registered manager completed a range of risk assessments to identify the potential risk of accidents and harm to people. They included pressure care, use of bed rails, moving and handling, and falls. Moving and

handling risk assessments had been developed to identify the number of carers required to assist people with their moving and handling. This information assisted staff to meet people`s assessed needs.

We found risks associated with the maintenance of the building and the environment were not always managed. These related to hot water temperature checks, the lift, and the outside garden and yard area. We found there were no window restrictors in place. Window restrictors prevent windows from opening too wide. This helps to reduce the risk to people who could fall out of windows that open too widely. Discussions with the registered manager confirmed these routine maintenance checks were not being undertaken at the home. The registered manager who told us, "We haven`t to be honest." The registered manager told us they would take immediate action and ensure routine maintenance was undertaken and regular checks implemented. This would help to minimise the risks posed to people.

We spoke with relatives regarding the support people received to take their prescribed medication safely. One visitor told us their relative had experienced high levels of care with regard to medication management. She told us, "Medication had been an absolute nightmare and they had organised it all very well for me." She went on to explain the staff team had been able to manage and administer an intensive medication regime. They added their relative's health had subsequently responded well to treatment and the problem was resolved.

We found there were good systems in place for the safe administration of people`s medicines. People were supported by staff to take their medication. A member of the senior management team told us there was one person who had been given the choice to self-manage their medication. However they had declined. Offering people the choice was good practice, because it showed people were supported to retain their independence.

A member of the senior management team advised one person received covert medication. This means when a person is unable to give their consent to taking medication. In this instance this person`s GP and family were involved in the decision making process. This was to ensure any decision made was in the person`s best interests. We found there was a system in place for managing care for people who may lack capacity to consent to take their medicines.

We observed staff administering and recording medicines. We found staff supported people to take their medicines safely. Staff we spoke with showed they were knowledgeable regarding people`s health conditions. We found there was good guidance in place for the use of 'when required' medicines. We found the home routinely used body maps to support staff to administer creams correctly. This helped to minimise the risks of applying creams incorrectly.

We found evidence of audits and monitoring taking place. Only staff who had been trained were able to administer medicines. The senior management team worked with a range of healthcare professionals for advice and guidance. This assisted staff to keep up to date with best practise. We found there were no risk assessments undertaken in relation to people`s medication and health conditions. The registered manager told us she would ensure these were carried out with immediate effect. This information would support staff to manage the risks associated with the management of people`s medicines.

We looked at three staff records to see what recruitment procedures the registered manager had in place. We found employment records in staff files were not always completed. In one file the registered manager had not maintained records to demonstrate this staff member had Disclosure and Barring Service (DBS) check in place before they commenced employment. The DBS record was dated 18 November 2015. Their records indicated the staff member had commenced working at the home two days prior to this clearance



date on 16 November 2016. This meant we were unable to confirm there were safe recruitment procedures in place. The registered manager told us she tracked the progress of DBS checks on line. However she did not maintain documentation to confirm such checks had been made prior to this staff member taking up their position. In the other two files we found more comprehensive recruitment checks had taken place. There were application forms, interview notes and character reference checks in place. This showed us staff were not always recruited safely.

We spoke with relatives to see if people were cared for in a clean and hygienic environment. One relative told us, "There is no smell. I looked around a lot of homes before choosing this one." We found the home to be warm and clean. There were no unpleasant odours present. Staff wore uniforms and protective clothing. The recruitment of a cleaner to the staff team had assisted staff to maintain a clean environment for people. We found there were hand washing and drying facilities available in people`s bedrooms and in bathroom and toilet areas. The registered manager told us they had received positive comments from relatives since they recruited a new cleaner to the team.

We recommend the provider follows current guidelines regarding how to manage the risk from hot water and the use of window restrictors.

We recommend the provider follows current guidelines regarding recruitment of staff to ensure procedures are consistently followed.

## Is the service effective?

### Our findings

We received good feedback from people and their relatives regarding the meals in the home. People told us they had enjoyed their food. One person told us, "I enjoyed it very much." A second person added, "I enjoyed it I always do." A third person said, "Excellent."

One relative told us, "The food is very healthy. They are not banging stodgy food down them." A second relative told us, "I was impressed with the cook. She has opened it up for the girls to help." We observed the cook spent time with people, accommodating their meal preferences. We found the cook made adjustments and listened to people's views regarding the food choices and preferences.

We joined people for lunch in the dining room. We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Although we found the registered manager had taken steps to manage the staffing levels within the home, we found the deployment of staff during mealtimes could be improved. There were two care staff on duty at lunchtime. One staff member was responsible for the administration of medicines. This meant the second staff member was responsible for providing care and assistance for twelve people.

Two people required individual support. This was provided by the second staff member sitting between them. One person was assessed as being at risk of choking. This meant they required higher levels of care to ensure they were supported to eat and drink safely. We found lunchtime was a busy period in the day. At one point the doorbell rang requiring a staff member from the dining room to answer it. The first staff member was then required to speak with a visiting healthcare professional. We observed one person was unsettled and liked to walk around their home rather than sit at the table for their meal. In addition we observed staff served meals, drinks and cleared away plates. This showed us the two care staff on duty in the dining room had conflicting demands upon them. We discussed our concerns with the registered manager. They advised us in future they would ensure the deployment of staff was more effectively managed at mealtimes. This would enable care staff to devote their time to supporting people at mealtimes.

A member of the senior management team told us they had introduced a nutritional health screening tool into their care planning. Staff regularly weighed and monitored people's weight and body mass index. This showed us staff assessed whether a person was at risk of being either underweight or overweight. Nutritional records were reviewed and evaluated on a monthly basis. Staff worked with health care professionals if required for advice and guidance. This showed there were systems in place to manage people's food and nutritional intake. In the care plan records we viewed we found people's weights were regularly monitored and reviewed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found when restrictions had been made, these had been applied for and authorised by the local authority. We found documentation was in place for staff to monitor and ensure restrictions were reviewed and re-applied for should they still be required. It was evident members of the senior management team were clear regarding what action to take should an urgent or standard application be required.

However once a DoLS application has been approved it is a requirement for the registered manager to submit a notification to the Commission. This is to advise the Commission when restrictions are being made in the best interest of individuals. The Commission had no records of notifications being submitted. In our discussions with the registered manager and a member of the senior management team they acknowledged they were not aware of this requirement. They told us they would take immediate action and submit the notifications to the Commission. Following this inspection the registered manager submitted notifications with regard to people who were subject to DoLS restrictions.

We were told with the exception of the kitchen door, there were no keypads or locks on doors that limited people's freedom within their home. Door alarms had been fitted to alert staff in the event of anyone leaving the home without their knowledge. This was to enable staff to be vigilant and safeguard people who would be at risk if they left their home without staff supervision.

There were two people who lived in the home who regularly went out in order to do some shopping and go for walks. There were no restrictions upon their freedom.

We found relatives were encouraged to be involved in the care of people who lived at the home. A member of the senior management team explained how they sat down with people to help them develop their care plan. Care plan records were currently being updated to include a formal process to record people's consent to their care. During our inspection we observed staff offering choices to people.

We looked at staff training and supervision available to staff to enable them to undertake their roles and responsibilities effectively. Staff we spoke with told us they felt supported in their role. Staff presented as enthusiastic and keen to learn and develop their skills. Some staff we met were newer members of the team, whilst others were more experienced. A member of the senior management team told us they ensured there was a skill mix when staff worked together. They explained inexperienced staff worked alongside an experienced member of the team for guidance and support. A newer staff member told us they were supported through a process of shadowing experienced staff. They told us, "I assisted with residents for a week and after three or four days I involved myself when I was confident." This showed us there was work based support available for staff.

We met a second staff member who told us they were supported to take on additional roles and responsibilities. They added, "The registered manager gives me a lot of feedback. They are very supportive." This showed us there were career development opportunities available for staff.

Although it was evident staff felt supported in their role, staff files we viewed highlighted inconsistencies regarding formal induction and support processes. We found one new staff member had not received moving and handling training since taking up their position in November 2015. This training would support

them to gain practical skills and knowledge to support people safely. We found in one file, supervision and performance records were blank and had not been completed. This meant we were unable to confirm if formal supervision had taken place. In two other files we found those staff had been supported with supervision and an appraisal. Formal supervision away from the caring role provides staff with time to reflect on their work. This provides the opportunity to discuss any concerns and identify training requirements to meet the needs of people.

We looked at the staff training matrix the registered manager had devised in August 2015. We noted nine staff had completed or were in the process of undertaking nationally recognised qualifications. However the matrix also highlighted training that the registered manager had identified required to be updated or needed to be arranged. This was in several important aspects of care. Notably safeguarding, mental capacity, nutrition, food safety, moving and handling and equality and diversity. The matrix identified, six staff out of eleven required their moving and handling training to be arranged. Six staff required safeguarding training, and two staff required safeguarding updated training. Six staff required food safety training. Eight staff out of eleven had not undertaken MCA 2005 training. This showed us staff were not always supported to undertake training to meet the needs of people who lived at Westfield Rest Home.

## Is the service caring?

### Our findings

We spent time with people in the public areas of the home. We looked to see how well people were cared for. We found there was a friendly and welcoming atmosphere in the home. People were well cared for and were smartly dressed.

We found during our inspection relatives were welcomed and visited individuals frequently. Some relatives visited on a daily basis. We found relatives were encouraged to be involved in the care of people who lived at the home. We spoke with four relatives. One relative told us, "Most people improve here; staff are very attentive and encourage people to help themselves. In a slow gradual way they give people their confidence." They went on to say, "I can't thank them enough. They treat everyone as if they are their own relative/parents."

We observed staff to be caring and attentive to people's needs. We found staff were respectful and treated people with kindness and compassion. We saw people reacted positively to the patience and kindness staff provided.

Staff were able to explain how they supported people to retain their dignity in the care they provided. One staff member told us one person had a fear of falling. They told us how they provided support and reassurance to the person at such times when they were frightened.

We observed people to have flexible routines. We found all members of the staff team, including those who were not providing direct care, were actively engaged with people. We could see people had developed positive relationships with the wider staff team. This helped to contribute to a caring and nurturing environment for the benefit of people who lived at Westfield Rest Home.

A senior member of the management team told us they had implemented new 'twist and turn' charts. These charts had been recommended to them by the local Care Home Support Team [CHST]. This team are healthcare professionals who support staff to deliver good standards of care for people in local care homes. The charts contained important personal information that assisted staff to provide personalised care. We read for example one person liked three pillows, a quilt and a blanket on their bed. The charts contained a range of important information such as allergies, personal preferences and routines. The charts could be turned to face the door to ensure information remained private when not in use. They had a facing picture on them so they looked attractive in the bedrooms. This showed staff were supported with information to care for people that took account of their personal preferences and needs.

The provider had recently initiated a new phase of building and renovation works to make improvements within the home. On the ground floor walls were being plastered and re decorated to a smooth finish. Textured wall plastering was being replaced by smooth re plastered walls. New lighting was being installed to help illuminate corridors and public areas more brightly. A new larger accessible downstairs toilet was being fitted as well as an additional bedroom. A member of the senior management team explained some of the changes were taking place to take account of the needs of people living with dementia. With the

exception of two bedrooms, all other rooms had been redecorated and improved for the comfort and well-being of people who lived there. The remaining two bedrooms were due to be refurbished as part of ongoing building and renovation works taking place in the home.

We found people`s bedrooms were decorated with personal effects, family photographs and items that were important to people. We found there was a range of independent living aids available for people. Such as magnifying lenses to help people with low vision. We found there was signage available in some areas of the home. Although it was acknowledged this was not possible to extend at the moment due to the limitations the building works were presenting. This helped people to maintain their independence.

## Is the service responsive?

### Our findings

We spoke with people and their relatives regarding the quality of care people received. One relative told us, "What's really impressed me is that several times [my relative] has been quite poorly. She has had a wide range of problems. This was a big pressure for me, [my relative] got a chest infection and [a member of the management team] got the GP and he came out. They don't leave them for any length of time." As a result, we were told the condition had been resolved. It was clear from our discussions staff had been required to provide high levels of care over an intensive period of time. We found staff had successfully treated a complicated health care need, whilst ensuring daily access to the local hospital took place. This showed staff had responded positively and had managed a complex health care regime well. The relative added, "They organised it all very well for me, [a member of the management team] is marvellous. The GP is always here, they go the extra mile."

A second relative was also very appreciating of the care an individual received. They told us, "They seem to rally round; this place could set a good example to other care homes."

Care plan records contained a range of information regarding people's individual needs. They included a range of assessments, monitoring records and guidance in place for staff to follow. Records were well structured and organised and easy to follow. We found good information in people's care plans supplied by the CHST regarding the risk management of people's health conditions. Such as caring for people with advanced dementia. This showed us staff were provided with information in order to manage people's assessed needs.

In one person's care plan we read there was an appointment made for an annual health care review. This showed us people were supported to attend important health screening appointments. This helped staff to monitor for any changes in people's health and well-being. Staff completed daily reports and attended daily handover meetings. This helped to keep them up-to-date regarding people's care and support. We found care plan records and risk assessments were regularly reviewed and updated.

We found the staff team worked with a range of healthcare professionals to promote people's health and well-being. We spoke with a visiting healthcare professional. They had been called to visit someone whose family had reported concerns to staff during their visit. We found the healthcare professional arrived quickly to the home and had responded to the call in a timely way. They told us they had visited the home several times. They added they had found carers to be very helpful and knowledgeable regarding the needs of people. They told us staff were able to carry out their instructions and were able to follow up on advice given. This showed us staff were able to respond to people's changing health care needs.

At the last inspection it was found there were limited activities in place for people. Since then the registered manager had recruited a cook to join the team. We were told as part of their role, in the afternoons they provided activities for people. In addition, other staff were also involved in the provision of activities. We were told the provider had invested in purchasing equipment so staff team could provide a range of stimulating activities. We found during our inspection a range of activities were provided for people.

We looked to see how people and their relatives were supported to raise concerns, make formal complaints and give compliments. We found relatives were supported to raise concerns. Discussions with the registered manager informed us of action that had been taken when informal concerns had been raised. This showed us people were supported to give feedback and raise concerns about the service provided.

There were no formal complaints raised with the management of the home at the time of this inspection. There was a formal complaints procedure in place. This information was made available when people moved into the home. Prior to the building works the complaints procedure had been on display on the wall. There was also a copy available in the office. This showed us people were being supported to raise concerns should they wish.



## Is the service well-led?

### Our findings

We spoke with relatives for their views regarding the management of the home. One relative told us, "They notify me, nothing is covered up it's an open book. I can't thank them enough. Sometimes these places don't get a pat on the head. I feel blessed [my family member] is here." A second relative told us they felt the home was well managed. Although we received positive feedback from relatives, we identified some shortfalls in the management of the home.

Although we found there was a range of quality audits currently in place they were not always effective. Throughout this inspection we identified inconsistencies in the management of safe staff recruitment and induction. The registered manager had not supported staff to keep up to date with their training to meet the assessed needs of people living at Westfield. We found the deployment of staff at lunchtime was not effectively managed. The registered manager had failed to identify and monitor the potential risks posed to people living at Westfield Rest Home. We observed the outside garden area was uneven and presented as a tripping hazard. This posed risks to people who could trip and fall. The perimeter garden fencing and gate was not secure. For people who had the potential to leave their home unsupported this posed a risk to their safety and well-being. This showed us people did not always benefit from living in a home where the risks posed to them was well managed. This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were no systems in place to manage the inconsistencies regarding the services provided. The risks posed to people regarding their environment was not always well managed.

The registered manager had failed to submit a notification regarding a safeguarding incident and when deprivation of liberty safeguards had been authorised. It is a requirement the registered manager informs the Commission of these events. This information would assist the Commission with their on going monitoring of the service. This showed us people did not live in a home that was always well- managed. This is a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. Notifications of other incidents.

The registered manager did submit other notifications to the Commission such as when a person had suffered a serious injury or when a death of a person living at the home had taken place.

There were systems in place to listen to the views of people and their relatives. We read many comments that had been fed back to the registered manager and the team. This showed us relatives were supported to raise concerns and give compliments regarding the services provided.

Staff told us they felt listened to. Staff meetings took place. One staff member told us, "Yes I feel I have a voice. If it's not right I feel I can say." They went on to tell us, "I think it is well managed we all get along there is a great attitude and no bickering." This showed us the registered manager supported staff to have a voice and raise concerns should they have them.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered manager failed to notify the Commission of events that affected the health and well- being of people who live at Westfield. Regulation 18 (2)(a)(i) (b)(ii) (e) (g)(ii)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager did not have systems in place to effectively manage the inconsistencies in the services provided. There was a lack of regular risk management to ensure the risks posed to people were managed effectively. Regulation 17 (1) (2) (a) (b)