Island Healthcare Limited

Westview House

Inspection report

Ward Road
Totland Bay
Isle of Wight
PO39 0BD

Tel: 01983753813
Website: www.islandhealthcare.co.uk

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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?	Outstanding

Summary of findings

Overall summary

Westview House is a care home registered to provide accommodation for up to 38 people, including people living with a cognitive impairment. At the time of our inspection there were 36 people living in the home. The service also provided personal care support to people, at the early stages of living with dementia, in the local community, known as 'the hub'.

The inspection was unannounced and was carried out on 04 and 08 November 2016.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and their families told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who were knowledgeable in caring for people with cognitive impairments and had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Staff had developed excellent working relationships with healthcare professionals, such as chiropodists, opticians, dentists, GPs and mental health specialist which enhanced the care people received.

The management team and staff protected people's rights to make their own decisions. Where people did not have the capacity to consent to care, legislation designed to protect people's legal rights was followed correctly and confidently by staff.

People were treated with dignity and respect at all times. Staff demonstrated caring and positive relationships with people and were sensitive to their individual choices. Staff were skilled in helping people to express their views and communicated with them in ways they could understand.

People received exceptionally person centred care from staff who knew each person well, their life and what

mattered to them. The people using the service experienced a level of care and support that enhanced their wellbeing and improved their quality of life. The service provided support that focused on the individual's needs and the needs of their families.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs.

People benefitted from an exceptionally well-managed and organised service and the provider and registered manager led by example. The provider's clear vision and values underpinned staff practice and put people at the heart of the service. Staff were aware the vision and values, how they related to their work and spoke positively about the culture and management of the home.

The registered manager was very approachable and well supported by the provider. There were comprehensive quality assurance processes in place using formal audits and regular contact with people, relatives, professionals and staff. Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they would recommend the service to families and friends. The providers were responsive to new ideas and had developed links with external organisations and professionals to enhance the staff's and their own knowledge of best practice and drive forward improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People across the whole service and their families felt the service was safe and staff were aware of their responsibilities to safeguard people.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

People across the service received their medicines safely, at the right time and in the right way to meet their needs.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People across the service were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service. Staff were supported appropriately in their role and could gain recognised qualifications.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices

and their privacy.

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and staff were responsive to people's changing needs.

People's wellbeing was enhanced through activities that were focused on individual's abilities and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Outstanding

Westview House was outstandingly well led

There was excellent leadership. The service was well organised and provided consistently high quality, person centred care.

The vision and values of the service were visible throughout the service and clearly demonstrated by the staff. The vision and values were enhanced through partnership working with other organisations, enabling staff to follow best practice and provide an improved quality of life for the people they supported.

There was an open and transparent culture within the home and 'the hub'; and staff worked effectively with people, relatives, and other professionals. The provider actively sought feedback from people to enable continual improvement

The service worked in partnership with other organisations to make sure they followed best practice, maintained people's safety, continued to provide exceptional care and improve the quality of life of the people they cared for.

There were effective and dynamic quality assurance systems in place using formal audits and regular contact by the registered manager with people, relatives and staff.

Westview 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and was carried out on 04 and 08 November 2016 by one inspector.

Before the inspection, the 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

The service provides a mixture of residential care and the provision of care in people's homes, which they call 'the hub'. We spoke with a total of three people using the service and engaged with two others, who communicated with us verbally in a limited way. We spoke with seven visitors, two health professionals and a care professional. We observed care and support being delivered in communal areas of the home. 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 spoke with four members of the care staff, a senior member of care staff, the administrator, the head cook, the VITAL coordinator, the head or care, who was also the hub team leader, the deputy manager, the registered manager, the provider's health and safety officer and their compliance officer. VITAL is an abbreviation of the provider's philosophy of providing care to people that Values them as individuals ,Inspires them to keep Treasured memories and maintain Active Lives.

We looked at care plans and associated records for six people using the service, staff duty records, five staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in January 2014 when no issues were identified.

Good

Is the service safe?

Our findings

The service provides a mixture of residential care and the provision of care in people's homes, known as 'the hub'. People across the whole of the service told us and indicated they felt safe. One person said they felt safe because, "There are plenty of staff. They are always here if I need them". Another person told us "Of course I feel safe, they are all absolutely marvellous". Friends and family members told us they did not have any concerns regarding people's safety. One family member said, "[My relative] is definitely safe here. She went through a period of having falls. [The registered manager] did everything she could to make the environment safe. We worked together and since then [my relative] has not had any falls". Another family member told us, "I am not worried when I leave [my relative] because I know he is well looked after". A friend of one person said, "There are lots of staff around, who seem to be interacting with people all the time, so I know [my friend] is safe here". Health professionals told us they did not have any concerns regarding people's safety. One health professional said people were "Absolutely safe here; they are well looked after; I have no worries or concerns about how management and staff look after people". Another health professional told us "Staff are vigilant for any confrontations that may occur between residents, many of whom have significant dementia or related conditions and may not be fully in control of their own emotions or behaviours. Any untoward incidents are followed up and appropriate actions taken, including consultation with relevant medical and other professionals". A care professional told us they thought people were safe and said, "They [staff] are also quick to inform me if an issue around safeguarding has occurred".

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety and were aware of people who presented a particular risk to other people living at the home; for example, one person, who was living with dementia, could become a risk to other people living in the residential part of the service. Staff told us they monitored interactions closely and we observe staff doing this during our inspection. All of the staff, including non-care staff and the registered manager had received appropriate training in safeguarding adults. Staff knew how to raise concerns and to apply the provider's policy. One member of staff told us if they had any concerns, "I would go to a senior. If I wasn't happy with that I would go to [the registered manager] or get in touch with people like you [CQC], I wouldn't hesitate about it".

Each person had a safeguarding care plan which described measures staff should take to keep people safe. For example, how staff should support a person who behaved in a way that staff or other people using the service may find distressing. The registered manager conducted thorough investigations in response to allegations of abuse and worked with the local safeguarding authority to keep people safe from harm.

People were protected from individual risks in a way that supported them and respected their independence. The registered manager had assessed the risks associated with providing care to each individual; these were integrated into people's care plans including the actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, the risk assessment for one person who was at risk of falling, included information in respect of the support staff should offer to help them mobilise. During the inspection we observed staff monitoring this person and offering support in line with their risk assessment.

Staff were able to explain the risks relating to people and the action they would take to help reduce those risks from occurring. Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. Each person's care plan contained a 'My Life, a Full Life' care passport. This provided information, in a suitable format for all people, necessary for health professionals to support that person should they be taken to hospital in an emergency.

People's families and friends told us there were sufficient staff to meet people's needs. Comments included "Plenty of staff when I visit", "There is always staff around. I can always find someone if I need them to help with mum" and "There always seems to be the same staff here, which is good for [my relative]". A health professional told us there was enough staff to look after people safely. They said, "There is always staff about" and added that there was "adequate staff to accompany me [when I visit] and the phone is always answered quickly".

The registered manager told us that staffing levels were based on the needs of people using the service. They explained that they considered the 'hub' to be an extension of the home. Therefore, the team of staff supporting people in their own homes were drawn from the care staff within the home. The 'hub' staff were employed on a shift basis and when they were not required to support people in the community they were available to provide additional support to people living at the home. The staffing level in the home and the 'hub' provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people's needs promptly. There was a duty roster system, which detailed the planned cover for the service. This provided the opportunity for short term absences to be managed through the use of overtime, staff employed by the provider at other homes and agency staff. The registered manager was also available to provide extra support when appropriate.

The provider had a recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People received their medicines safely. One person told us they had no concerns about how staff supported them with their medicines. They said, "I take three tablets in the morning. They [staff] put them in a little glass for me and watch me take them". A health professional told the home had "Good medication management and they always follow up on advice I have given". Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

The registered manager had identified a member of staff as the medicines lead within the home. They had specialist skills in this area and were responsible for providing oversight and ensuring there were effective medicine management systems in place. Only senior staff were able to administer medicines and they had received appropriate training. Their competency to administer medicines had been assessed by the registered manager and the medicine's lead to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.

There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was

available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and there was a process for the ordering of repeat prescriptions and disposal of unwanted medicines.

There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire. Fire safety equipment was maintained and tested regularly. Emergency information was available, including contact details for staff and management out of hours and personal evacuation plans for people. These included details of the support people would need if they had to be evacuated in an emergency. Staff had been trained to administer first aid.

Good

Is the service effective?

Our findings

The service provides a mixture of residential care and the provision of care in people's homes, known as 'the hub'. People and their families told us they felt the service was effective, staff understood people's needs and had the skills to meet them. One person said staff, "Know what I like and how to look after me". Another person told us, "Of course they [staff] know how to look after me. [Named member of staff] went on her training thing last week. They are really good". A family member told us "These are the only people who understand [my relative] and can support her". Another family member said, "The staff here are fantastic, very informative. If anything happens they tell us straight away". Other comments from families and friends included "Staff know what they are doing", "Staff definitely have the skills [to look after my relative]", "The young girls are very good and seem to genuinely care" and "They [staff] know how to look after [my relative]". Health and care professionals told us the staff were knowledgeable about the people they supported and they did not have any concerns about the staff's ability to look after people effectively.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. We saw staff followed these by consulting with relatives and professionals and documenting decisions taken, including why they were in the person's best interests. For example, a best interest decision had been made in respect of one person who lacked capacity to enable them to understand the impact of not taking their medicines. Following consultation with the doctor and members of the person's family it was decided to administer their medicines covertly, by hiding it in their food. Best interest decisions were also made in respect of the use of restrictive equipment, such as bed rails and pressure mats. A pressure mat is a piece of equipment that notifies staff that a person who maybe at risk of falling has got out of bed or out of a chair.

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 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 the provider was following the necessary requirements. DoLS applications had been made to the supervisory body with the relevant authority for all of the people using the service. The registered manager carried out a review of the applications on a regular basis to ensure they were still required. Staff had been trained in MCA and DoLS; they were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure they were made in people's best interests and were the least restrictive option.

People and their families across the whole service told us that staff asked for their consent when they were

supporting them. One person told us staff "Ask me first. They know I won't do anything I don't want to do". One family member said their relative "Can be very difficult at times and will tell them [staff] if they don't want to do something". We observed staff spending time engaging with people before providing care or support, such as helping them to mobilise or take their medicine. They used simple questions and gave people time to respond. One member of staff told us, "I always ask people and check whether they are happy for me to do something, like personal care. If they don't want to do something I try again later or ask one of the other carers to have a go, which can sometimes work". Daily records of care showed that where people declined care this was respected.

People across the service were supported by staff who had received training and an effective induction into their role, which enabled them to meet the needs of the people they were supporting. A family member told us that staff were well trained. They said, "We saw a young member of staff being verbally abused by one of the male residents. She handled it really well and calmed them down very quickly". The friend of a person living at the home said, "Staff know what they are doing, they are well trained".

Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. A new member of staff told us there was "Plenty of training. I have done my induction and care certificate and I have also done my dementia training". Staff who were new to care, received an induction and training, which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, fire safety and first aid. Staff had access to other training focused on the specific needs of people using the service, such as, epilepsy awareness, end of life care, dementia, mental capacity act and deprivation of liberties safeguards. Staff were supported to undertake a vocational qualification in care and were able to demonstrate an understanding of the training they had received and how to apply it. For example, how they supported people who were living with a cognitive impairment to make choices and maintain a level of independence.

Staff had regular supervisions. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Each member of staff had their own supervision book which allowed them to review their performance over the year. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away. One member of staff told us they had regular supervisions and added "If you want anything you can raise it or if you have any concerns you can just raise it. Everyone is so approachable".

People across the whole service were supported to have enough to eat and drink. People living in the home and their families told us they enjoyed their meals. One person said "Food here is great. They [staff] have helped me to lose weight by managing my diet. It is my choice but they help me". A family member told us, "Food is fantastic [my relative] has put weight on since he has been here. The cook is excellent". The friend of a person living at the home said, they had watched their friend eating lunch, and "She really enjoys her food, she is putting on weight which is great". A person being supported in their own home told us, "They [staff] make my breakfast for me, which is a great help".

Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. Meals were appropriately spaced and flexible to meet people's needs. People were offered a choice of hot meals.

The head cook also prepared two sample dishes, which were shown to people to help them choose which meal they would prefer. If people did not want what was offered alternatives were available, such as poached eggs, homemade soup and sandwiches. People were also offered a choice about the size of the meal they preferred, small, medium or large. Drinks, snacks and fresh fruit were offered to people throughout the day. For example on one of the days we were present, people were offered Satsuma oranges in the afternoon, and encouraged to peel them themselves, experiencing the texture, smell and memories the experience offered.

Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. For example one member of staff gentle woke a person up, giving them time to understand what was happening before supporting them with their meal. On a different occasion the deputy manager observed a person needing support with their meal and sat next to them and asked if she could help her.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. A family member told us their relative suffered from frequent infections and added, "They [staff] pick that up straight away and call the doctor". A health professional told us that staff, "Always seek advice, they do not hesitate to call for help and we know why we are called, it is always for a good reason". They added "They [staff] always follow my advice absolutely".

Good

Is the service caring?

Our findings

The service provides a mixture of residential care and the provision of care in people's homes, known as 'the hub'. Staff across the service developed caring and positive relationships with people. One person said, "Staff are very good, very caring. They go the extra mile for you". Another person told us staff were, "Really caring , they are absolutely marvellous". They added, "You know it is lovely being cared for by nice people". A family member said that staff were, "Very kind, we feel part of the family here. [My relative] seems to love them all". Another family member told us, "Staff are fantastic. They are friendly, relaxing and caring, everyone is so welcoming". Other comments from family and friends included, "There's a lovely atmosphere here, staff are so dedicated they really care for the people here" and "I can honestly say the staff are fantastic, patient and very caring. They are just brilliant".

Health and care professionals told us staff were caring and supportive of people living in the home. A health professional said, "Staff look after people here. They are very respectful and aware they are speaking to old and vulnerable people. They are fantastic". A care professional said, "All of the carers I have met at Westview are very caring and are at Westview because they want to be and appear to enjoy working with a very diverse and, at times, challenging group of residents".

People were cared for with dignity and respect. Staff spoke to them with kindness and warmth and were observed laughing and joking with them. They recognised that people's needs varied from day to day and were able to assess and accommodate the level of support they needed at a particular time. One member of staff saw a person was looking distracted in the lounge area. They spoke with the person in a quiet and kind voice asking if they would like to read a magazine. When the person agreed they brought two magazines so the person could have a choice. The person picked the one they wanted to look at. The member of staff then sat down with the person and engaged them in conversation about the contents of the magazine. Staff were attentive to people and checked whether they required any support. For example, a person up had fallen asleep in a hard chair while sat at the table in the lounge area and looked uncomfortable. A member of staff gently woke and asked the person if they would like to move somewhere more comfortable but the person declined. The member of staff accepted this as their choice.

Staff understood the importance of respecting people's choice and privacy. Staff had received additional training from a specialist at St Mary's hospital with regard to providing personal care interventions and who also gave advice to staff on how to support specific individuals. Staff spoke with us about how they cared for people and we observed that people were offered choices in what they wanted to wear, what they preferred to eat and whether they took part in activities. Choices were offered in line with people's care plans and preferred communication style. Where people declined to take part in an activity or wanted an alternative this was respected.

We also observed that personal care, in the home, was provided in a discreet and private way. Staff knocked on people's doors and waited for a response before entering. A member of staff told us that when supporting people, "I ask [people] what they like; I always keep them covered, close the curtains and make sure the doors are shut. I have been brought up to treat others how I would like to be treated and talking to

them which helps them understand what is happening".

People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. One family member, who had a lasting power of attorney for health and welfare, told us "I have deputyship so they [staff ask me different things [about their relative's care]. They go through [their relative's] care plan and ask if I want to add or change anything". Another family member said, "I am absolutely involved in [my relatives] care; they always speak with me and check things out". A third family member told us the registered manager or deputy manager "Phone me each day at the moment because [my relative] is going through a bad patch. We discuss what we can do to keep her safe".

People were encouraged to be as independent as possible. One family member told us their relative had improved since living at the home and added "They [staff] encourage him to do things for himself which is really good". The registered manager told us that staff, in their own time, had recently supported a person to take a trip with one of the local ferry companies. During the trip they arranged for him to meet with the captain and crew.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identified people who were important to the person. All of the families we spoke with confirmed that the registered manager and staff supported their relatives to maintain their relationships. A friend of one of the people living at the home told us "They [staff] support [our friend's] religious beliefs. They make sure she is ready for church on Sunday. They always make us welcome and make us feel part of the wider family". A family member said "The staff here are fantastic. If I can't get here to see [my relative] I can 'facetime' him. The use of technology is fantastic". 'Facetime' is a system which allows people to speak to each other over a video link on either a mobile phone or an electronic tablet. Another family member said, "We can come at any time and are always made welcome. Staff are so considerate". The registered manager told us about the housekeeper who had developed a 'special friendship' with a person at the home, who was living with schizophrenia. When the person needed to go into hospital the housekeeper went with them to provide reassurance and support. They stayed with the person until they were fully settled in the ward.

People's bedrooms were individualised and reflected people's interests and preferences. The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing. This supported people to feel more relaxed with familiar items around them. The friend of a person at the home told us their friend "Has a nice room with all her bits around her".

Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Good

Is the service responsive?

Our findings

The service provides a mixture of residential care and the provision of care in people's homes, known as 'the hub'. Everyone we spoke with told us they felt the staff were excellent and responsive to people's needs. One person said, "If I am not feeling okay, they [staff] keep coming and checking on me". A friend of a person using the service told us that staff are "Top notch, [my friend] is so much better since she has been here". A family member said, "We come twice a week and we can see the improvement in [my relative] since she has been here". Another family member told us the staff are "Excellent, I can see how [my relative] has improved. He feels like this is his home now. I am delighted". Health and care professionals told us that staff were responsive to people's changing needs. A care professional told us "The home will change its routines to suit the range of residents needs rather than have them meet the needs of the home".

Those people who were not able to verbally communicate with staff, were able to demonstrate their understanding about what they were being asked and could make their wishes known. A family member told us their relative was only able to communicate in a limited way. They said, "The staff understand [my relative] very well and communicate with him in a way he understands. They are fantastic". Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond. A member of staff said, "You get to know people their likes and dislikes and how they communicate. It is amazing the rapport you can pick up with people. It takes a bit of time but it is very rewarding".

People experienced care and support from staff who were flexible and responsive to people's individual needs and preferences. For example, the registered manager told us of one person who was living in the community, who had been subject of abuse by visitors to his home. They became and upset, fearful and often verbally abusive to staff trying to help them. The management team worked with other agencies to put in place a protection plan to help ensure the person was safe. A support plan was put in place including the use of a member of care staff, known to the person, to visit without wearing their uniform to build up trust while providing care and support. Another example given by the registered manager was in respect of staff visiting a person, who lived on their own in their own time to ensure they were safe and did not need anything. This person had a pet dog which became unwell and staff supported them arranging visits by a local vet and staying with the person when the dog passed away.

Staff's understanding of the care people required was enhanced through the use of support plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. They also included specific individual information to ensure medical needs were responded to in a timely way. Care plans and related risk assessments were reviewed monthly to ensure they reflected people's changing needs. A member of staff told us "I always read the care plan's so I know what is happening with the person, particularly if it is someone in the hub and I haven't been for a few days". Another member of staff said, "You have to write stuff in the care plans so you are always looking at them".

People across the service received care and treatment that was personalised and they or their relatives were involved in identifying their needs and how these would be met. Before moving into the home or being supported in the community people were assessed by a senior member of staff or the registered manager to ensure that their needs could be met safely. One person told us, "When I came out of hospital [the registered manager] sorted everything out. They came and checked what I needed and then arranged everything". People's needs were reviewed on a regular basis and their care plans updated when their needs changed. One family member said, "I am very involved in [my relative's] care and the review of her care plan, which is on going as she changes so much".

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required with their meals and when mobilising. This corresponded to information within the person's care plan. Handover meetings were held at the start of every shift which provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

The philosophy of care at the home was built around the provider's values of Valuing individuals; Inspiring them to keep; Treasured memories; and remain Active (VITAL). Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice. People had access to activities that were important to them. The friend of a person living at the home told us "There are lots of things going on here. It is a lovely atmosphere and they do activities that stimulate people. [The VITAL coordinator] is very good, always watching to make sure people are happy". A family member said "There are lots of activities; they celebrate people's birthdays; have sing-alongs, a music man comes in. always lots going on. They did Halloween, hollowing out pumpkins and drawing spiders everyone seemed to be enjoying it. Another family member told us "[The VITAL coordinator] is fantastic. There are lots of activities. They had their own [armchair] Olympics they played [armchair sports] and those that couldn't take part were encouraged to cheer and support. It was great to see". Another family member said, "[My relative] has the opportunity to join in [the activities] but chooses not to". Family members and friends also told us that people were taken out in the community to go to church, sing-alongs, visits the shops and other locations of interest such as Carisbrooke castle.

People's lives were enriched through the work of the VITAL coordinator who provided excellent support to people living at the home. She had received in depth training in supporting people living with dementia and worked with people's families to provide people with activities that were relevant and focused their backgrounds, likes and ability, providing a mixture of group and individual activities for people using the service. They provided an appropriate balance between allowing people to be independent and providing support to prevent the person becoming disengaged or frustrated. For example, they supported one person who used to like playing dominos. They engaged with the person and encouraged him to sort out a box containing different sets of dominos. Once the person was fully engaged they move on to support another person who was beginning to get distressed because their book had fallen on the floor. They engaged with this person, who had an interest in walking, about the book, discussing the pictures of different walks and locations. The VITAL coordinator had also brought in everyday items, such as an old wooden stool, which people could sand and polish; pipe work that people could fit together; shoe cleaning equipment and had obtained a manikin for people to dress up and use to tie ties.

The VITAL coordinator acted as a role model for other staff who continued this approach when she was absent. All of the families we spoke with could not praise the efforts of the VITAL coordinator highly enough and spoke of the positive impact they had had on their relatives wellbeing.

People and their relatives were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided by the service, at the home or in 'the hub'. People had access to an advocate service which could provide independent support for them if they were unhappy about the service provided. The registered manager sought feedback from people's families on an informal basis when they met with them at the home or during telephone contact. One family member said, "[The registered manager] always listens to any concerns, for example we found the wrong wheelchair in [my relative's] room. We raised it with the manager and it was sorted out straight away. She is always asking if we are happy or if we have any concerns. It is such a lovely family atmosphere here". Another family member told us, "They always let me know what is happening with [my relative] and checking if I am happy".

The registered manager also sought formal feedback through the use of quality assurance survey questionnaires sent to people, their families and staff. These were used to gain views on the care provided, the environment and the running of the service to enhance and enable continual improvement.

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided; this information was available in a format suitable for all people. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. The registered manager told us that people's keyworkers would support them to raise any complaints initially and people also had access to independent advocacy services if they needed them. All of the family members knew how to complain but told us they had never needed to. The registered manager told us they had not received any complaints since the home was last inspected and was able to explain the action that would be taken to investigate a complaint if one was received.

Outstanding ☆

Is the service well-led?

Our findings

People, relatives and health and social care professionals could not praise the service enough and told us that the service was exceptionally well-led. One family member told us the home was "Very well led by both [the deputy manager and the registered manager]. They run a tight ship. Everyone seems to work well together and have a nice philosophy of care". Another family member told us "I can't praise them enough [the registered manager]. I am really amazed at what they can do for [my relative] and they look after me as well when [my relative] is having a bad day". They added "There is such a lovely family feeling. I can come in any time and they always ask me how I am". All of the family members we spoke with said they would definitely recommend the service to families and friends.

A care professional told us "Both the Manager and the Deputy Manager are dedicated to caring for the residents in the home. The way they lead their team also shows that they are both respected and respectful in their roles". A health professional said "The success of the home undoubtedly is founded on the energy, enthusiasm and dedication of [the registered manager], who is supported in her initiatives by [the provider].

There was a clear management structure with a registered manager, deputy manager, head of care and senior care staff and administration staff. Staff understood the role each person played within this structure and were confident to 'step up' when required to ensure people continued to receive a consistent level of service. For example on the first day of our inspection the registered manager was not available, this did not impact on the service provided and all staff we spoke to were able to provide comprehensive information on the running of the service. All staff described a culture of positive leadership within Westview House and demonstrated enthusiasm throughout the inspection process. One staff member said "Everyone is very approachable. This is the most friendliest place I have worked at". Another member of staff told us "[The registered manager] is very approachable. I feel like I could go and talk to them if I needed to. It doesn't have to be about work".

All staff clearly demonstrated confidence in their roles and worked tirelessly to inspire people to live a fulfilled life. They were fully engaged with the provider's vision and values for the service enabling people to received care and support that reflected the Westview House 'VITAL' (Valuing individuals; Inspiring them to keep Treasured memories; Active; Lives) vision and values, which focused on looking after people, their families and each member of staff, placed the people at the heart of the service and consistently underpinned practice. There were posters explaining the VITAL philosophy and reinforcing the provider's expectations with regard to people's experiences of the care displayed within the home. A VITAL coordinator was employed by the service whose role was to ensure that the vision and values were implemented and understood by staff and communicated to people in a meaningful and creative way.

There was a strong emphasis on continually striving to provide seamless and person-centred care. For example, the registered manager had arranged for staff, for whom English was not their first language to have the opportunity to attend additional training at the home from a specialist TEFL (teaching English as a foreign language) teacher. This initiative had improved their communication skills and understanding, allowing them to engage more effectively with the people they supported and made a positive impact on

the quality of care provided.

Opportunities were available for people and their families to regularly contribute in a meaningful way to develop the service and help drive continuous improvement. Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were extremely happy with the service provided. The registered manager recognised that relatives had needs of their own and had regular discussions with family members to ensure they felt supported and included in their relative's care. One family member said the registered manager was "Very good. She even supported me when we were having a bad time. It was upsetting to leave [my relative] here at first but I can see now how good the staff are". Another family member told us, "The service they give is for both [my relative] and me. They watch out for me as well as [my relative]". These discussions helped family members understand how living with dementia can affect their relatives and provided the opportunity to discuss any issues or concerns they may have in relation to their relative's generally wellbeing or the service they receive.

The providers were responsive to new ideas and had developed links with external organisations and professionals to enhance the staff's and their own knowledge of best practice and drive forward improvements, such as the development of 'the hub' concept and the 'safe journey of care'. The provider and registered manager had identified a need within the local community to provide support to people living in their own homes who were at the early stages of living with dementia. They developed the concept of 'hub' working where members of staff from the home go out and provide support and care to people living in the community. This inclusive approach reinforced the provider's vision of a 'safe journey' of care for people living with dementia. The registered manager told us they considered 'the hub' as an integral part of the home where staff "just have to travel a bit further to support people". People using the hub service could not praise the support they received enough using phases, such as "absolutely marvellous", "really good" and "I don't know what I would do without them". A member of staff who supported people in 'the hub' told us "I love working with people in the hub, it gives you a different perspective".

The provider not only strived to improve the lives of the people using the service but took an active role to increase the understanding of dementia and improve the quality of care provided to people living with dementia and their families in the wider community. The provider was a member of the Isle of Wight Safeguarding Adults Board, Chair of the Isle of Wight Registered Care Homes Association and had worked with other professionals in developing health care initiatives. The provider had played a lead role in the setting up of the local Alzheimer's café which has been an initiative that has benefited the wider community. This has provided relatives of people in the service, the people themselves and people on the Island with a place where they can get support, meet people with similar issues learn about services available and be themselves. The providers and staff's commitment and passion to provide effective care resulted in a number of the care team volunteering at the Alzheimer's café.

The service had strong links with healthcare professionals, including nursing staff and consultant psychiatrists, the local clinical commissioning group (CCG) and social care professionals. The registered manager and staff worked in partnership with these to keep people safe, provide exceptional care and improve the quality of life of the people they cared for. Establishing and maintaining these links were essential for times of crisis or when planning appropriate care and personalised activities to people.

We found the registered manager promoted an open culture of transparency where lessons could be learned to drive improvements. We saw examples of this in the safeguarding policies within the home and through information sent to the CQC directly from the registered manager. Staff told us they felt valued and well supported by the registered manager and ideas and suggestions made about the way the service provided care was considered, discussed and taken seriously. One staff member told us "I have an NVQ3 in

pharmacy and [the registered manager] recognised my skills and made me in charge of managing the medicines for the home. It is an area I am very proud of".

The provider had suitable arrangements in place to support the staff and the registered manager. The registered manager had regular meetings with the provider, which also formed part of their quality assurance process. The registered manager told us that support was available to them from the provider who was responsive to any issues raised. The registered manager attended a quarterly management meeting which provided good support and allowed managers to mentor one another and share ideas. During these meetings the managers were updated about any organisational change and new legislation. Staff were supported in their role though regular supervision and have been supported to access counselling services and occupational health where necessary.

The home had comprehensive quality assurance processes in place. Surveys and questionnaires were regularly sent to people, families, staff and professionals to gain views on the care provided, the environment and the running of the service to enhance and enable continual improvement. The registered manager had an open door policy for the people, families and staff to enabled and encouraged open communication. Families told us they were kept fully informed and were fully involved in their relative's care.

The provider and compliance officer carried out quality assurance checks and provided documentary feedback of their findings to the registered manager who then acted on this. These included observations in line with the fundamental standards of care and checking the appropriate completion of consent forms, care plans and risk assessments. They also carried out an informal inspection of the home and the registered manager completed unannounced spot checks at night to ensure that high standards of care were being maintained. Operational reports were produced which looked at a range of areas including number of falls, infections, safeguarding, and complaints, as well as medication errors, pressure wounds and DoLS authorisations. This allowed benchmarking across all of the provider's services and showed any patterns allowing learning and appropriate action to be taken.

The home had robust systems in place to monitor the safety of the environment and manage the maintenance of the building and equipment. The service employed a health and safety officer whose role was to ensure that policy inputs, reviews, and appropriate audits are undertaken and effective in these areas. Equipment, such as fire extinguishers and mobility aids were checked in line with manufactures guidance. Clear understanding around legionnaires, water temperature management, safe storage of hazardous materials, asbestos management and Infection control was demonstrated. The health and safety officer completed unannounced spot checks in the home to ensure that the staff were working within the health and safety guidelines

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. They also understood and complied with duty of candour.