Yewcare Limited

Westerham Place Residential Care Home

Inspection report

Westerham Place
Quebec Square
Westerham
TN16 1TD
Tel: 01959 565805
Website: www.westerhamplace.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?	Good

Overall summary

The inspection was carried out on 29 September 2015 by two inspectors and an expert by experience. It was an unannounced inspection. The home provides personal care and accommodation for a maximum of 31 older people. There were 28 people living there at the time of our inspection. All the people living in the home were able to express themselves verbally and one person preferred to use body language.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Summary of findings

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were calculated and adjusted according to people's changing needs. There were safe recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

All fire protection equipment was serviced and maintained.

People's bedrooms were personalised to reflect their individual tastes and personalities.

Staff knew each person well and understood how to meet their support needs. Staff told us, "Sometimes it is the little details that matter the most, but whatever it is we respect what is important to our residents."

Staff received essential training and had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal. This ensured they were supporting people to the expected standards.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005 requirements.

Staff sought and obtained people's consent before they helped them.

The service provided meals that were in sufficient quantity and met people's needs and choices. Staff knew about and provided for people's dietary preferences and restrictions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

People were satisfied about how their care and treatment was delivered. They told us, "The staff look after me very well, they know what I need" and, "The staff know me so well and they help me every way they can."

People were involved in their day to day care. People's care plans were reviewed with their participation and relatives were invited to contribute.

Clear information about the home, the facilities, and how to complain was provided to people and visitors. The activities programme was provided for people in a suitable format which made them easy to read.

People were able to spend private time in quiet areas when they chose to. People's privacy was respected and people were assisted in a way that respected their dignity.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People's individual assessments and care plans were reviewed monthly with their participation and updated when their needs changed.

People were involved in the planning of activities and told us they were satisfied with the activities provided.

The service took account of people's feedback, comments and suggestions. People's views were sought and acted on. The registered manager sent annual satisfaction questionnaires to people's relatives or representatives, analysed the results and acted upon them. Staff told us they felt valued under the registered manager's leadership.

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. The registered manager kept up to

Summary of findings

date with any changes in legislation that may affect the service and carried out comprehensive audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to meet people's needs safely.

Safe recruitment procedures were followed in practice. Medicines were administered safely.

The environment was secure and well maintained

Good

Is the service effective?
The service was effective.

Staff were trained and had a good knowledge of each person and of how to meet their specific support needs.

The registered manager understood when an application for DoLS should be made and how to submit one. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. People were referred to healthcare professionals promptly when needed.

Good

Is the service caring?
The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment.

Good

Is the service responsive?
The service was responsive.

Staff were attentive to people's individual needs and requirements.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed. The delivery of care was in line with people's care plans.

Good

Summary of findings

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted on.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture which focussed on people. The registered manager operated an 'open door 'policy, welcoming people and staff's suggestions for improvement.

The staff felt supported and valued under the registered manager's leadership.

There was a robust system of quality assurance in place. The registered manager carried out audits and analysed them to identify where improvements could be made. Action was promptly taken to implement improvements.

Westerham Place Residential Care 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 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.

This inspection was carried out on 29 September 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who took part in the inspection had specific knowledge of caring for older people who live with dementia.

Before the inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports. We spoke with a local authority case manager who oversaw people's care in the home. We obtained their feedback about their experience of the service.

We looked at six sets of records which included those related to people's care, medicines, staff management and quality of the service, and five staff recruitment files. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We looked at the activities programme and the satisfaction surveys that had been carried out. We sampled the services' policies and procedures.

We spoke with 12 people who lived in the service and six of their relatives to gather their feedback. We also spoke with the governance manager, the registered manager, the deputy manager, the maintenance manager, six members of care staff and the cook.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "We have always felt safe and well respected, the staff are so helpful", "I am so happy here, it is safe, clean and the staff are lovely". One person told us "I have 'physical problems' and the staff always keep a vigilant watch over me." Another person told us how the staff had helped them become comfortable and feeling safe when they had had a 'bad night'.

Staff knew how to identify abuse and how to respond and report internally and externally. Staff knew where the policy related to the safeguarding of adults was located. The policy had been updated in August 2015 and reflected the policy and guidance provided by the local authority. Information about 'reporting abuse' was displayed in the main office. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. A newly recruited member of staff told us they had received this training within six weeks of starting work in the service. Staff told us about their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. One member of staff said, "I have whistleblowed when I worked in another service and would not hesitate to do it again should I see any malpractice; we have a duty to protect our residents."

There was sufficient staff on duty to care for people and respond to their needs at all times. Before people came into the service, the registered manager completed an assessment to ensure they could provide staffing that was sufficient to meet people's needs. People's levels of dependency were reviewed regularly, and this information was used to calculate how many staff were needed on shift at any time. The staff we spoke with told us there were enough staff to care in the way people needed and at times they preferred. Rotas indicated sufficient staff were in attendance on both day and night shifts. We observed staff were available to help people at various times depending on their wishes and requests for help were responded without delay. Staffing numbers had been increased in response to two people's increased mobility needs.

We checked staff files to ensure safe recruitment procedures were followed. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the home until it had been established that they were suitable to work with people. Staff members had provided proof of their identity and right to work and reside in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and we saw that references were obtained from the most recent employer where possible. Disciplinary procedures were followed and action was taken appropriately by the registered manager when any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. These were updated to show when people's needs had changed. Appropriate risk assessments were carried out which contained clear control measures to reduce the risks. The staff were aware of the risks that related to each person and knew how to put guidance into practice. For example, a person who was at risk of falls during the night had been provided with bed rails, and another with a sensor device to alert staff when they got out of bed so they could be helped if necessary. A person who was identified at being at risk of skin damage had been provided with pressure relieving equipment and additional monitoring. Staff described to us how they ensured a person wore the correct footwear to minimise the risk of fall. During handover between staff shifts, discussions took place about risks and how these could be avoided. A person had experienced a fall and this was discussed amongst the staff to identify the cause and the results of this incident. Staff reflected on what they could have done differently to try and lessen the risks to this person. We saw that staff helped people to move around safely and that people had the equipment they needed within easy reach.

The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. We spoke with the maintenance manager who evidenced safety checks that had been carried out throughout the service. These were comprehensive, appropriately completed and updated, and included internal and external environmental checks, lift and appliances service checks, water temperature and fire protection equipment.

Staff took part in regular fire drills which helped them remember the procedures and there was appropriate signage about exits and fire protection equipment

Good

Is the service safe?

throughout the service. The service had an appropriate business contingency plan that addressed possible emergencies such as fire, gas or water leaks. It included clear guidance for staff to follow. There was an overall fire risk assessment and each person had a personal evacuation plan that reflected their individual needs in case of an emergency. The staff knew where this information was located and understood how they should respond to a range of different emergencies including fire.

There was a system in place to identify any repairs needed and action was taken to complete these in a reasonable timescale. The building was well maintained and cleaned to a high standard. One relative told us, "This place is always clean and in good nick." People's bedrooms were free of clutter and spacious. Appropriate windows restrictors were in place to ensure people's access to windows was safe. Portable electrical appliances were serviced annually to ensure they were safe to use.

There was an effective recording system concerning accidents and incidents that ensured relevant information was considered and analysed without delay. Audits of incidents and accidents were regularly completed by the registered manager and the governance manager. This ensured that hazards were identified and actions were taken to reduce future risks of these recurring. For example, an audit of a person's falls highlighted that falls occurred at certain times. The person had been referred to a G.P. for a review of their blood pressure and medicines as a result.

People had their medicines at the prescribed times. One person said, "They always give me my tablets at the right time." Staff followed clear guidance and there were systems in use to make sure enough medicines were kept in the home. These were stored and disposed of safely. Competency checks had been carried out for staff who managed the administration of medicines. We saw staff administering medicines and accurately recording when people had taken these. The risks associated with each person's medicines had been recorded and staff knew how to avoid these and what to look out for, such as possible side effects and allergies. Two people managed their own medicines and appropriate risk assessments had been carried out, to ensure they understood the implications of not taking medicines when they should have them. An audit of medicines records had been carried out by an external pharmacy in September 2015 and no shortfalls had been identified.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed. One person said, "The staff look after me very well, they know what I need." Another person said, "The staff know me so well and they help me every way they can." A relative said, "The staff are very efficient, they know what to do and do it well."

Staff knew how to communicate with each person. Staff were bending down so people who were seated could see them at eye level. A care plan for a person who had hearing impairment included guidance for staff about how to communicate effectively with them. This included ensuring good eye contact and not using a loud voice. This was practised by staff. One person chose not to communicate verbally and used body language such as 'thumb up or down' to express themselves and this was understood by staff. We saw a member of staff communicating with this person using the same method and confirming verbally that they understood what the person wished to say.

We observed staff handing over information about people's care to the staff on the next shift. Staff were knowledgeable in handovers when discussing how to give people the individual care they needed. Information about incidents, referrals to healthcare professionals, people's outings and appointments, medicines reviews, moods, behaviour and appetite was shared by staff appropriately. A new admission to the service was discussed and staff were introduced to an initial plan of care and how to address them. This system ensured effective continuity of care.

Staff had appropriate training and experience to support people with their individual needs. New staff had a structured period of induction that included shadowing s experienced staff until they knew people's individual care needs and preferences, and studying for the 'Care Certificate'. We spoke with a newly recruited member of staff who told us, "Today I am reading care plans and also take time to get to know people." Agency staff were inducted to the service and were made aware of summarised care plans to ensure they were knowledgeable about people's individual needs.

Staff had received essential training and we saw that staff were booked for refresher courses to update and maintain their knowledge. A new system of recording and tracking staff training had recently been implemented by the registered manager. This meant that when gaps in staff training had been identified, action had been taken to ensure the staff were booked to attend further training without delay. The staff we spoke with were positive about the range of training courses available to them. One staff member told us, "There is loads of training; we have just done the medicines update." Staff had the opportunity to receive further training specific to the needs of the people they supported, such as dementia care awareness, dignity in care and palliative care. Two staff members told us, "I asked for more in depth dementia care training, we had this last week and it was really, really interesting" and, "I asked for palliative care training and this was arranged." The staff we spoke with were able to recall the principles of the Mental Capacity Act and what this meant in practice, demonstrating that they had acquired good knowledge and understanding from their training.

The registered manager and deputy manager monitored staff skills and competence regularly to make sure they were using this training in practice and were working to the expected standards. This included observations of how staff cared for people and how they safely used the equipment to help people move.

Staff were supported to gain qualifications and study for a diploma in health and social care. An external assessor was supporting staff with their studies at the time of our visit. They told us, "The staff make good progress, they are encouraged to study." One staff member told us, "I am in the process of completing my diploma at level three and I received all the encouragement and support from management that I needed." This meant that staff were able to develop their skills and knowledge.

One to one supervision sessions for staff were regularly carried out in accordance with the service's supervision policy. Staff training and support needs were discussed at supervision. A member of staff said, "If there is anything I need to discuss, we discuss it and they always ask me what training I would like to do." An annual appraisal of staff performance was scheduled for all staff to ensure expected standards of practice were maintained. This ensured that staff were appropriately supported and clear about how to care effectively for people.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered

Good

Is the service effective?

manager and the deputy manager. They demonstrated a good understanding of the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for a person who needed continuous supervision in their best interest. The registered manager had considered the least restrictive option.

Staff were trained in the principles of the MCA and the DoLS and the five main principles of the MCA were applied in practice. For example the deputy manager had assessed a person's mental capacity in a particular situation. When people had been assessed as not having the mental capacity to make specific decisions, a meeting had taken place with their legal representatives to decide the way forward in people's best interest. This ensured people's rights to make their own decisions were respected and promoted when applicable.

Staff sought and obtained people's consent before they helped them. One person told us, "The staff are lovely and they always ask me before they do anything." When people declined, for example when they did not wish to get up or go to bed, or when they did not wish to be helped with personal care, their wishes were respected and staff checked again a short while later to make sure people had not changed their mind. People or their legal representatives when appropriate signed their care plans to evidence their agreement.

Cooked breakfasts were offered as an alternative to continental breakfast. We observed lunch being provided in the dining areas and in people's bedrooms. The meal was freshly cooked, well presented and looked appetising. It was hot, well balanced and in sufficient amount. Condiments were available. People were able to have second helpings if they wished. People told us, "The food is great, look at my stomach", "I love the roasts, I'll be happy to spend the rest of my life here." A relative told us, "Our mother has been putting on weight since she has come here and she always tells us how the food is lovely."

People were consulted when menus were planned and specific requests were taken into account. A newly recruited cook had visited each person and checked on their preferences to 'revive the menu'. They told us, "I want to improve what is on offer and make the meals more interesting for people." The cook and kitchen assistant referred to clear documentation about people's allergies, dietary restrictions, preferences and birthdays. This information was updated daily and located in the kitchen. Some people required pureed food or food cut in small pieces and this was implemented effectively. People were supported by staff with eating and drinking when they needed encouragement and aids were provided, such as plate guards and enlarged cutlery. There was ample fresh food available in the kitchen and storage area, which was kept at the correct temperature. Home-made cakes, biscuits and fresh fruit were served in the afternoon and people were encouraged to have hot or cold drinks throughout the day.

Staff monitored and recorded people's intake of food and fluids when their appetite declined. Their weight was monitored and people were referred to health professionals if necessary such as when substantial changes of weight were noted. Fortified diets were provided appropriately.

People's wellbeing was promoted by regular visits from healthcare professionals. These were appropriately recorded and any resulting guidance was updated in people's care plans. One G.P. visited the home weekly or when people's health changed to review people's medicines. Referrals to district nurses, physiotherapists, psychiatric nurses and consultants were made via the G.P. when staff had requested these. A chiropodist visited every six weeks to provide treatment. An optician visited twice yearly and people were accompanied to a local dentist upon request. Vaccination against influenza was carried out when people had provided their consent. Records about people's health needs were kept and information was effectively communicated to staff so effective follow up was carried out. This ensured that staff responded effectively when people's health needs changed.

Good

Is the service caring?

Our findings

People told us they were very satisfied with the way staff cared for them. All their comments were extremely positive. They said, "No task is too demanding for the staff", "The staff at night can get a hard time from me, but they always look after me" and, "It is lovely here, the staff are very caring." Relatives told us, The care is superb; my aunt feels happy therefore I am happy", "I cannot fault the staff, they are absolutely fantastic, they will do anything" and, "This is a caring environment where staff really care."

We spent time in the communal areas and observed how people and staff interacted. There was a calm atmosphere where people were encouraged to chat and staff stopped to listen to people and respond in a compassionate manner. Staff spent one to one time with people to offer companionship and included people who chose to remain in their bedrooms. There were frequent friendly and appropriately humorous interactions between staff and people, whom staff addressed respectfully by their preferred names. One person who displayed signs of anxiety was reassured by the registered manager who spent time with them and told them that their visitor was coming to see them that afternoon. Staff offered people drinks throughout the day and not just at set times. They brought knitwear or blankets when people told them they were cold, even though the environment was warm.

All staff cared for people's wellbeing and paid attention to what mattered to them. They were attentive, patient and smiled to people. We observed them helping people move around safely and help them find their rooms if they were having difficulty with this. They explained what they were doing. A member of staff explained to a person that they were taking laundry to the laundry room but that they would be returning to help them shower. Another member of staff rushed to help a person carry a cup of tea when this was appropriate and remained with that person, chatting with them while they went from a room to another.

Staff cared for people in a way that showed they knew each person well. They used people's preferred names. They used appropriate touch and humour. During handovers staff talked about people respectfully. Staff were aware of people's history, preferences and individual needs and these were recorded in their care plans. This ensured staff were aware of people's individual requirements.

All staff knocked on people's bedroom doors, announced themselves and waited before entering. Bedroom doors were left open at people's request and staff checked regularly on people's wellbeing. Care plans included instructions for staff to follow when helping people with their personal needs. People were assisted discreetly with their personal care needs in a way that respected their dignity. A person told us, "They are very respectful." People were able to spend private time in quiet areas when they chose to. Staff were completing 'dignity audits' which were provided by the registered manager. The registered manager told us how these audits were used by staff to reflect on how people's dignity was promoted in practice.

The staff promoted independence and encouraged people to do as much as possible for themselves. People washed, dressed and undressed themselves when they were able to do so. People followed their preferred routine, for example, a person who had chosen to have a late breakfast was not hungry at lunch. They were offered lunch a little later and as they did not wish to have what was on the menu, they chose to have an omelette and a fruit salad instead. Another person who wished to go in the garden was able to do so and staff were attentive to their needs at a distance so as to respect their sense of autonomy and independence.

Clear information about the home and its facilities was provided to people and their relatives. The people that had been assessed as requiring help to locate their rooms had pictures on their doors. Fittings in bathrooms were of a different colour. A board that described the daily activities included pictures to help people understand what was planned. This was important for people living with dementia who needed help with orientation. People were provided with information that explained what their care plans were, so that they could be involved in regular reviews and understand documentation in relation to their care. An 'easy read' version of 'how to protect yourself from abuse' was displayed in the service for people to read.

People were involved in their day to day care. People's care plans and risk assessments were reviewed monthly to ensure they remained appropriate to meet people's needs and requirements. People were involved if they chose and their relatives were invited to participate in the reviews with people's consent. A relative told us, "We are kept informed and involved and have been invited to attend the next residents and relatives meeting."

Good

Is the service caring?

The staff knew how to care for people at the end of their lives. People were asked about their wishes about resuscitation and other relevant details that were important to them. People's families were involved with their consent to discuss end of life care when appropriate.

All wishes regarding end of life care were recorded in their files and the staff were aware of this. People had a pain management plan when appropriate and the staff followed guidance from the local hospice palliative team.

Good

Is the service responsive?

Our findings

People and their relatives told us the staff responded very well to their needs. They told us, "It only takes a couple of minutes if I call for help and it is there", "This is like a small hotel, every time you need something it is covered" and, "It is a bit like a social club here where residents and the staff know each other well". A local authority case manager who oversaw a person's care in the service told us, "They provide a good service that responds well to people's individual needs."

Each person's needs had been assessed before they moved into the home in respect to their day-time and night-time care. These initial assessments of care needs informed individualised care plans about each aspect of people's care that were developed within one week of them coming into the home. These included a personal profile, their likes and dislikes, needs and relevant risk assessments.

Attention was paid to what was important to people. Staff were aware of people's care plans and were mindful of people's likes, dislikes and preferences. A person preferred to sit in a certain place and have her hair brushed in a certain way; another chose to remain in their room to have their meal, and another person wanted their handbag to remain with them at all times. These wishes were recorded and staff were respecting them in practice. A person liked to recall fond memories of her life spent with her sibling and of the place where she grew up, and staff were aware of this.

Care plans included people's preferences such as, 'enjoys music and dance', 'likes Elvis' and, 'likes to go to bed at 9pm although sometimes not; likes a milk drink before bedtime.' A person had chosen a particular room with patio doors and had brought two pet cats with them to live in the service. The registered manager told us how important caring for their pets was for people and told us that the two cats had their own 'pet care plans'.

All the staff we spoke with were able to describe people's individual needs, likes or dislikes. The governance manager wore a specifically bright necklace when they worked in the service. They told us, "I wear this because the residents love it and it always sparks a conversation with them." One staff member told us, "Sometimes it is the little details that matter the most but whatever it is we respect what is important to them."

Care plans were reviewed regularly or as soon as people's needs changed. They were updated to reflect these changes to provide continuity of their care and support. The deputy manager and senior care workers reviewed risks monthly in relation to people's nutritional needs, mobility and skin integrity. People's care plan were reviewed and updated if they had experienced falls, hospitalisation or bereavement. We looked at a support plan for a person who had become bereaved. It contained sensitive guidance for staff to follow taking into account the person's moods, memory and emotional needs. Staff followed this guidance in practice. A person's health had greatly improved since they had come to live in the service to a point where they had resumed independence in every aspect of their care. The registered manager told us, "This is a pleasure to see."

Referrals to healthcare professionals such as G.P. and specialist nurses were made without delay. Their guidance was recorded and acted on in practice. For example, staff were clear about action they would take if they noticed a person's skin was becoming sore. They told us, "I would tell senior staff, record information and follow the guidance, which might be to use a cream or a cushion and call the G.P. or district nurse for advice." An example was given of a person who had recently lost their appetite and was at risk of losing weight. Staff knew that person needed monitoring and checked whether she ate enough in her room. When people needed regular night checks, records indicated this was carried out. A person told us, "They check on me every two hours, they are very reliable."

People's bedrooms reflected their personality, preference and taste. They contained articles of furniture from their previous home and people were able to choose wall colour, furnishings and bedding. One person told us, "I think my room is the best." Another person said, "My room is just like the one I used to have so I don't get homesick." People were invited to bring their pets into the service to live with them.

A range of daily activities was available. There was no activity coordinator and designated staff provided the activities when no external resource was used. All the people we spoke with told us they were satisfied with the activities provided. People were consulted about their preferred activities and were involved in the planning of the activities programme. The service was a member of the National Association of providers of Activities (NAPA). This

Good

Is the service responsive?

meant the registered manager received a monthly newsletter giving activity recommendations and suggestions. The staff team also have a resource developed by a qualified occupational therapist and physiotherapist that they refer to for appropriate guidance on activities and events for older people. Options of different activities were discussed at residents and relatives quarterly meeting. This had included the option of playing chess that had been declined by people, and of Bingo which people had welcomed. Bingo had become a regular occurrence in the activities programme. People who enjoyed gardening were encouraged and supported to continue with their interest. People were provided with three weekly keep-fit sessions with a fitness trainer who specialised in and understood older people's needs. This included one to one sessions for people who wished it. A person told us, "These are my favourite, it is good entertainment and ever so good for me because it keeps me mobile." Other activities included music, sing along, reminiscence sessions, games and walks to the village. The governance manager told us "We don't have a specific activity co-ordinator at the home but we are developing our own existing staff team to be able to provide activities to the residents." Two care workers were scheduled to receive advanced training about the delivery of chair-based activities for older people in residential care settings.

External entertainers came into the home to perform. People told us how they enjoyed entertainers who came regularly to the service to perform and sing for people. This activity included involving people with playing musical instruments. A 'visiting farm' brought animals to the service every summer, such as sheep and goats for people to interact with. A local choir came to perform at Christmas time. The service held an open day where people had participated in a barbeque to which all the local community had been invited. The service had taken part in scare crow and fairy lights competitions in the community. There was an advertisement to recruit volunteers that had been submitted to the provider for their approval. Relatives and visitors were welcome to visit at any time and were able to take people out whenever they wished. The governance manager told us a laptop was to become available for people's use to contact their relatives abroad by internet. These measures helped reduce people's social isolation.

There was a limited amount of outings organised by the provider. For example, only one outing had been scheduled, to visit a local garden centre in November. We discussed this with the registered manager who told us that the scheduling of outings had been delayed due to difficulties in recruiting staff. This was included in their improvement plan that was considered by the provider. The improvement plan that we saw confirmed this.

Resident meetings were held quarterly and recorded. People's feedback was sought about every aspect of the service and their suggestions were welcome. At the last resident meeting, a person had made a request for a change in the menu and this had been implemented. People's satisfaction was also checked by staff when they reviewed their care plans with them. Additionally, annual questionnaires were provided to people and their relatives to gather their feedback on the overall quality of the service. At the last survey in April 2015, comments that had been obtained showed a high level of satisfaction about how people's needs were responded to in the home. They talked of staff kindness, patience and dedication to meet people's needs. One relative had supplemented their feedback with a letter and had commented, "I am so glad that I chose Westerham Place for my mother; it is always a pleasure to visit; the staff are amazing from top management, all the carers [care workers], kitchen staff and laundry staff: they are really first class."

People were aware of how to make a complaint. The procedures to follow should people wish to complain were clearly displayed in the service. The registered manager and deputy manager were visible within the service and people knew who they were. One person said, "If I had any reason to complain I would speak to one of them and I know they would listen and put it right." Another person told us, "We can talk with any of the staff if we have a complaint, they are lovely." A relative told us they had a minor complaint about laundry that had been addressed promptly and effectively. One complaint had been made to the service in the last twelve months and we saw that this had been addressed promptly to a satisfactory outcome. This meant that people could be confident that their complaints were responded to.

Good

Is the service well-led?

Our findings

There was an open and positive culture which focussed on people. People knew the registered manager and deputy manager who spent time with them every day. A person told us, "They are very nice and we can talk with them." The relatives we spoke with were very complimentary about the management team. A relative said, "They are very well organised and the staff seem to respect the manager; Westerham Place is well regarded in the community."

Staff praised the registered manager for her approach and support. They said they could come to her or her deputy at any time for advice or help. All of the staff we spoke with told us that they felt valued working in the home. Two staff members told us, "Systems have greatly improved over the last three years; the manager is very approachable and efficient" and, "We get really good support from management to do our work."

The provider and registered manager were open and transparent. The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service, as per legal requirements. The registered manager had an improvement plan that outlined improvements to be carried out within a time frame. These included improvement to the auditing system for medicines; to training records and monitoring of staff training; to the creation of lead roles for staff, and to outings provided for people. Recent checks of hoists used in the service were carried out without delay when the registered manager was informed by the Medicines and Healthcare products Regulatory Agency (MHRA) of a possible defect.

There was a robust system of quality governance to monitor and improve the quality of the service. The registered manager and the deputy manager carried out monthly audits that included infection control, accidents and incidents, medicines, people's skin integrity, staff training, and complaints. The registered manager included these audits in a 'weekly activity report' and sent it to the governance manager, who visited the service monthly. Additional reports included audits of people's falls in order to identify trends, and ascertain how future risks of falls could be reduced. When shortfalls were identified, the governance manager or the operations manager discussed them with the registered manager and completed a governance visit report that scheduled remedial action with a completion date. For example, an audit of documentation had identified the need for monthly reviews of care plans instead of three months and this had been introduced.

The governance manager carried out unannounced checks of documentation, attended staff meetings, and reminded staff about policies that were updated throughout the year. Staff signed to evidence they were made aware of regular updates in policies. The registered manager had included 'policy of the month' in the team meetings agenda to be discussed with staff.

The registered manager regularly researched relevant websites such as 'Skills for Care London and South East', subscribed to the Social Care Institute for Excellence (SCIE), the National Institute for Care Excellence (NICE) and took guidance from the Stirling University about dementia care. They attended quarterly meetings with management teams of four sister homes, as well as regular local forums where they met other care home managers to share their knowledge and discuss practice issues. This ensured that the registered manager kept informed with latest developments in the delivery of health and social care in order to improve their service.

The provider and registered manager learned from mistakes and ensured improvements were carried out. For example, when staff in a sister home had made an error in the administration of medicines, all staff competency had been re-assessed in five services to minimise risks of recurrence. The registered manager had improved the service's documentation to be completed prior to hospitalisation as a result of a particular safeguarding issue.

The registered manager monitored staff practice. They carried out unannounced spot checks at nights and weekends and one spot check had identified a shortfall that led to disciplinary action. They had provided staff with self-assessment auditing tools to help them determine how they promoted people's dignity in the service. These tools were monitored to determine staff progress. The registered manager told us, "Each month, we do a different one, for example medicines, or infection control; this is a good way to discuss practice issues relevant to our policies and procedures."

The registered manager spoke to us about their philosophy of care for the service. They said, "People deserve to be

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treated with love, care, compassion and dignity as individuals." The governance manager told us that "This provider offers genuine, meaningful and individual care." From what people and the staff told us and from our observations, the staff took action to make sure these principles were used in practice.

There were plenty of formal and informal ways people were able to share their views. One person said they enjoyed the resident meetings where they could express themselves freely. Relatives were invited to attend annual reviews of their family member's care plan and discuss their care and treatment when they had consented to this.

Staff team meetings were held every three months to discuss the running of the service. Staff were encouraged to contribute to the agenda. Records of these meetings showed that staff were reminded of particular tasks and of the standards of practice they were expected to uphold. Staff told us these meetings were an opportunity to raise concerns, share good practice and learn from each other. Staff suggestions were listened to and considered. In response to staff ideas, a key of the office had been provided to staff, an additional care worker had been provided in the evenings, laundry issues were included at handovers, and rotas were scheduled four weeks in advance.

There was a 'comments and suggestions' box displayed in the service which the registered manager checked every week. This was rarely used and had not identified any issues to be addressed. A member of staff told us, "I don't have any need to use it, if we have something to say we just say it and we are listened to." The registered manager held an 'open door' policy and we saw that staff and people felt free to come and talk with her in the office throughout the day.

All the policies were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff for guidance. All records were easily accessible, well organised, completed, reviewed regularly, updated appropriately and fit for purpose.