

WCS Care Group Limited

# Westlands

## Inspection report

Oliver Street  
Rugby  
Warwickshire  
CV21 2EX

Tel: 01788576604  
Website: [www.wcs-care.co.uk](http://www.wcs-care.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

Westlands provides accommodation and personal care for up to 41 older people who may live with dementia. Thirty-three people were living at the home at the time of our inspection visit. At the last inspection, the service was rated Good overall and Outstanding in well-led. At this inspection we found the service has maintained the same ratings and continues to be rated Good overall and Outstanding in well-led.

There were two registered managers for this service at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

One registered manager had recently retired, but had not yet deregistered from the service. The new registered manager had been in post since April 2017 and had been registered as the manager at this home since May 2017. The new registered manager was already registered with us as a manager at another of the homes in the provider's group, which had been rated Good under their leadership. The provider had notified us of these changes.

People were at the heart of the service. Staff and the management team shared and demonstrated the provider's philosophy that, 'every day should be a day well lived'. Staff received training in the provider's values, which included, 'play, make their day, be there and choose your attitude'. People were supported to maintain their purpose and pleasure in life independently or with the support of staff and volunteers.

People and their relatives were encouraged to share their opinions about the quality of the service, which ensured planned improvements were beneficial to the people who lived at the home. The provider continued to use external agencies and recognised methods to understand how people who lived with dementia experienced care, to drive improvements in the service. Changes to the premises had improved people's enjoyment of their environment.

The provider was innovative and creative and strived to improve the quality of people's lives. They had researched and reflected on how an internationally recognised provider of excellence in dementia care provided care. They had implemented an electronic care planning system that ensured staff and management had access to the most up-to-date information at the press of a button and enabled relatives to be fully informed and involved in their relations' care.

The provider planned to implement an acoustic monitoring system at night, which was already in operation at some other homes in the group, where people had agreed they would like it. People will benefit from the technology because they will not be disturbed by regular night checks and staff will have more time to care for them.

People continued to have freedom of choice and were supported by staff who had the skills and training to meet their needs. People were supported with their dietary and health needs and were encouraged to maintain their independence by following their preferred and familiar routines and habits.

People were involved in planning their care with the support of their relatives and staff, to make sure their care plans met their individual needs, abilities and preferences. Staff showed insight and understanding in caring for people, because they understood people's individual motivations and responses.

People were protected from the risks of harm, because staff understood their responsibilities to protect people from harm. The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough staff to support people safely.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. Medicines were stored, administered and managed safely and the registered manager regularly checked the premises and equipment were safe for people to use.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Outstanding.	<b>Outstanding</b> ☆

# Westlands

## 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 comprehensive inspection took place on 21 and 22 June 2017. The inspection visit on 21 June 2017 included two inspectors and an expert-by-experience and was unannounced. We told the provider one inspector would return the following day to complete the inspection. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

Before the inspection visit 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 improvements they plan to make.

We also reviewed the information we held about the service. We looked at information received from relatives, healthcare professionals and the local authority commissioners and reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with 14 people who lived at the home, five relatives, a visiting volunteer, a visiting healthcare professional and three people who regularly visited and used the home's day-care service. We spoke with 13 care staff, two care coordinators, three support staff and the registered manager about what it was like to work at the service. We spoke with two members of the provider's management team, which included the Head of Concierge and Volunteer Services and the Head of Care Services and Quality.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, both inspectors used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and whether they

experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed the care and support staff gave to people in communal areas of the home and we observed how people were supported to eat and drink at lunch time. We reviewed five people's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed records of the checks the management team made to assure themselves people received a safe, effective quality service.

# Is the service safe?

## Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating for safety continues to be Good.

People told us they felt safe because there were enough staff and staff regularly checked with them that they were 'alright' and whether they needed anything. People told us they were sure staff would protect them from any risks of harm. Relatives told us they were confident their relations were safe, because there were enough staff to keep them safe. Staff told us they worked across the whole home so they knew people well and understood their individual risks and abilities. The provider's recruitment process included making all the pre-employment checks required by the regulations, to ensure staff were of good character and suitable to deliver personal care.

Staff received safeguarding training and understood the signs of abuse and what they should do if they had any concerns. Staff were confident they would recognise any changes in people's behaviour, such as a loss of appetite, or if the person became withdrawn, that might indicate they were at risk of harm. Staff told us they would share any concerns about people's safety with the care coordinators or the registered manager. A member of staff said, "I am confident seniors would do something about it. I would raise with it with CQC or safeguarding if needed". The provider had notified us, in line with their legal responsibilities, when they had made a referral to the local safeguarding authority.

Since our previous inspection, people's care plans had been saved into an electronic record, which included risk assessments using recognised risk assessment tools. Care plans were personalised and relevant to people's individual and diverse needs and abilities. They included guidance for staff about the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. All the information in the care plans was available to staff electronically in hand-held devices they carried with them. A member of staff told us, "It will save time and is more accurate. We act and record immediately." The management team used the risk assessments, care plans and knowledge of people's dependencies, to calculate the number of staff needed to support people according to their individual needs.

There were enough staff to support people safely. People told us, "I think there is enough staff" and "I can call for help or use the buzzer. If you need them they are there to help." Staff told us there were enough staff to keep people safe, but some staff said they were working a lot more hours than normal. Since our previous inspection, the registered manager had stopped using agency staff and had increased the number of staff on the rota during the day, which required more staff hours in total across the home. Staff were invited to work additional hours while the registered manager was recruiting additional staff, which meant people continued to be supported by staff who knew them well. Staff told us, "It is better. There are more staff and we are still recruiting" and "I do it (overtime) because I love the job and the people."

The provider's policies to keep people safe included regular risk assessments of the premises and testing and servicing of essential supplies and equipment. Staff received training in health and safety, emergency

aid and fire safety, to ensure they knew what actions to take in an emergency. Staff told us they had regular fire drills to remind them of the actions they should take in an emergency. The provider issued and monitored a schedule of regular checks by the registered manager of fire prevention and fire-fighting equipment, to make sure risks relating to fire were minimised.

Medicines were managed and administered safely. People told us, "Staff always remember to give me my medicines" and "You can always get pain relief." We saw staff reminded people what their medicines were for and waited until they had swallowed them, to make sure they were administered safely. People's medicines were stored safely in locked trolleys in staff-only rooms. They were delivered in pre-packed trays, colour coded for the time of day, which minimised the risks of errors.

Medicines were delivered with an accompanying medicines administration record (MAR), which showed the prescribed amount, frequency and time of day they should be administered, and which staff signed each time they administered them. For medicines that were administered only 'when required', such as pain relief, staff counted and recorded the number of tablets remaining to make sure there were no errors and there were always sufficient medicines available for the person. Only trained and competent staff administered medicines and the electronic system alerted the senior staff immediately, if medicines were not administered in line with people's prescriptions.

## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating for effectiveness continues to be Good.

People told us staff supported them when they wanted support and they were able to choose when they were supported. People said, "They look after me fairly well", "They help me if I need it" and "They help me with all the practical things." Relatives told us, "Staff seem well trained and treat [Name] well" and "Staff understand how their illness affects them. New staff soon learn their ways." Staff told us they had training that helped them understand and recognise people's unspoken needs, for example, training in dementia awareness. Staff told us if people were not able to state their needs, their care plans were detailed enough to give them confidence that the care and support they offered was appropriate.

Staff worked with the same people regularly, which enabled them to learn and understand people's preferred routines, habits and moods. Staff shared information about people's appetites, moods and actions by updating the electronic records before each staff-shift change. The care coordinator shared the information verbally with incoming staff at handover meetings to make sure all staff knew about any changes. Staff told us they regularly attended team meetings on each floor of the home, where they talked about, "Each person's needs, abilities and the expectations of staff." Staff attended one-to-one meetings with their line manager, when they were able to discuss their own training needs and reflect on their practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their responsibilities under the Act, and when necessary, applications had been made to the local authority to deprive people of their liberty. A member of staff told us, "There is no set time for anything. We are paid to do what people want to do. It's their choice. They are old enough to know their own mind." Records showed that for those people who lacked capacity to make specific decisions, decisions were made in their best interests by a team of people who knew the person well.

We saw staff offered people choices and respected their right to make their own decisions about their day and how they were supported. One person told us they liked the fact that they could go into the garden and help themselves to coffee when they wanted. They said the layout of the rooms and the on-site facilities supported their preference to be as independent as possible, within the limits of their physical health. We saw the person exercised their right to choose which room they had lunch in, who they sat with and what they ate.

People told us the food was "Very good", "Well cooked" and "Well above average." They told us they always

had a choice of meals. Staff told us people were asked about their choice for lunch beforehand, and if people changed their minds, the cook would prepare them an alternative meal of their choice. A relative told us, "The food is beautiful, there is always a choice. Staff go out of their way for [Name]. They made a soup especially for them the other day."

At lunch time we saw most people ate independently, while staff encouraged and assisted those people who needed assistance. For example, if people could not decide what to eat, staff invited them to, "Try a bit of both." Staff cut some people's meals into smaller pieces to make it easier to eat and ensured another person's meal included ingredients they could eat more easily with their fingers, which was their preference. Staff knew people's food needs, preferences and habits well, for example, those who needed encouragement and those who were independent, but, "Should not rushed." People who were at risk of choking were offered foods in accordance with healthcare professionals' advice.

People's care plans included information about their dietary needs, allergies and any cultural or religious preferences for food, which was shared with the cook. Staff monitored people's appetites, fluid intake and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. When people were prescribed fortified (high calorie) drinks to supplement their diet, staff recorded when they gave them to people on their Medicine Administration Records, because they were prescribed for health reasons.

People were supported to maintain and improve their health through regular appointments with healthcare professionals, such as dentists, opticians and chiropodists. Staff were knowledgeable about people's individual medical conditions and were observant to changes in people's moods and behaviours. Staff made sure people saw their GPs to check whether the changes were a symptom of changes in their health. A visiting healthcare professional told us they had just discharged a person from their care, because they had made, "Significant improvement in mobilising with the support from staff." They told us they had been able to add their own notes and key information with guidance for staff into the person's electronic care record and were confident it would be accessible to all staff.

## Is the service caring?

### Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection because they felt staff cared about them. The rating for caring continues to be Good.

People told us, "Staff are kind and patient" and "The care staff are lovely 110% of the time." Relatives said, "It's so welcoming and sociable here" and "The staff are all nice. They treat [Name] well." A relative had written to the registered manager to thank them for their, "Care, compassion, exemplary commitment" and the quality of their relation's life at Westlands.

Care staff told us they enjoyed working at the home and took pride in the outcome of their work, which they described as, "Delivering good care for people". Staff told us they were prepared to work extra hours while the registered manager was recruiting more staff because it was important to them that, "People will have their care needs met regardless."

People's care plans included information about the person's preference to socialise or to spend time alone, their emotional needs and their preferred routines. Staff told us they read the care plans, but said they got to know people best through supporting them regularly and talking with them about their previous lives and current concerns. Staff told us, "People talk to us about their problems. If I couldn't help them, I would ask higher up."

We saw staff knew people well. Staff adopted different approaches appropriate to people's diverse needs. Staff's different approaches with each person were well received by the individual on each occasion. For example, some people enjoyed a joking, teasing kind of conversation with staff and other people needed more emotional reassurance or physical comfort from staff to maintain their well-being. Staff's thoughtfulness and understanding was effective in creating relationships with people based on mutual trust. We heard several people declaring their fondness for a particular member of staff. We saw several people watching staff's movements closely and smiling in anticipation as the member of staff approached them.

The provider's policy of appointing named staff as 'keyworkers' for each person, meant that staff had clearly defined responsibilities for making sure that people's individual personal needs were met. The keyworker staff also acted as an advocate for the person. Staff explained that keyworkers were responsible for maintaining contact with families and organising people's toiletries and clothes, if needed. Keyworkers supported people at healthcare appointments, if their family could not attend.

Staff promoted people's dignity in the way they spoke with people and by being considerate in supporting people to dress in clean clothes, clean glasses and to wear jewellery and make up of their choice. Staff treated people with respect through their tone of voice, facial expression and body language. Relatives told us they felt welcome to visit anytime. We saw visitors felt relaxed enough to make themselves a hot drink and spend time in the café in reception and in the garden with their relations.

The provider had made arrangements with a local, voluntary 'befriending' service, to make sure that people who did not have regular visitors or family members still had an opportunity to share their thoughts, feelings and beliefs with someone outside of the staff team. Records showed the provider monitored the frequency, content and outcome of the visits, to assess the impact and benefits for each individual.

## Is the service responsive?

### Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People and relatives told us staff understood them and knew their individual likes, dislikes and preferences. People who could not remember seeing a care plan were still confident staff understood their needs, because they received the help and support they needed. A relative assured us, "I have seen the care plan and I know what is going on. We have a care review twice a year and I talk to the girls regularly."

People's care plans were updated when their needs changed. A relative told us their relation had moved to the home for support with physical needs, but had since developed an illness that required more emotional support and reassurance. The relative told us staff were, "Marvellous" in the way they had adapted to the person's changing needs and abilities. Changes in care plans were shared with staff immediately on the handheld devices. A member of staff told us, "We have instant access to people's records so we know if they have been ill or had a fall."

People told us they liked living at the home because they were supported to be as independent as possible. One person said, "Staff respect we can do some things on our own. I can get myself up." Staff also told us the care and support they delivered was variable according to people's individual needs. A member of staff told us, "People all have their own routine. No two shifts are the same. We work around them."

Some people chose to spend time in their own rooms, engaging in art therapy, watching television programmes or films and receiving visitors. Staff said they liked 'making a difference' to people's lives by spending time with them. Staff told us, "In the afternoons we have time for one-to-one activities, such as hand massage and nails" and "We take [Name] out into the garden and have a cup of tea together." The volunteers that visited the home twice a month offered time for people to engage in musical and craft activities and time to simply reminisce about the past.

There were opportunities for people to socialise and engage with others. We saw staff encouraged and supported people to go to the café in reception for a destination to walk to, for a change of scene or to meet with friends. A visitor told us the social opportunities at the service had had a beneficial effect and said, "My friend has absolutely blossomed since they have come here." People told us they had enjoyed the National Care Home Open Day party, because it included dressing up, cakes and dancing and because the registered manager had joined in, dressed up as a cup cake.

One person told us they had enjoyed an exercise session that had taken place in the morning and other people told us they were looking forward to a trip out to a local garden centre. On the second day of our visit, we saw the trip out had impacted positively on people's well-being as they showed their shopping to staff when they arrived back. The provider and registered manager had plans to increase the opportunities for people to socialise and engage more with the local community by recruiting a 'lifestyle coach'.

People told us they had 'no complaints' about the service, but were confident any complaints would be responded to and resolved, because they trusted the staff and registered manager to put things right. Relatives told us, "When I have made complaints, or raised issues, they listen and sort it out" and "Any niggles, I can speak to [Name of registered manager] and it's sorted." A member of staff told us, "If there is a complaint we resolve and apologise straight away, and talk to the lead care coordinator or manager. They would take action."

## Is the service well-led?

### Our findings

At this inspection, we found the service continued to be very well-led. The service has maintained the rating of Outstanding.

People told us they were very happy with the quality of the service. People said, "I don't want to go anywhere else. I like it here" and "I am happy here and if I wasn't, I would say so. It's very good here." A visitor told us, "I have seen many places, had experiences of other places too and if I needed extra help I would definitely come here." People, relatives and staff were encouraged and supported to make suggestions for improvements through regular meetings, surveys, a 'suggestion box' and the staff and management team's willingness to listen. A service manager, who had management oversight of several homes in the group, undertook dementia care mapping to understand how people living with dementia experienced care. Their observation that the medicines trolley created an institutional feel, resulted in staff moving the trolley to a more discreet location, out of sight, when not in use. Dementia care mapping is recognised by the National Institute of Clinical Excellence as an effective tool to understand and improve people's experience of care.

The provider's annual survey of people and relatives showed the majority continued to be happy with the food, the availability and support from staff, the premises and their daily living arrangements. Where people were less than happy, the provider and registered manager had taken action to improve. For example, people had rated the lunchtime table and seating arrangements as 'less than satisfactory', so, at staff's suggestion, the communal rooms had been rearranged to allow more space and a calmer atmosphere. Staff told us they had already noticed people benefited from this change, because people had more room and were happier and it was easier for staff to get around the tables. A member of staff told us they had encouraged one person to come out of their room, (who had previously declined to spend time in the communal rooms), to see the changes and they had met another person and had made friends with them. The member of staff said, "[Name] has made a friend. It makes them beam. I love to see this."

A representative from Age UK had visited the home twice during 2016 and given feedback to the provider about how it might feel to visit or live at the home. The provider had listened and taken action to improve people's experience of the service. The entrance, reception and manager's office had been reconfigured to provide a 'café' at the entrance and to enable the administrator to also act as a receptionist. We saw people were encouraged and supported to enjoy the café facility and took pleasure in spending time there. A relative told us, "I knew as soon as we walked in the door, there was no question, that this is where [Name] was coming to live. The coffee shop and smiley receptionist."

The provider shared their learning from listening to people's views across the group of homes. For example, in response to one person's feedback about the size of the print on staff's name badges, at another home in the group, all staff across the group of homes had been issued with new badges that were easier to read.

The provider's vision and values of 'Play, make their day, be there and choose your attitude', were understood and demonstrated by the registered manager, for staff to follow. People, staff and visitors told us leadership at the home was transformed by the recently appointed registered manager because they

were approachable, worked with staff and joined in everything. People told us, "[Name of registered manager] always comes to see how we all are" and "It was hilarious when they dressed up in a pink hooped dress." A relative told us, "They are really nice. They are visible, out on the floor and they are very approachable." Staff said, "It's a happy home. The care this home provides is the most important thing and it feels like managers want this too" and "On cake day last week, when [Name] dressed like a cake, people thought it was magic when they danced with them."

Staff told us they liked the registered manager because they made themselves known to people who lived at the home and were always available to support with hands on care. Staff told us, "They come out with gloves on, ready and say, who wants help?", "They are really good with people and talk to them all", and "[Name of registered manager] is lovely and has organised days out for people." The registered manager had continued to send us statutory notifications about important events at the service, as required by law. The provider's 'duty manager' system meant there was a responsible manager on site between 8am and 10pm seven days a week.

Staff told us they felt supported and valued by the registered manager because they understood staff's role and recognised the efforts staff made to live by the provider's values. Staff felt encouraged to make suggestions to improve people's well-being because the registered manager was willing to listen and try them out. Staff told us, "I was thanked and given a bunch of flowers for organising the open day", and "[Name of registered manager] is awesome, amazing, different. I can speak to them at any time as a friend. Their door is always open."

The provider had recently implemented an electronic care planning tool, which was designed to facilitate staff's record keeping and monitoring of the quality of the service people received. All staff had hand-held mobile devices so they had instant access to people's care plans and individual risks at the touch of a screen. Staff told us they liked the new system. An electronic alert sent directly to staff's handheld devices ensured staff were reminded to take time-critical actions related to people's health. For example, actions by staff to minimise risks related to specific-time medicines administration, poor food or fluid intake and risks of skin becoming sore or damaged. The system prompted staff to make sure checks had been carried out for people who stayed in their rooms, as identified in their care plan.

Duty managers monitored the quality of the service through the same electronic care planning system, which showed a red flag if specified, planned care interventions were 'late'. A service manager told us, "Any omissions, 'late or asleep' records are red flagged. At our three daily handover meetings, staff check the red flagged 'hotlist' and decide on actions needed. There is a footnote facility to explain why items on the hotlist are closed."

The electronic care planning system enable the management team to monitor if people were not weighed regularly, did not eat well, or if their weight or fluid intake dropped out of an appropriate range for their height, age and health condition. The provider was able to demonstrate that people had benefited from the electronic monitoring system. For example, by constantly monitoring how much people drank, staff had been able to encourage people to drink the right amount for their height and weight. Management reports showed that staff at Westlands had successfully encouraged 94% of people to drink at least their target amount during April 2017, which reduced the risk of people becoming dehydrated or of developing infections.

The provider's operations team monitored management reports across the group of homes three times a day, seven days a week and sent reminders to all the registered managers requesting explanations for any gaps or omissions compared to people's care plans. All the information staff entered on the system was

instantly available to the duty manager, which meant they were able to continuously check that people received the care they needed. We saw the system required staff to record details such as the person's response to care and support, their moods and appetites and how much they drank. The system supported the registered manager's monthly audits of people's medicines, complaints, accident and incident records and housekeeping records.

The ultimate goal of the electronic care planning system is the ability to monitor whether staff take the agreed actions that are critical to a person's health or wellbeing. Each plan will include ten 'must do's, related to people's individual needs. Care staff were calculating which elements of each person's care plan would be deemed as 'critical' to their health and well-being, to make sure the right information was shared and monitored by the provider. Once the ten person centred 'must-dos' are included in everyone's care plan, the quality monitoring system will register immediately if staff do not take the most important actions at the agreed time.

The electronic care planning system provided a new opportunity for relatives to stay fully informed and involved in their relations care if they were unable to visit regularly. Relatives had a password protected access to an on-line 'gateway' into their relation's care plan and daily records. Relatives were able to talk to staff through an associated messaging service, so were able to obtain immediate reassurance from staff if they had any concerns about their relation's care, support or health. Relatives were able to ask staff to include specific actions into the person's 10 daily 'must do' actions.

People were encouraged and supported to maintain links with the community through local days out, and the volunteer befriending service. The Concierge and Volunteer Services Manager told us, "We have been recording the impact of the volunteer initiative and will review the benefits to roll out the model at other homes." There were plans in progress to improve opportunities for people to socialise through the recruitment of a 'lifestyle coach', who will lead in identifying and organising activities, events and days out matched to people's preferences. The registered manager planned to introduce the provider's 'interests matching' programme so that people, staff and volunteers might set up clubs that reflected people's interests and hobbies.

The provider planned to replace nightly checks with an acoustic monitoring system that had already been successfully implemented at two of the other homes in their group. The acoustic monitoring system will mean night staff will not need to disturb people at night by physically checking them. The system is set up according to each individual's 'usual' level of noise, as agreed with the person, and includes an agreement for when staff should switch off the monitoring system. It sends an alert to night staff if the level of noise in a person's room is louder than the agreed 'usual' noise for that person. Night staff will be able to spend their time in more beneficial ways, such as organising activities at night for people who do not sleep well.