

DRB Healthcare Limited

Westwood Court Care Home

Inspection report

Well Street
Winsford
Cheshire
CW7 1HZ

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06 August 2018

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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 ●

Summary of findings

Overall summary

We carried out an inspection of Westwood Court on the 2 and 6 August 2018. The first visit was unannounced with the second day being announced.

Westwood Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Westwood Court is registered to accommodate 56 people. At the time of our visit, 56 people were living there.

Westwood Court provides accommodation and nursing care for people who live with dementia as well as those who have enduring mental health issues.

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

This was the first visit to the service since it was registered in November 2016. As a result, no ratings had previously been applied to the service.

Staff had a clear understanding of the types of abuse that could occur and had clear procedures for reporting these. Staff were aware of how to raise care concerns with external agencies.

The management of medication was robust. Medication was appropriately stored and subject to regular audits.

Staffing levels were appropriate to the needs of people. Staff were available to assist people at all times.

The premises were clean and hygienic. Equipment used by people was checked and serviced regularly to ensure that they were safe to use.

Risks faced by people in respect of health needs such as pressure ulcers, falls and malnutrition were in place and reviewed regularly. Where people had experienced weight loss, a clear plan of action was in place to protect people's health.

Recruitment of staff was robust. This ensured that vulnerable people were supported by suitable staff.

Accidents and incidents were recorded to ensure that patterns and trends could be identified to prevent re-occurrence.

Staff received the training they needed to perform their role. This training covered mandatory health and safety topics as well as training linked to the specific needs of the people they supported.

Staff received supervision on a one to one basis as well as through staff meetings.

A structured induction process was in place. The care certificate was used for those who had no previous experience of care.

The registered provider was operating within the principles of the Mental Capacity Act 2005. Appropriate safeguards had been applied for and granted to ensure that people were safe.

People had their health needs promoted and had access to health professionals in order to ensure they kept healthy.

Consideration had been made to ensure that the premises were dementia-friendly. Signage was available and doors painted in contrasting colours to enable people to be orientated.

Staff adopted a caring and patient approach to people they supported. The privacy of people was promoted at all times.

People had the opportunity to decorate their personal space as they wished to reflect their interests.

A structured activities programme was in place. Information relating to this was presented in an accessible format. Activities were varied and included activities within the service and in the wider community.

Care plans were person centred and included the personal preferences of people. Care plans were reviewed and audited on a regular basis.

A complaints procedure was in place. This gave people the information they needed if they wished to raise concerns.

A registered manager was in place. This person demonstrated a detailed awareness of the specific needs of people who used the service.

A range of audits were in place. These were completed monthly and enabled the registered manager to monitor the quality of support provided within Westwood Court.

The views of people who used the service and their families were gained. Residents/relatives meetings were held on a regular basis.

The registered provider always informed us of any incidents that adversely affected the wellbeing of people who used the service.

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.

Staff were aware of how to raise safeguarding concerns.

Staff were recruited appropriately.

People felt safe living at Westwood Court.

Is the service effective?

Good ●

The service was effective.

Staff received the training and supervision they needed to perform their role.

The nutritional needs of people were met.

The registered provider was operating within the principles of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were treated in a dignified and unhurried manner.

People were given the opportunity to personalise their rooms.

Sensitive information was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and up to date.

A structured programme of appropriate activities were in place.

A complaints procedure was available for those wanting to raise concerns about care practice.

Is the service well-led?

The service was well led.

A range of robust audits were in place to monitor the quality of care provided.

The views of people who used the service and their families were gained.

The registered manager reported adverse incidents to us as required.

Good 

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

The inspection took place on the 2 and 6 August 2018. The first day was unannounced with the second day announced.

The inspection team consisted of one Adult Social Care Inspector.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at eight care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. In addition to this we spoke to five people who used the service and four relatives. We also spoke to the registered manager, a Unit Manager, a registered nurse, two care co-ordinators and two care staff. We spoke with members of the local authority commissioning team who had no concerns about the service. 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."

As part of our inspection, we ask registered providers to complete 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 had not requested a PIR be completed and returned to us in this instance.

We checked to see if there had been a recent visit from Healthwatch. Healthwatch is an independent consumer champion created to gather and represent the views of the public. No visit had been made since the service was registered with us.

Is the service safe?

Our findings

People told us, "I feel safe here". They told us that they liked the staff team and that they always made them feel "safe and comfortable". This view was echoed by relatives we spoke with. They told us, "My relation is safe, absolutely" and "I can leave the building knowing that [name] is being looked after and is safe". People told us that there were always enough staff to assist them to meet their needs.

Staff demonstrated a good understanding of abuse and the potential types of abuse that could arise. They were clear about the reporting processes for raising any concerns and were confident that the management team would take appropriate action to deal with them. Staff were also aware of the whistleblowing process. A procedure was in place and they were aware that they could refer any care concerns to external agencies such as CQC. A clear procedure was in place for reporting safeguarding concerns. In addition to this, the registered manager reported any low-level concerns to the local authority monthly. Low level concerns are those events that do not meet the criteria for a full safeguarding investigation. Our records indicated that the service had not been the subject of any safeguarding concerns.

Measures were in place to recognise the risk faced by people in their daily lives. This extended to risks associated with their health as well as risks associated with the environment. Risk assessments were in place to recognise the risk people faced from malnutrition, falls and pressure ulcers, for example. Other risk assessments were in place relating to the specific needs of people who used the service. All risk assessments were evaluated monthly basis and where changes occurred in people's health; these were altered to reflect these changes. The information was retained in care plans and meant that staff could promote the wellbeing of people who used the service. Other assessments related to the risks associated with the environment. These had been reviewed and updated appropriately.

The recruitment process was found to be robust. Information in recruitment files of people who had come to work at Westwood Court recently included an application form, interview notes and references. Further checks included a Disclosure and Barring Service check (known as a DBS) and this confirmed that people had not received any past convictions that would mean they were not suitable to support people who used the service. Information was also available confirming the identity of each member of staff.

No one self-administered medication within the service. Consent forms had been signed by individuals and these included consent for the staff team to manage all aspects of medication. Where people lacked capacity to manage their medicines safely; a best interest process had been followed.

Medication was stored in lockable facilities which in turn were stored within medication rooms. These were secure when not in use. One person had been prescribed a controlled medication. These are medicines that are subject to legal controls. A register of the stock of controlled medications was in place and this tallied with stocks held. Some medicines were required to be stored at a lower temperature to ensure that they were effective. A refrigerator was available to ensure this and the temperature of this was taken on a regular basis.

Medication administration records were appropriately signed with details included of when medication was received. A system of disposing of unwanted medication was also in place. A clear process for the ordering of medication was in place to ensure that people always received their prescribed medication. Some people received medication as and when required (known as PRN). Clear instructions were in place outlining the circumstances when such medication should be given. For those individuals who were not always able to express pain or discomfort due to their limitation in expressive communication, assessment records were in place to assist staff as to when painkillers, for example, should be appropriately offered.

Staff received training in medication management and had their competency to do this, checked. Medication was administered by a registered nurse who are bound by the requirements of their registration to do this safely and appropriately.

Body map charts were in place enabling staff to know exactly where prescribed creams should be administered and as a result be effective in treating health conditions. These had been completed in all cases. The body maps also served as a tool for staff to record any unusual marks on people's skin that warranted further investigation.

We toured the premises. Equipment used to assist people such as portable hoists had been serviced regularly in line with legal requirements. All portable appliances had been regularly tested and firefighting and detection systems had been serviced and tested at regular intervals to ensure their effectiveness. Other checks made extended to water temperatures and safety in respect of gas and electricity supplies. Key areas such as sluices and medication rooms were locked when not in use.

The premises were clean and hygienic. The registered provider employed domestic staff who attended to their role during our visit. Domestic staff used personal protective equipment (known as PPE) such as disposable gloves and aprons to prevent the spread of infection. PPE were sufficient in stock for staff to use. Hand sanitisers were available in the building as well as hand washing guidance. No offensive odours were noted during our visit and all areas were clean and fresh. People said, "It's very clean here, it always smells nice and fresh".

Each person had a personal emergency evacuation plan (known as PEEPS). These provided staff with considerations they had to take to safely support people if they needed to be evacuated in the event of an emergency such as an outbreak of fire. These plans took the individual physical needs of each person into account, such as their mobility, as well as ensuring that psychological needs were also considered, such as providing reassurance. These plans had been regularly reviewed.

Any adverse incidents or accidents were recorded. The registered manager analysed any trends or patterns with falls monthly and was able to demonstrate that when some accidents had occurred, remedial action had been taken to prevent re-occurrence. One person had had an accident and the staff team had identified that a simple aid would minimise re-occurrence and this was actioned.

Staff rotas were available. These provided evidence that staffing levels were maintained to meet the needs of people who used the service. We found that staff were always around to respond to people's needs and to assist them. Staff told us that they considered staffing levels to be safe and responsive to people's needs. This view was reflected by people who used the service and relatives who commented that "There are always staff around to assist".

Is the service effective?

Our findings

People told us, "The food is very good" and "We get a choice of things to eat". Relatives told us "[Staff] are well trained" and "[Staff] know what they are doing". Other people commented, "I am feeling well at the moment but when I don't they always get a doctor to see me".

Staff told us that they received a variety of training to support them in their role. Training records were in place outlining the training provided. As well as mandatory health and safety topics, other training linked to the needs of people had been provided. This included dementia training, epilepsy awareness, mental health awareness and autism. Training was provided on line as well as face to face training. One Unit Manager had been given the role as training co-ordinator and was qualified to provide some of the training. Some training was provided informally where possible, for example, a student nurse on placement was receiving training from the unit manager in respect of hearing aid hygiene. A training matrix was in place outlining the training provided as well as forthcoming training during the year. This matrix enabled the registered manager to assess how training was progressing.

Staff received supervision to assist them in their role. A supervision matrix had been devised for all staff outlining when they had received supervision during 2018. Individual supervision records were maintained and included tests on staff understanding of key issues such as safeguarding, whistleblowing and the Mental Capacity Act, for example. This ensured that staff knowledge could be tested to identify any training needs that might be required.

A structured induction process was in place for new staff. This consisted of staff who had not previously been involved in the care profession undertaking the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. For those who had previous care experience, orientation to the building and procedures was provided and a period of shadowing undertaken to enable them to become familiar with the service. One person who had been recently recruited to the service told us that that the induction had been good and had enabled them to become familiar with their role and the needs of people who used the service.

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

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

The registered provider was operating within the principles of the Mental Capacity Act. Staff confirmed they had received training in this and were able to give a summary of how capacity should be taken into account

and how the best interests of people could be determined in their support. There was evidence that when applicable, authorisations seeking restrictions on people in their own best interests had been sought from the local authority and all authorisations were in date.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were. People's care records contained details about their ability to consent and also recorded whether relatives or significant others had been granted the legal power to make decisions on their behalf, in the event that people were unable to do so themselves. A clear audit of authorisations granted was in place outlining the timescale when such authorisations would expire and trigger a process of re-assessing people's capacity. During our visit, a DoLS assessor was present and we witnessed staff giving the required information to them to assist in making a judgement.

We looked at the nutritional needs of people. Records were in place relating to people's weight as well as assessments of their nutritional needs and whether they were at risk of malnutrition. Weights were regularly monitored and any weight loss was accompanied by actions taken by the staff team to encourage healthy weight gain. Such actions included more frequent weighing, referral to a dietician or referral to a doctor resulting in the prescribing of food supplements. All weights were closely monitored by the registered manager. Records of food and fluids were in place. These were appropriately completed and provided a summary of whether people were receiving the appropriate amount of nutrients and hydration.

Lunch was observed in the downstairs unit. People were provided with menus which included pictures of what was on offer. Staff were attentive to people ensuring that they had a choice of drinks and whether they had received the meal that they had previously ordered. Many people were able to eat independently. Some people needed support with eating and this was done appropriately. Staff sat with people and interacted with them throughout. Staff asked people what item of food they wanted next and provided this support in an unhurried manner. Where people did not want the main meal, alternatives and choices were provided to the person's satisfaction.

Meals were prepared in a well-equipped and clean kitchen. The last food hygiene visit in 2017 had awarded food hygiene with five stars which is the maximum rating that can be awarded. Kitchen staff had information available relating to the consistency of food that people required as well as any other dietary needs. Food stocks were sufficient.

The health needs of people were maintained. Ongoing commentaries were present in care files outlining the contact that people had had with other health professionals such as doctors, dentists or opticians with an account of actions and outcomes from each appointment.

The downstairs living area of the service provided accommodation for those people who were living with dementia. The registered manager had sought to provide an environment which was geared towards those who were living with dementia and to provide a dementia-friendly environment. This included signage within the building to assist with orientating people and colour coded door frames. Pictures had been

placed in corridor areas relating to historical cultural figures or events. Other tactile items had been placed within corridor areas for people to use. These included a music keyboard to provide tactile stimulation for people.

A light sensory room was also available on the ground floor. The use of this was to provide sensory stimulation or relaxation to people who used the service. This was incorporated within the activities programme and was seen as beneficial in enabling people to relax.

The upstairs living area of the building provided accommodation for those with ensuring mental health issues. The living area had been designed to reflect the personal tastes of people in respect of the decoration of their rooms as well as the lifestyle choices of most people who wished to smoke. A smoking area had been included with attention paid to minimise fire risks in this area and to prevent this lifestyle choice impacting on the health of those who did not wish to smoke.

Is the service caring?

Our findings

People told us, "They [staff] are great, they really care about us" and "They go the extra mile". Relatives told us that "[Staff] are very kind and patient, they really care about [name] and this care extends to us as relatives".

Staff interactions with people were kind and patient. We observed positive interactions between people and the staff team and this was done in a respectful and friendly manner. Our observations at lunchtime noted that one person had little appetite and did not want their main meal. This person had one member of staff to support them exclusively. The staff member respected the person's choice yet was mindful of their nutritional needs. The staff member offered alternatives to the person which they agreed to have and staff demonstrated great patience with this person in ensuring that they were safe when mobilising, that their choice was respected and that their nutritional needs were met.

Staff outlined measures on how they maintained the privacy and dignity of people. This included knocking on bedroom doors before they were invited to enter and ensuring that doors and curtains were closed when they were assisting with personal care.

Records were kept confidential and secure in office areas. These were locked when not in use. We saw examples of staff discussing confidential information in private with relevant parties. Two relatives had come to speak with senior staff about their relative and this was done within an office area with the doors closed. Another visiting professional needed information from a staff member about a person's progress. Again, sensitive information was discussed with the door closed.

Explanations were given to people verbally. One person was observed getting up from the dining room table. This person was unsteady on their feet and staff were quick to respond to the person giving them a clear explanation as to why they were supporting the person to ensure that they did not stumble and have a fall.

It had been recognised in care plans that people could experience episodes of distress and how this would be expressed by the person. We witnessed one such event. Staff were quick to intervene and provide reassurance to the person and those around them. This was resolved and the person became calmer and happier.

The communication needs of people had been considered. Any sensory limitations that people had were outlined in care plans and staff sought to take these into account when talking to people. During lunch, staff talked to people either sitting down next to them or positioning themselves at a height so that people could understand what was being said to them.

People could personalise their own bedrooms. The registered manager explained that once a person came to live at Westwood Court, the decoration of their room was then discussed and personal tastes gained from the person. The room was then decorated quickly with no disruption to the person and finished with their

preferences in mind. We saw many examples of bedrooms that had been decorated to reflect the tastes of people, for example, some wallpaper and ornaments/pictures reflected the football team they supported. All rooms were decorated differently in line with personal tastes. One person had stamped their personality on their bedroom by writing out their thoughts and feelings on their door. This was encouraged by the staff team with the understanding that this activity was confined to their own room.

The service received compliments. These included cards and letters from family members and these were available for the staff team to refer to. These included comments thanking staff for their attention and hard work in supporting specific people.

Is the service responsive?

Our findings

People told us, "There is always something going on" and "There is plenty to do in the day". Relatives told us that there were trips out and that they had been invited to attend themed days and parties within the building. People told us that they had not had to make any complaints but felt confident that the registered manager was approachable and would listen to any concerns and action them.

A full and structured activities programme was in place. The registered provider employed two activities coordinators. Information about activities on offer were on display in key areas of the building and these were accompanied by pictures to best inform those who had communication difficulties. Activities were available to all people yet people living in the upstairs area of the building were more independent and were able to organise their own activities such as accessing local community facilities and accessing these independently.

Activities on offer included relaxation in the sensory room, singalongs and light exercise. Entertainers regularly visited the service and regular trips out were arranged for people to go to local places of interest. Visits were also undertaken by members of local churches and this helped to meet the spiritual needs of people. A recent barbecue had taken place with a western theme. People and their relatives commented on this and told us that it had been an enjoyable event. One activities co-ordinator told us that they had been able to see that people who had been initially withdrawn and not been interested in activities, had eventually shown a positive reaction to the activities programme through facial expressions and non-verbal communication.

The registered manager placed an emphasis on evidencing all activities and events that had taken place by compiling an ongoing photographic record. These were placed in a folder and enabled people and their families to look back on events that they had participated in as well as providing strong evidence of how people had taken part in meaningful activities.

During our visit, some people were taking part in a singalong and other one to one activities. The sensory room was also being used. While activity co-ordinators were employed, the registered manager had sought to involve care staff in providing one to one activities with people once they had supported people with their personal care. We saw many examples of staff sitting with people assisting them to read newspapers or being involved in arts and crafts. Separate records were maintained by activities staff on the activities that each person had been involved with and whether these had been enjoyed.

The activities programme had been based as much as possible on the social histories and interests of individuals. These had been included within assessment information for people prior to them coming to live at Westwood Court. Assessment information also included reference to other significant needs such as people's health conditions and the support they would need to continue a positive quality of life.

Assessments were then translated into care plans. Care plans were person centred and outlined the main health and social needs of people. They included preferred routines and likes and dislikes of each person in

relation to their daily lives and how staff should support people. Care plans referred to the support people required if they experienced any distress. A clear plan of action was in place in those circumstances with the emphasis on the staff team to provide reassurance and respond in a person-centred manner to alleviate such distress. All care plans were regularly reviewed and audited to ensure that they were effective documents. Care plans were accompanied by daily records. These provided a detailed commentary on the progress that people were making.

Care plans were amended as needs changed. This related not just to health needs but also other factors. Consideration had been taken in respect of how people preferred to express their sexuality and gender identity and new care plans devised as a result.

Information was presented to people in an accessible format. These include pictorial menus as well as pictures and symbols to accompany the activity timetable, for example. People were given choice either verbally or asked to express choices in written form. Staff asked people throughout our visit what they wanted to do or where they wanted to sit, for example. The choices people made were always respected.

The registered provider had responded to recent hot weather and had taken steps to gain information on how to best protect people during the heatwave. Heatwave guidance was available and for those using the garden area, drinks and appropriate shade had been provided in order to protect their health.

A complaints procedure was in place. People told us that they had not had to make a complaint as the need had not arisen. There was an emphasis on dealing with informal issues and resolving these before a more formal complaint was made. People felt confident that the registered manager would listen to concerns in the first instance and address them. A formal complaints procedure was in place outlining the timescale for any complaints to be investigated. No complaints had been received by the service.

While no-one was receiving end of life care during our visit, provision was in place to reflect the personal preferences of people when they reached this stage of their life. This included personal preferences such as funeral arrangements and other spiritual considerations. People had also consented not to be resuscitated and this information was readily available to staff to refer to if the need arose.

Is the service well-led?

Our findings

People told us that, "The service is well run" and "The manager is approachable". They considered that the registered manager had an open-door policy and would listen to them. People confirmed that their views were gained through meetings and had the opportunity to express their views. One relative told us, "I wish I had known about this place sooner".

A registered manager was employed by the registered provider. They registered with us in 2016 at the time the registered provider took over the running of the service. The registered manager had been registered with us under the previous provider. The registered manager had worked at the service for many years under different roles before becoming the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was present during our visit. They demonstrated a detailed knowledge of all the needs of the people who used the service. Staff considered the registered manager to be very supportive and approachable and expressed that the service was well run because of the registered manager's commitment to the service.

The registered provider had a range of audits in place to check the quality of the service provided. Audits were conducted by the registered manager on a monthly basis and covered issues such as infection control, accidents and incidents, care plans and DOLS. Other audits included catering, finances, medication audits and health and safety. The medication audit was detailed and included a sample of individuals with a detailed analysis of how medication had been administered to them and whether this had been done appropriately.

Weight audits had been undertaken. These gave the registered manager a clear indication of anyone who had experienced weight loss to ensure that appropriate action had been taken to address any concerns. In addition to this, an analysis of accidents and incidents enabled the registered manager to introduce remedial action to prevent re-occurrence and to keep people safe.

The registered provider held meetings with people who used the service and their families. This enabled the views of people to be expressed and listened to as well as enabling the registered manager to update people about progress within the service.

Surveys had been sent out to people asking for their views on the care provided. These had been returned and a summary of the comments were put on display for people to refer to. All comments were positive. Views had been sought in relation to the care provided, staff approach, quality of food provided and the activities provided.

The registered provider worked with other agencies. This included co-operating with doctors and social workers on an ongoing basis to support people living at Westwood Court. In instances where people were

considered by the registered manager as requiring their needs to be re-assessed in a hospital environment, this was achieved, We witnessed collaborative working to ensure that people had a smooth transition with all relevant parties involved.

The registered provider also worked with a local university in providing placements to student nurses. A student nurse was working at the service at the time of our visit and told us that it had been a positive experience.

Registered providers are required by law to inform CQC of important events that happen at the service. The manager had informed us of specific events which they were required to do by law and they had reported incidents to other agencies when necessary to keep people safe and well.

The registered provider had a comprehensive set of policies and procedures for the service, which were made available to staff along with other relevant up to date information and guidance. This information assisted staff to follow legislation and best practice when providing support and care to people.

This was the first inspection to be held at Westwood Court since the registered provider became registered with us in November 2016. As a result, there had been no need for the service to display its most recent ratings. The registered manager was aware of the need to do this following this visit.