

Westgate Healthcare Limited

# Westgate House Care Centre

## Inspection report

Tower Road  
Ware  
Hertfordshire  
SG12 7LP

Tel: 01920426100  
Website: [www.westgatehealthcare.co.uk](http://www.westgatehealthcare.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

### About the service

Westgate House Care Centre is a purpose-built residential care home providing personal and nursing care to 94 people aged 65 and over at the time of the inspection. The service can support up to 109 people.

### People's experience of using this service and what we found

People who used the service, their relatives and the staff team all told us the service was exceptionally well-led. Relatives praised the staff and management for the care provided and the positive impact it had for people and peace of mind for relatives. We saw many examples where the management ethos and leadership enhanced people's feeling of safety and wellbeing. The management team had excellent oversight of the way the home operated and nurtured the staff team to take ownership and have pride in the care they delivered.

The management team demonstrated an open and candid approach when improvements were identified. Staff felt listened to, their opinions were valued, and they felt truly supported both as staff members and as individuals. The provider's robust quality assurance systems promoted high quality care and helped to ensure that people received a safe and effective service that was caring and met all their needs with a holistic approach. The registered manager maintained a strong influence on people receiving excellent care and support by ensuring reflective practice opportunities were provided for staff. These were very effective in putting actions in place and learning into daily practice.

People felt safe living at Westgate House Care Centre and were protected from the risk of abuse. Staff were trained in recognising and reporting any concerns. The provider operated a robust recruitment procedure to help ensure staff were suitable to work at the home. There were enough skilled and competent staff on duty to meet the needs of the people using the service. Risks to people's health and wellbeing were assessed and their care was planned to remove or reduce the level of risk. People received their medicines from staff who were skilled, and competency assessed to safely administer medicines. The environment was pleasant and bright creating a clean and fresh place for people to live.

People's needs were assessed so that they could receive the care and support they needed. Staff received training needed to support people's differing needs. People were supported to eat and drink a balanced diet which met their needs and individual preferences. People were supported to maintain good health and prompt referrals were made to external professionals when health needs changed, or people became unwell. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with compassion, kindness and respect. People's relatives complimented staff for their empathy and support, both for the person and for their families when people reached end of life. The registered manager consulted with people and staff about decisions made in the home, it was clear that any

changes made were centred around, and driven by, people's wishes, health and wellbeing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 07 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Westgate House Care Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by two inspectors, one assistant inspector 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.

#### Service and service type

Westgate House Care Centre 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We spoke with 16 members of staff including the provider, registered manager, clinical lead, nurses and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said people were safe and well protected from the potential risks of abuse and avoidable harm. One person said, "I'm very comfortable because I trust the carers to look after me well which they do." A relative told us, "I'm 100% happy with the place. [Person] is so well cared for and we don't worry about them."
- Staff received training about how to safeguard people from harm and were knowledgeable about the risks and potential signs of abuse. Staff told us they were confident to report concerns to senior management and gave us examples when they had done so. One staff member said, "I had to report in the past something I witnessed, and action was taken. I would not hesitate to report externally if needed."

Assessing risk, safety monitoring and management

- People were supported and encouraged to be as independent as possible following a thorough risk assessment process. Where potential risks to people's health, well-being or safety had been identified, they were assessed and reviewed to take account of people's changing needs and circumstances. Staff were knowledgeable about these risks and knew how to respond safely.
- The staff team received fire awareness training and practice evacuations took place to help ensure staff and people knew how to make their way to safe zones as quickly as possible.

Staffing and recruitment

- Safe and effective recruitment practices helped to ensure that staff were of good character and sufficiently experienced, skilled and qualified to meet people's care and support needs.
- Staff said there were enough staff to meet people's needs safely. One staff member said, "We have enough staff in general and if we are short of care staff managers will help on the floor as well." People received care and support in a timely manner throughout the inspection. The atmosphere in the home was calm and staff went about their duties in an organised manner.
- People and their relatives were positive about the numbers of staff available to meet people's needs. However, some people said the home was short staffed at weekends. One person said, "My call bell is answered in good time except at mealtimes and the weekends aren't good. They seem short staffed then for sure." Staff numbers did not reduce at weekends, the management team felt this feeling came from the lack of management and admin staff around at weekends. The team undertook to review this and address it at future resident and relative meetings.

Using medicines safely

- People's medicines were stored, managed and disposed of safely and they were provided with safe and appropriate levels of support to take their medicines as prescribed. Staff were trained and supported people

to take their medicines at the right time and in accordance with the prescriber's instructions and had their competencies checked by senior colleagues.

- We checked a random sample of medicines against records. Medicines we counted were correct except for one PRN (as needed) medicine where there were less tablets in the box than showed in the records. The management told us the electronic medicine administration system had a flaw in that it did not have a robust process for managing PRN medicines. This concern had already been shared with the equipment provider, an update for the system was being developed. Medicine rooms were kept clean and at appropriate temperature which was checked daily.

#### Preventing and controlling infection

- Staff had received infection control training. The provider ensured personal protective equipment (PPE) was available for all staff. This included gloves and aprons.
- The home was clean and fresh throughout with no lingering malodours.

#### Learning lessons when things go wrong

- The management team ensured that lessons were learned and shared across the team when an error occurred. For example, a medicine administration error had occurred. A full investigation was undertaken in accordance with the provider's policies and procedures. It would found that the new electronic medicines administration system did not include a safeguard that the management team felt would prevent further recurrences of the error. At this inspection we noted the safeguards were being developed and would be included in the next technology update from the equipment provider.
- Staff told us lessons were learned following any incidents, accidents or when things went wrong. One staff member said, "We have the daily huddle and we discuss every person and if something happens we talk about it. If something more significant happens we have meetings and we discuss what needs changing to improve."

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- At the last inspection we found that people who lived with dementia had a less than positive meal time experience. At this inspection we found that improvements had been made in this area. The lunchtime meal smelt appetising and people received support to eat as and when they needed it. It would benefit people in making choices about their meals to have pictorial menus or for staff to show people plated options to enable them to make meaningful choices based on the look and smell of the food. The management team advised that pictorial menus had been developed and undertook to ensure they were incorporated into daily practice to support people to make meaningful choices.
- A staff member on the dementia unit was allocated to observe the mealtime experience daily. We noted this had a good effect as the staff member observing had a good overview of when people may need additional support. Meetings were held on each unit immediately prior to the lunch service. Staff shared experiences from the morning including where people had declined to eat breakfast. This helped to ensure there was a focus on those individuals to ensure they were supported to eat their lunch.
- Staff were knowledgeable about people's nutritional needs and supported them to eat a healthy balanced diet wherever possible. People's weights were reviewed monthly, however, if any concerns were identified this changed to fortnightly or weekly as needed.
- The environment at meal times was calm and pleasant with music playing, however tables were not laid with tablecloths, crockery and cutlery to further enhance people's meal time experience. The registered manager told us this had been an oversight and they took immediate action to address this. People told us they liked the food. One person said, "I like the food it's tasty and good choice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were holistically assessed on admission to the home. Individual, person centred care plans developed from these assessments supported staff to deliver people's care and support effectively and in line with legislation, standards and evidence-based guidance. Information on best practice guidance was available for staff to access as needed.
- People told us they were satisfied with the care and support they received. One person said, "The staff understand my needs and so support me well."
- A regular visiting external professional told us they were confident people received the care and support they needed. They told us, "I am happy with the care provided here."

Staff support: induction, training, skills and experience

- The staff team received face to face training in basic core areas such as infection control, safeguarding

people from abuse, moving and handling, health and safety and fire awareness. Additional training was provided to meet people's specific care and support needs. For example, wound care, syringe driver training and epilepsy awareness training.

- Newly employed staff members received three days face to face induction training and they were allocated to shadow a more experienced staff member until they could work unsupervised. One staff member said, "I am new to care, and I had an induction. I worked with [name of staff member] to learn in practice. I like it, [staff member name] had patience and explained everything."
- Staff felt supported by the management team. They said they routinely had 1:1 supervision with line managers.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by an experienced team of nurses, physiotherapist and care staff to live as healthily as possible.
- People's health needs were closely monitored by staff and by external health professionals. There was a regular weekly GP round as well as other health professionals such as dieticians and speech and language therapists.
- There was a multidisciplinary approach to review and monitor people who used the rehabilitation unit in the home. This was a short-term service offered for people who needed rehabilitation with their mobility and independence following a stay in hospital. This meant that people's health needs were reviewed by professionals who knew them well, were able to monitor any changes in people's condition and prescribe the right treatment.

Adapting service, design, decoration to meet people's needs

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other specialist equipment people needed.
- Westgate House Care Centre is a modern purpose-built care home. All bedrooms were en-suite and there were ample pleasantly themed and decorated communal areas for people to spend time together or have some peace and quiet.
- Some areas of the home were scheduled for refurbishment in the coming year.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Care records showed that people's capacity to make meaningful decisions had been assessed in all areas of their lives. These included areas such as medication, personal care, and the decision to reside at Westgate House Care Centre. Where assessments indicated people did not have capacity to make decisions or give consent, best interest decisions were documented with contributions from external professionals and relatives where appropriate.

- Staff sought people's consent to the care and support they received.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were positive about the quality of care provided by the staff team. It was clear to see that people were comfortable with staff and management, there was a warmth and affection demonstrated between people and staff that was coupled with dignity and respect in all interactions. A person told us, "I laugh and joke with them. We talk what I call silly nonsense but it makes my day and they seem to enjoy it too. The cleaners are lovely too and everyone has a good, what I call, 'earthy' sense of humour."
- People's relatives complimented the staff team for the care and support they provided. For example, one relative said, "Everyone here cares. It's no good having five-star surroundings with three-star care. Here the surroundings are good and the care is five star. The staff are nice, familiar and respectful. They acknowledge me and call me by name."
- We saw many compliments received from people's relatives about the care and support provided at Westgate House Care Centre. For example, one relative had recently written, 'I would like to say a huge thank you to each and every member of the staff on the ground floor the domestic staff, the laundry staff, cooks, assistants, care workers, nurses, doctors, nutritionist, office staff and management for the professional and loving care, kindness, attention, understanding and genuine concern given to [person] and also to us as a family which has made [person's] time with you more bearable under difficult circumstances.'
- Staff had developed positive and caring relationships with people and were knowledgeable about their individual needs, personal circumstances and factors that affected their moods and behaviours. Staff told us that they had time to provide good and personalised care for people. One staff member said, "We provide the best care we can."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, where appropriate, were fully involved in the planning and reviews of their care and support. Staff involved people as much as possible in regular reviews of their care plans. Each person had a 'key worker' assigned to them who was responsible for ensuring they received the support required to meet their individual needs.
- Throughout the day we saw staff asking people to make decisions and be involved in their daily life. For example, people could choose where to spend their time, what to wear and what they wanted to eat or drink.
- People were supported to access advocacy services should they need to obtain independent advice and guidance relevant to their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff and management were proactive in protecting people's privacy and promoting their dignity. We saw many examples where staff and management knocked on doors and waited to be asked to enter.
- A relative told us, "Everyone knows [person's] name. They speak to them and get a smile. They chat to them. They are all lovely; fantastic I would say. [Person's] dignity is maintained and they are respected."
- Staff provided personal care and support in a way that both respected and supported people's choices and preferences. Confidentiality was well maintained throughout the service and information held about people's health, support needs and medical histories was kept secure.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that took account of their individual preferences and personal circumstances. Each person had a plan of care that detailed the support they needed. These were unique to the individuals and supported staff to deliver consistent care and support in the way that people wanted and needed.
- Care plans set out how people should be supported in a way that best suited them and their needs. Care plans were personalised and reflected people's likes, dislikes and preferences. For example, the mobility care plan for a person detailed, "I am most comfortable [in the hoist and sling] when the top straps are attached on the orange loops and the leg straps are attached on the orange loops." This meant staff had detailed guidance to enable them to support people safely in a way they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed their communication needs. Staff adapted their verbal communication to people's ability and gave them time to respond if it was needed. Staff told us they knew people well and could interpret people's body language and facial expressions if they could not communicate verbally.
- The registered manager reported that some individuals made use of technology such as wipe boards, pictorial or talking boards. Documents such as the complaints policy and service user guide could be made available for people in large print where needed. There were computer tablets available in the home which were used to support with communication and engagement. For example, for looking up videos online or finding pictures to support communication needs.
- The registered manager had arranged for a staff member to attend a training course on supporting people who use hearing aids. On successful completion of the course, the staff member will become a subject matter champion in the home to support the staff team in this area.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there was a range of activities available to engage them and help keep them active. One person told us, "There are lots of activities. Before Christmas we were busy making decorations and wrapping parcels. I do 'keep fit' occasionally. There's bingo and quizzes. Me bored? No way. There's so much to do here. There's the lounge to go to as well." Another person said, "I'm limited to what I can do with my

hands and fingers so handicrafts are out, but there's loads to do- even bingo if you want."

- The home employed two full time activity co-ordinators at the time of this inspection and were in the process of recruiting a third. We saw staff supporting people to engage in electronic games, chair exercises, a breakfast club, brain training, a church service, a ball game and people grouped together and watching TV.
- Staff maintained records of the various engagement opportunities they provided to assess if they had been enjoyed. People had been involved in such activities as Gin tasting sessions where they had the opportunity to taste various flavoured Gins, pancake day where people chose their own toppings and reminisced about celebrating pancake day in their youth. There were afternoon tea sessions where people enjoyed a variety of home cooked cakes and enjoyed meeting up with people from all areas of the home.
- People were supported to make wishes for anything that would make them happy. These covered many aspects from a pair of knee-high leather boots to a theatre trip, a birthday party or a person having a bird feeder outside their bedroom window. The wishes were attached to wish trees dotted around the home and staff acted to make as many come true as possible.

Improving care quality in response to complaints or concerns

- Staff and management listened and learnt from people's experiences, in a positive and responsive way. Formal complaints had been managed in accordance with the provider's policies and procedures.
- People and their relatives said they knew how to make a complaint but had not felt the need to do so because the management team took immediate action to address anything people were not happy with.

End of life care and support

- The service did support people at end of life. The management team advised that additional training was being provided for the staff team from a local Hospice over the next 12 months.
- A relative sought us out during the inspection as they were keen to tell us about the end of life care provided. Their parent had recently passed away, they said the care provided had been respectful, dignified, affectionate and loving towards both the person and their relatives.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were very complimentary about the registered manager. One person told us, "[Registered manager] is very kind and easy to talk to. They come past my room and say hello. It's first class here with nothing to worry about at all. I feel I really matter to everyone here and that they wouldn't want to get rid of me." Another person told us, "[Registered manager] is very good. I can have a laugh with her. Other care homes are not as good as this. I have experience of another. I'm very happy here."
- People's relatives said the service was exceptionally well managed. One relative said, "[Person] is looked after so well in every way here. The manager has got it all under control. If there's an issue you can go to the manager's door." Another relative said, "[Registered manager] is very nice. They have the right attitude and good inter-personal skills. I go straight to them with any issue. I made the right decision for [person] to come here. I have peace of mind." A further relative said, "[Registered manager] is efficient, personable, approachable and obliging. The place matches what they promised us when we first came."
- Staff told us they found the registered manager to be fair and very supportive. One staff member told us, "[Registered manager] asks us if there is anything that can be done differently to improve the service for people, or the way the home functions. They always encourage suggestions from us."
- There was an extremely open, warm and inclusive atmosphere within the service. It was clear that the registered manager and the staff team were committed and dedicated to providing care for people that was respectful and caring.
- The management and staff were completely open and transparent throughout the inspection process. It was clear that the ethos of openness and transparency was ingrained into every aspect of the service operation.

Continuous learning and improving care; Working in partnership with others

- Since the registered manager came into post five years ago they had continuously made improvements to the running of the home and the care and support people received. For example, in the last 18 months a range of innovations had been implemented to tackle social isolation of people who used the service and the high staff turnover. A representative of the senior management team told us these innovations had a significant impact on staff morale and retention which, in turn, had positively impacted on the quality of life for people.
- For example, management became concerned about quiet lounges and lack of meaningful interaction between staff and people. It transpired staff didn't have the confidence or skill to start conversations about

simple day to day things. So 'Chatterbox' was created. A box of simple conversation prompts put together by staff and people, to encourage the start of easy and meaningful conversations. People, relatives and staff gave feedback to the management team that this had made a significant difference because staff felt more personally connected to people as they discovered common likes and interests and shared jokes and anecdotes from people's pasts.

- The management team welcomed people into the home with an understanding that moving into residential care did not mean abandoning their hopes and aspirations. Wish trees were designed and placed around the home and a culture of making people's wishes, big or small, come true was embedded into daily life. For example, a person had a wish granted for a pair of knee-high leather boots. The person had commented, "This is the best present ever, I have always wanted a pair of these, I'm so happy I will wear them every day."
- Westgate House Care Centre is a large home which means there is a constant challenge for the management team in recruiting and retaining staff. They realised it was critical to invest in new staff so they felt welcomed and excited for their future. A staff welcome pack was developed full of information and staff benefits and a simple welcome questionnaire card with fun questions to help the team break down any barriers when the new staff arrived.
- To help with staff retention changes had been made to the priorities in recruitment. The focus moved to recruiting staff with key attributes such as empathy, kindness and strong teamwork skills rather than looking for experience. This meant the home had many more inexperienced staff so the induction process was revisited and a comprehensive and fun three-day programme was developed that reflected the management ethos and culture. Staff told us they found the induction to be robust and very informative. The management team reported excellent feedback from new starters and a notable improvement in staff retention.
- The management team identified the need to remind relatives, visitors and staff to knock before entering people's rooms to promote dignity without it being a clinical and negative thing. Dignified door hangers were designed and developed for staff to deploy when delivering personal care. Staff and management told us this had been effective in letting all parties know when to avoid disturbing people. People told us this had helped to ensure their privacy was always promoted.
- The management team were keen to engage with external agencies to ensure their continued learning and development. For example, local care providers networking meetings. Staff and management engaged with the local community for the benefit of people who used the service. For example, people were involved in a charity event to raise donations for a local food bank. People helped to put boxes together and deliver the donations. People feedback that it felt good to be able to help others.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The management team led from the front and supported the staff team to provide the best care and support they could. There was a clear staff structure and obvious ethos from management team that was embraced, understood and demonstrated by the entire staff team.
- Good governance was embedded in the running of the service. Regular audits were undertaken of all aspects of the service provision and any actions identified were robustly followed up to ensure improvements were made.
- Learning from incidents was effectively cascaded through the staff team. This was done by handovers, team meetings and a daily 'huddle' that took place on each unit immediately before lunch. This was useful in ensuring the whole team was aware of people's fluid intake needs, anyone who felt under the weather or whose appetite needed encouragement.
- The provider had a plan in place in relation to Brexit. Media reports indicated that there could be a future shortage of antibiotics to fight infections because of Brexit. The provider had further strengthened their

approach to infection control part of their 'Brexit' planning. They used innovative ways to train staff effectively in infection control procedures. They ordered a light box which supported trainers to demonstrate correct hand scrubbing techniques. It will instantly highlight any defects and raises the awareness of potential hygiene problems.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives felt that they were treated as partners in people's care. A relative told us there were regular relative's meetings and how the registered manager responded to any matters arising from these meetings in an open and timely way.
- The provider sought feedback from people, their relatives, the staff team and external professionals. Any concerns raised by this process were reviewed and actions taken where appropriate. People were also involved in the service via regular meetings and quality questionnaires.