

Anchor Hanover Group

West Hall

Inspection report

Parvis Road
West Byfleet
Surrey
KT14 6EY

Tel: 01932338000

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service: West Hall is a care home for older people, some of whom are living with dementia. The service is registered to accommodate up to 117 people living in three separate lodges. The site also has a main house which accommodates the activity centre, hairdresser and a bistro. At the time of our inspection, 107 people were living at the service.

People's experience of using this service:

People told us they lived in a service where staff were exceptionally caring and kind. We observed staff displaying a strong, visible person-centred culture enabling people to express their views and making people feel they were really cared for and mattered. Staff were highly motivated to offer care that was kind.

People who were at the end of their life and their families received outstanding end of life care from a staff team who was understanding and had distinctive skills.

People were cared for by staff who had superior skills in being able to recognise people's needs in relation to their well-being and social happiness. This resulted in people having an enhanced sense of wellbeing and great quality of life. People's care was planned proactively with them and staff were flexible and responsive to people's individual care needs.

Staff took a key role in the local community and engaged with services outside of the service. Networks with external agencies was encouraged and met people's individual wishes to achieve things they had always wanted to do. This practice had been sustained since our last inspection.

People told us they felt safe living at West Hall. People received the medicines they needed in order to maintain good health and any risks that had been identified for them had been responded to.

People said they did not have to wait to be assisted as there were sufficient staff on duty. They told us they enjoyed the food and the choices they had and were supported to live healthy lifestyles as they had access to health care professionals when needed. People lived in an environment that was adapted to suit their needs and was extremely clean.

The registered manager strove to provide an excellent service to people and the vision and values were person-centred to make sure people were at the heart of the service. They had sustained the level of good practice within the service and had continued to support staff and lead by example. This had all helped to ensure people received the best care possible.

Rating at last inspection: We last inspected this service on 30 June 2016 when we rated the service as Outstanding. Our report was published on 15 October 2016.

Why we inspected: This was a routine scheduled inspection based on the rating at our last inspection.

Follow up: Since our inspection, we have been made aware of a number of unwitnessed falls within the service and also a complaint which are currently being investigated by the local authority safeguarding team. West Hall is a large service and one that supports people in positive risk taking and retaining their independence. As such this may result in accidents and incidents and even a service that is rated outstanding may receive complaints. However, from our inspection we feel that the management structure within the service is such that we are assured that full investigations will be carried out and action taken in response. We will continue to monitor this service and will next inspect it in line with our published inspection process and methodology.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

West Hall

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Due to the size of the service this inspection was carried out by four inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

West Hall is a 'care home'. People in care homes receive accommodation and personal care as a 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 was an unannounced inspection which took place on 18 April 2019.

What we did:

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection.

During the inspection we spoke with or met nine people who lived at the home and 11 relatives. We also spoke with ten members of care staff, plus the registered manager. If people were unable to tell us directly about their experience, we observed the care they received and the interactions they had with staff. We received feedback from two social health care professionals which we have included in our report. We looked at nine people's care records, including their assessments, care plans and risk assessments. We checked training records and how medicines were managed. We also looked at health and safety checks, quality monitoring checks and the results of the provider's latest satisfaction surveys.

Is the service safe?

Our findings

At our inspection in June 2016 we found people were safe living at the service and we awarded the service a Good rating in this domain. We found at this inspection, this rating had been sustained.

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff were aware of their responsibilities in this respect. A staff member told us, "First, I'd raise with my line manager. We have a whistleblowing policy here." A second staff member said, "We have in-house training days about safeguarding and whistleblowing."
- We had been notified of potential incidents of abuse appropriately by the registered manager and senior staff and were aware that the local authority safeguarding team had also been contacted. A social care professional told us, "There have never been a high level of concerns raised to me."
- A relative told us, "It's reassuring for me that [name] can't get out and that random people can't get in. The whole place is safe."

Assessing risk, safety monitoring and management

- People told us they felt safe. Everyone said the security in the grounds, the manner in which the carers cared for them, their access to medicines and the maintenance of the premises made them feel safe. One person told us, "They think of everything." Another said, "I like my bracelet alarm. I feel secure that it's there."
- Risks to people were identified and action taken to help reduce the risk. Guidance was also in place for staff to help keep people safe.
- Where people's needs had changed, their care plans had been updated. For example, one person now required a wheelchair as their mobility had declined. A relative told us, "He is safe with their (staff) physical and emotional support."
- Staff promoted people's positive risk taking. A relative told us, "He walks the perimeter and loves that. We love knowing that he has the freedom in safe bounds."
- Daily fire checks and monthly checks for aspects such as water temperatures, window restrictors and pressure mattresses took place in the individual lodges.

Staffing and recruitment

- People were cared for by a sufficient number of staff. All of the feedback we received was positive. We did not see people having to wait for attention and we received good feedback about the staffing levels. One person told us, "Always answered promptly (call bell)." A second person said, "The buzzer system means that I can get someone to help at any time. Even in the night."
- The registered manager used a dependency tool to calculate the number of staff required based on people's care needs. Each lodge had its own staff team which included a lodge manager, two team leaders

plus care staff, as well as a chef manager and housekeeping staff.

- Call bell audits were carried out weekly which enabled the lodge managers to review the response times. These showed call bells were responded to promptly.
- Staff told us they felt there were enough staff to meet people's needs. One staff member said, "We have a good staff ratio compared to general guidelines. If we are short staffed we bring in agency staff. We try to use the same agency staff and they're happy to work here." A second told us, "Staffing is really good and if we're short, they will get agency in."

Using medicines safely

- People received the medicines they required as good medicines management processes were followed. One person told us, "They (staff) are in control, which suits me." A second person said, "You can ask for something for a headache at any time."
- Staff were competent in medicines processes as we observed staff check people's medicines records (MARs) carefully before dispensing medicines, staff signed to say people had received their medicines when they had watched them take them. We also saw staff wash their hands prior to commencing the delivery of medicines as well as in between. A staff member told us, "If people are on timed medicines, we have to follow it. We know our residents. One person won't take their medicines until lunchtime."
- The trollies in which medicines were stored were clean and organised and staff locked the trolley each time when leaving it to give people their medicines.
- Where people were using pain patches, there was clear recording and checking where the patch had been placed on a person. As needed (PRN) protocols were in place for people who required medicines on an ad-hoc basis and where people used topical creams (medicines in cream format), body maps were used to show staff where to apply the cream.

Preventing and controlling infection

- People lived in an environment which was exceptionally clean and well maintained. Each lodge had at least two housekeeping staff on duty each day and areas such as the laundry rooms were tidied and organised.
- Regular audits were carried out relating to infection control practices within each lodge. A staff member told us, "The team leader does unannounced spot checks to make sure staff are always wearing aprons." Another told us, "We have a storage cupboard full of aprons and gloves so they're always in supply."

Learning lessons when things go wrong

- Accidents and incidents were recorded, and information included detailing the type of incident, any injuries, the outcome and action taken.
- Each lodge manager analysed accident and information relevant to the people living in their lodge to look for trends and themes. In turn, the registered manager had overview of the records to carry out their own analysis.
- We read one person had rolled out of bed on four different occasions, following which a post fall checklist was completed and the person was provided with a low profiling bed to reduce the risk.

Is the service effective?

Our findings

At our inspection in June 2016, we awarded the service a Good rating in the Effective domain. We found at this inspection, this rating had been sustained.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs had been assessed prior to moving in to the service and the registered manager tried to ensure people lived in the lodge that was most appropriate for their needs. Assessments were robust and included relevant information to formulate people's care plans. A relative told us, "At our initial meetings with the management there was no hard sell. (They told us) 'this is what we can offer, and we'll do an in-depth assessment and then see if it's the right place for [name]'. We have been delighted."
- Staff told us they had handover each day. A staff member said, "We have verbal and written handover. The team leader checks that everyone has read it and signs to say they have taken on their duties." Another staff member told us, "The communication is pretty good. Some of the staff work both days and nights, so can see both sides of a shift." A social care professional told us they found the service very helpful when they contacted them in relation to one person.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained. One person said, "They wouldn't be working here if they weren't trained." Another person told us, "There's a real mixture of people, but they (staff) know what to do to keep things calm."
- Staff received appropriate training and supervision to help ensure they were competent and skilled in their role. One staff member told us, "As you can see from the training matrix, we're very good at keeping up to date with that (training). We have online and face to face training." Another staff member described their induction to us. They told us, "I shadowed a team leader and learnt lots from him. I could ask as many questions as I needed to."
- Staff told us the training was good and it was appropriate for the type of care they were providing to people. One staff member said, "We have so much e-learning We've had dementia training here. We did role play so we we're in the shoes of someone with dementia."
- Staff told us they received supervision. One staff member said, "I get plenty of support from my line manager. He's very good."

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

- People gave positive feedback about the food. One person told us, "I can eat in the place here, or go to the house (to the bistro)." A second person said, "They (staff) let me have the freedom to choose something – great support." A third person said, "I love the Italian meals, it's always been my favourite and they know

that."

- People's care plans recorded their dietary preferences and people were weighed regularly to ensure they maintained a healthy weight.
- Drinks and snacks were readily available, and staff actively encouraged people to drink throughout the day. We heard the chef tell staff what was for lunch, how to serve it and that the dessert on offer was suitable for people who were on a pureed diet. People were given two options and for those who had difficulty reading the menu staff showed plated-up meals to enable them to make an informed choice.
- Where people were at risk in relation to their swallowing we read the speech and language therapy team had been involved. Guidance for staff was available in people's care plans.

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

- The environment in which people lived was purpose built and as such was suitable for people's needs. Each lodge was bright, spacious and airy and had lounge and dining areas on each floor, a laundry room, easy access to the outside area and a lift between floors. Lift's had pull down seats in them for people's comfort.
- The service was situated in large surroundings which had level lawns and pathways connecting the lodges to all areas of the site. Sensory gardens were being developed on the top level of the lodges, with waist level planters. There were lovely areas outside for people to sit.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services when required and during our inspection we observed a district nurse visiting one person and paramedics assisting another. One person told us, "We discuss my blood levels all the time, so that I know what sort of things I can eat." A second person said, "The nurse from the doctors comes in and they tell the carers what I need. They seem to work well together, it's never a problem."
- Work was being undertaken to help ensure people had access to dental appointments for routine check-ups every six months. There was evidence in people's care plans of being seen by the podiatrist, speech and language therapy team and mental health professionals.
- Staff supported people to reduce their medicines intake. A relative told us, "[Name] was on a high dose of (medicine name) and when he came here the dose was being lowered which we were concerned about. Staff talked us through the changes and really supported us. They made us feel safe to leave him in their care."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found staff were meeting the principles of the Act.

- People who received their medicines covertly (medicines given to them without their knowledge) had the appropriate documentation in place to demonstrate this decision had been made in the persons best

interests. There was a capacity assessment, best interests decision and involvement from the GP and pharmacist in relation to how the medicine could be administered.

- Other people had mental capacity assessments for the locked doors (constant supervision) and bed mat sensors. A staff member told us, "We make sure we give people choice. The mental capacity act affects everything we do."

Is the service caring?

Our findings

At our inspection in June 2016, we awarded West Hall an Outstanding in this domain because of the way they cared for people. We found at this inspection, they had sustained this rating.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service had a strong person-centred culture and staff used different ways to make sure that people could express their views and needs.
- A staff member told us, "We know which residents don't have family. If they are in hospital, we make sure we take it in turns to go up and see them so we become their family. It can be so lonely in hospital otherwise."
- Our expert by experience reported back to us, "I observed a high standard of care. There was interest in people, meaningful conversations, inclusion in decisions whilst steering towards the best choice and an attitude and skill that was a pleasure to watch." This was also supported by our observations.
- Staff were motivated to offer care that was kind, observant and responsive. We saw one person, who was engaged in an activity with a staff member, pick up a paint pot thinking it was a drink. The staff member noticed too and immediately asked a colleague to provide some refreshments for everyone. Staff had organised for one person's recliner chair to be brought out into the communal lounge area, so the person could sit in amongst others in comfort. We saw them doing this during the day. One person was seen to be walking a lot around the lodge on different floor and during the afternoon near the external doors. A staff member said to their colleague, "I'm taking the doctor to help me on my rounds" and went outside with the person. This person had previously been a doctor and this was well known to staff.
- People spoke very highly of all the staff and valued their relationships with them. One person told us, "The carers are like an extended family. We have a great bond." A second person said, "They are visible and available. Not huddled away or doing personal stuff on their phones." Other people told us, "I like it here; they look after me very well. The staff are very hardworking and lovely." Other people said, "All the staff have a great manner. Cleaners are jolly and the maintenance guys. They all work well together. It's great" and, "They stay positive and have the patience of an ox."
- Staff gave compassionate care naturally as we observed staff hugging people automatically to give them reassurance and it was clear there was genuine friendships between people too. Another staff member delayed their break to placate a person who was becoming unsettled. A relative told us, "If [name] is being clingy and it's hard to end a visit the staff pick up on it and do things to let us say goodbye and divert him without there being a problem. It lets us leave knowing that he's with people who care."
- Staff took note of people and let them express things from their point of view. One person had a notice on their door reminding everyone how their name was pronounced. A second person told us, "A person (staff) from here came to the audiologist with me yesterday which I had asked for. That helps because they can

listen to the instructions for looking after the things." We saw in one lodge that dining tables had been pushed together. A staff member told us, "People told us they felt excluded, so we said we could push tables together if they wished, which we did. It works much better."

- Staff had an in-depth appreciation of how people and their family members were feeling. A relative told us, "I can give you so many examples of the wonderful care that we are experiencing. Endless patience with our questions. Explanations when we have googled something. Not being judgemental; not having to fit in with their procedures, they will work so hard to help us make a decision for [name] that kind of fits with us and mum. They will let me be, but check I am okay. We just can't speak highly enough of the care we are receiving." A staff member said to us, "If people living with dementia start to deteriorate we couldn't possibly them to another lodge. That would be the worst thing for them that we could do."

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

- Staff had an appreciation of people's individual needs and wishes. One person told us, "They (staff) know the meaning of the word 'care'. I'm not feeling so bright today and have decided to stay in bed and they let me make that choice, but I know they'll come to chat and check on me." A relative said, "We have been very worried about his decline and his social isolation as he's just in his room. But staff have helped to explain the changes in people and why he may choose to be in his room." Another staff member said, "We support the families as well as the residents as they are going through tough times too."

- Another relative told us, "Mum has been here for four and a half years, approximately six months ago the money from the sale of her house ran out. It was a stressful time for us as her family as we saw how happy she was here. Straight away the staff reassured us that mum wouldn't be moved and not to worry. They liaised with the council. The staff were amazing at how they dealt with it."

- Where people had advocates, who spoke or made decisions on the person's behalf we were told, "They listen to us as advocates. We've never had to complain because they deal with anything that we raise."

- Relatives had open visiting times and were welcomed by the staff. Meals could be shared in the lodges or families could book into the bistro. Special occasions were celebrated with one person telling us, "There's always reason for cake!" Another person said, "Birthdays are always special and they try to make a thing of it."

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of people's needs around dignity. Staff were extremely careful with people's laundry and people told us they were happy with the way their clothes were kept. Our Expert by Experience told us, "It's the only place that I have seen laundry segregation with baskets to include one for cashmere with special instructions." One person told us, "They take a lot of care with my clothes and hang them for me to choose easily." People's dignity was protected. A relative told us, "There's always someone around to take [family name] to the loo. I was dreading that they would make her wear a pad, but they're just on hand and patient."

- We observed staff knocking on people's doors before entering and calling out a greeting as they did so.

- One person told us, "I have the key to my patio area, but they (staff) do check that I have remembered to lock it at night. I like having that private area and that they feel I can be trusted."

- Another person's need for independence and to walk at will had been carefully assessed and they have been given a personal alarm with a tracker which meant staff would know if they approached the front gates. This had allowed the person the freedom they so wished. Staff had explained the purpose of wearing the alarm to the person in a way that made them feel they owned it and that it would benefit them. As a result, it was evident the person was proud to have it and wore it all the time. They told us, "I have a special necklace that makes me in charge of myself."

- One person use an electric scooter. They told us, "The good paths around the site mean that I can move around on my scooter independently."

- People were encouraged to continue their life skills. One person, who had moved in since our last inspection, helped in the laundry. They folded the clothing and delivered it back to people's rooms. They also handed newspapers out to the lodges, after collecting them daily from reception.

Is the service responsive?

Our findings

At our inspection in June 2016, we awarded West Hall as Outstanding in Responsive because of the way they responded to people's individual needs. We found at this inspection, they had sustained this rating.

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; end of life care and support

- People's care and support was planned proactively in partnership with them. People knew about their care plans. One person told us, "I know about my care plan and I know it changes." A second person told us, "I have a monthly meeting with the team leader. It's very thorough and they make it very personal." A relative said, "Usually a couple of us attend the reviews. They are in depth, thorough and really about the person." A staff member from one lodge told us, "Most of our residents have dementia or no capacity, but we invite them to a monthly review meeting."
- People and relatives told us staff had an excellent understanding of their social and cultural diversity, values and beliefs. We read two compliments which said, "Excellent staff who know all the residents very well and interact with each person in the best way for them individually. They take care to understand their interests and needs and ensure they are met." And, "Mum's care worker genuinely concerned to customise her care to her needs and interests balancing her health and safety with a desire to give her a maximum quality of life." Since our last inspection, the registered manager had raised the profile for people who may be from the LGBGT community. There were posters displayed and staff were encouraged to talk about it.
- Staff were flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. One person liked running and as such a staff member went running with them. Another would like to go shopping and they had been supported to do this. A third person wanted to go swimming each day and in conjunction with their family member's staff had organised transport to the local leisure centre to enable them to do this. They told us, "Swimming is my life." A staff member told us, "The manager is really good at getting resources like the Active Minds (activities to improve the quality of life for people living with dementia) stuff."
- People's individual activities focussed on their hobbies or interests as people's life stories were recorded with good detail. A staff member told us, "One person used to work in a museum so any trips to museums we ask them if they want to go. Other people like horse-riding, so I walk them across to look at the horses (in the neighbouring field)." A second staff member told us, "We have one person who isn't really interested in any activities, but we know that he likes animals. We took him to Birdworld. We also went to Madame Tussauds on a one to one trip with another person. Another person used to own race horses. We did a risk assessment and brought a horse in so he could see it. [Name] used to play for [football club name], so we have football goals outside and he loves it." A relative told us, Mum used to love going outside a lot and walking. I try to come about three or four times a week and take her out for a walk. If I'm a bit late the care staff have either already taken her outside for some fresh air or have her ready to take out."

- Staff introduced additional ideas and facilities which people may not have considered to enhance people's lives. Since our last inspection, the service had purchased a double-seated bicycle. We observed a staff member taking people around the extensive grounds. One person looked thrilled and obviously loved being on the bike. They had a much greater freedom than they would have had without it. A staff member told us, "I've done training for wheelchair exercises." A relative told us, "[Name] can only do things from his wheelchair and he loves the skittle games because he can join in and have lots of laughter with the others."
- West Hall took an active role in the local community and encouraged further links. In November 2018 a special apple tree, native to the town, was planted to mark the centenary of the end of WW1. A former gardener at the service developed three new apples. Intergenerational music therapy research project sessions were held where people were joined by children from a local school for fun music interaction.
- 'Cake and cuddles' events saw parents and toddlers from the surrounding area come into the service to spend time with people. The registered manager told us, "They have been a resounding success." The service also supported the local Parkinson's association with meetings on site and by inviting them to events and support groups had benefited both the Parkinson's society and people.
- A Royal wedding day was held, where staff dressed up as the bride and groom and staff came in on their days off to make it special for everyone. There was a variety of items for people to engage in in each lodge. These included puzzles, darts, games, books and newspapers. One person said, "There's a lot going on." A second person told us, "The best is when they have an Italian theme day. It's my favourite." A third said, "The regular singing is lovely and it's something we can share. It relaxes everyone and is very popular."
- Staff provided exceptional end of life care as they demonstrated distinctive skills in this aspect. A relative told us, "Staff are all making it as easy for us as they possibly can. They helped [name] sign a card for my mum for their anniversary. It will be their last together and they made up a little box of gifts from dad to her. We were so touched. Gave us good memories at difficult times. They are providing accommodation for mum. They are flexible with things like cleaning. They are allowing us to share this time with each other and not to have any concerns."
- A staff member told us, "We don't like our residents to pass away in hospital. Rather than going somewhere they don't know, we'll do everything we can to keep them here." Another staff member said, "A team leader came in on their day off to sit with someone who was on end of life and their family." A further staff member said, "One lady used to own a boat. Her last wish was to go in a boat again and we made it happen."
- People's care plans were very specific in relation to their needs. One person had a clear oral health care plan which stated their teeth should be brushed daily and that they had a combination of a denture and their own teeth. We read from the records that staff were following the care plan. Another had epilepsy and there was a care plan in place and any seizures were recorded. Where people had emotional needs, care plans were in place. Such as one person who suffered from depression. Even where people had lived in the service for a short time, there was good information in their care plan. A staff member said, "We have access to them (care plans) and can sit and go through them because there's enough staff."
- Although not general Anchor policy, the registered manager had introduced 'resident of the day'. They told us, "I find that resident of the day is a good tool, it ensures a number of areas are not missed, it also ensures that the resident and next of kin all feel part of reviews etc."

Improving care quality in response to complaints or concerns

- The service saw concerns and complaints as a way of making improvements. Where complaints were received, we found that these had been responded to both in writing and action. Complaints in one lodge included issues with one person's bathroom and lack of communication. On both occasions, these issues were resolved. We read follow up actions noted by the registered manager where lessons had been learnt from the outcome or investigation into a complaint. Following recent concerns made by family members in relation to one lodge the registered manager had sent out a survey to all the relatives of residents living on

that lodge. The responses and actions resulting from this had been added to the registered managers universal action plan.

- People told us they understood they could make complaints, although we did not speak to anyone who had felt the need to do so. One person told us, "There's information in the pack that you get." Another person said, "You'd have to be very picky to complain about anything." And a third person said, "You can speak to the leaders on the floor anytime. It's very open."
- The service had received numerous compliments.

Is the service well-led?

Our findings

At our inspection in June 2016, we awarded West Hall a Good rating in Well-led because of the way they responded to people's individual needs. We found at this inspection, due to the robust management of the service, the previous overall Outstanding rating had been sustained. This therefore supported an Outstanding rating in this domain.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had developed and sustained a positive culture in the service and had promoted an environment of learning and development that gave all staff the opportunity to develop their knowledge and skills in social care practice. A staff member told us, "I think I am valued, we all feel we are. I know I value all my staff. [Registered manager] is very supportive and helps us if there are any issues." A second staff member, "You have a meeting with [registered manager] when you first start. It makes you feel as though you know her and can go to her if you have a problem." A third told us, "[Registered manager] is absolutely fantastic." A further staff member said, "I get great support from my manager and the deputy and duty managers. Sometimes I can't find a solution. I will ring them and they know immediately what to do." Other staff told us, "I love it here. I feel I get full support from everyone" and, "I still think it's outstanding here because we're caring for people in their best interests and trying to make a home from home. It really is the best place I've ever worked."
- The registered manager empowered staff to take responsibility. A staff member told us, "[Registered manager] is not a micro-manager. She tells us we need to make the right decisions for our lodge." Another told us, "She comes to the lodges and is compassionate. She's promoting team leaders to managers and carers to team leaders. [Name] used to be a team leader but she is now the lodge manager." A staff member said, "I have just been promoted to a team leader." And a further staff member said, "[Registered manager] is very good. She says, 'you're the unit manager. I want you to manage it as you wish and come to me and I'll support you. She lets you express yourself and that's what I've done with the staff I manage. I say, 'off you go, you own it. Some have been promoted from within. It makes them feel it's possible. Those that don't want to progress, I give them responsibilities. I'm very happy with how it's running. The team is very good.'" This was reiterated by a relative who told us, "The main manager encourages the lodge managers to take ownership and responsibility for their teams and their lodges. I'm here a lot and see it in action."
- Champions had been identified from within the staff team, such as infection control, end of life, mental capacity, safeguarding, dignity, falls prevention and health and safety.
- The registered manager and staff strove to ensure people lived their life's in the most effective, fulfilling way possible. Since our last inspection they had implemented a system whereby following a respite stay when the person had gone home, a survey was sent out to their next of kin. The registered manager told us,

"I am always concerned that due to the brief stay these may not be as successful as we would like to believe due to possible issues with staff familiarity with the resident, the residents adjustments to the home, and of course relative expectation, therefore I implemented this system so that we can review any issues that may have been encountered and areas where we can improve."

- In addition, the 'wish tree' had continued from our previous inspection, where people could express their individual wishes and requests and things they had always wanted to do. We read that many of these had been fulfilled. People had been to the seaside, trips to local places of interest, taken part in art groups, attended tea dances and karaoke and gone to the pub. Staff were sponsoring a shed at the service as part of the Men's Shed charity. The registered manager told us, "This is not only for our community to get involved but also our residents to meet new faces, learn and teach new skills."
- The registered manager had sustained the level of service provided to people since our last inspection and had continued to learn, grow and improve the service. There was continued best practice found in other domains. For examples, the activities in Responsive which have been enabled due to community links and staff practice in Caring which demonstrated the registered manager led by example and supported her staff to provide the best care possible.

Working in partnership with others

- The service worked in close partnership with other organisations through consultation, research and reflection to make sure they were following current practice. Students from the local university ran a programme to learn about dementia, on a voluntary basis, and attended West Hall, meeting with people and staff. They had written, "Thank you for having the students and allowing us to visit and ask questions."
- In addition, they worked closely with Surrey Choices (support service which is dedicated to improving the life skills of disabled people) bringing in groups of people the service supported and working with them on a number of projects around the home and grounds. This had resulted in West Hall being shortlisted for Surrey Choices, 'making a difference' award. The registered manager told us, "The reason we are keen to repeat this work, is because the residents so enjoyed meeting and talking to the Surrey Choices group."

Continuous learning and improving care

- There was a strong emphasis on improvement. The registered manager said electronic care plans were to be introduced. They told us this would see care staff having handsets and team leaders' laptops which they felt would improve record keeping. Following the roll out of this, which was planned for June 2019, electronic medicines records were to be implemented.
- The registered manager was mindful of ensuring people had information in a way that was accessible to them. They told us, "I was concerned that relatives sometimes do not know who to talk to, the resident has the information booklet in their rooms, but often times it is the relative that needs the information within the booklet too. Therefore, we have spent the last few months revamping the booklet, consulted with residents and relatives via meetings and the 'friends of West Hall', and now have a booklet that will benefit both resident and relative. A copy will be kept in the resident's room, along with certain key policies (safeguarding/complaints) and a copy given to the relative to take home with them on the day of admission."

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

- The registered manager held a universal action plan which collated outcomes of individual audits carried out in the lodges and feedback received from people and surveys. We noted comments that related to the laundry service with people feeling the quality of the laundry had declined. In response, housekeeping staff had taken over the laundry role in place of care staff. We also noted comments about the quality of the food and food taster sessions were planned.

A medicines audit in one lodge identified that people's medicines were being stored together in a box, rather than each person having their own and medicines counts did not always tally. We found that both areas had been addressed.

- A wide range of quality auditing took place within the lodges and at senior management level. There were weekly clinical risk meetings where the registered manager and lodge managers reviewed people with swallowing difficulties, new admissions, weight loss and action taken, diabetic support, tissue viability, falls, infection, incidents of challenging behaviour and any concerns with regard to people. This was a new meeting introduced by the registered manager since being in post.

- They had also introduced a themed survey system and a dignity audit had been carried out in one lodge. Care staff completed a self-assessment marking themselves on their understanding and practices. In turn, their supervisor marked their own audit questions. The results were discussed and actions picked up. For example, additional training on interactive equipment, such as person tablets was arranged for staff to give them more confidence in using them with people.

- The registered manager told us, "I have implemented a number of systems since I joined West Hall to enable me to have better oversight and also to assist the team to support the residents.

A key change was the clinical risk meetings. I can also be appraised of issues that may involve other health care professionals and where I may be able to help with consultation with the professional, etc."

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

- Residents and relatives' meetings were also held. The last relatives meeting identified concerns over windows not being cleaned properly which had since been addressed.

People told us they were informed about meetings. One person said, "It's worth going. It is a chance to speak to the chef." Another person told us, "There is constructive chatter at the meetings. It's a way of getting people together who share the community." A third person said, "I read the minutes" and a relative said, "My daughter and I both try to come to the meetings and they make us welcome."

- People told us they were invited to complete questionnaires and that staff were happy to take feedback at any time. The service had a 'You said', 'We did' programme running. We noted one lodge had requested more variety of foods on the menu and this had been responded to by the chef. One person said, "It is a continuous process."

- A relative told us, "I am always sent the minutes of any open meeting. I think they are very transparent with things like staffing vacancies that might affect our relative. There's never been a problem, but I appreciate being kept informed." Another relative said, "I have plenty of contact within the lodge, but not so much with senior management but it's not an issue." A third, "We always hear what's happening and feel that we are involved and included. I see the manager around."

- Regular meetings took place at all staff levels. There were weekly clinical meetings and care staff meetings. A range of topics were discussed from people's needs to team work. A staff member told us, "We have staff meetings every month roughly. If there's anything that needs addressing then we'll have one sooner. A second staff member said, "Everything we suggest is taken into account and implemented such as any ideas about people's care plans."