

Anchor Trust

West Hall

Inspection report

West Hall
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West Byfleet
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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?

Good 

Summary of findings

Overall summary

West Hall is a large care home for older people, some who are living with dementia. The home consists of a main 'manor house' which has communal areas such as a dining area and recreational facilities. There are three separate self-contained purpose built lodges within the grounds. Each lodge has their own kitchen, dining and lounge areas and is managed by a deputy manager. On the day of the inspection 81 people were living at West Hall.

This was an unannounced inspection that took place on 30 June 2016.

The home 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 and associated Regulations about how the service is run. We were assisted by the registered manager, the general manager and the deputy managers during our inspection.

People were extremely satisfied with the care they received and could not speak highly enough about the staff. People told us they were treated with the utmost respect and kindness and were at the heart of the home. People were made to feel as though they mattered and staff took time to get to know people in order to develop close relationships with them. The skills staff had learnt through working with external providers had a positive impact on people's well-being and daily lives.

People and their relatives felt involved in their care planning and in control of the care they received. Care plans were comprehensive and written in a person-centred way. Accidents and incidents were monitored and people provided with suitable aids to help ensure that further accidents did not happen.

The premises were designed in a way that was suitable for people living with dementia. The grounds were easily accessible to people. People's individual rooms were personalised and included tailored signposting so people could identify their own room.

There was a wide variety of activities for people to participate in both within and outside of the home. Activities were individualised and meaningful to people and designed around people's own interests and hobbies. Staff ensured people received a nutritious, balanced diet and people who required it were supported to eat their meals. People were very happy with the quality of their meals and said they were given enough to eat and drink.

There were procedures and risk assessments in place that staff implemented to reduce the risk of harm to people. This included staff's understanding of the signs of abuse. Staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

People received their medicines safely and the premises were designed in such a way that they were safe for

people. There were a sufficient number of staff on duty which meant people did not have to wait for their care. In the event of an emergency there were suitable arrangements in place to help ensure people's care continued uninterrupted.

People were cared for by staff who were recruited through a thorough recruitment process. Appropriate checks were carried out on applicants before they began to work with people. The majority of staff were experienced care workers who had the skills, knowledge and experience to care for people safely. Staff understood their roles and responsibilities and were supported by the management through relevant training and supervision.

People's healthcare needs were met by suitably qualified staff as people had access to healthcare professionals who regularly visited the home.

There were systems in place to assess and monitor the quality of care people received. People felt able to express their views and told us the management and staff were responsive to their complaints and comments.

Quality assurance procedures were robust and any actions identified through routine audits were acted upon promptly.

Staff enjoyed working at West Hall and felt management was open and approachable. Staff were encouraged to participate in the running of the home and any suggestions they made were listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise abuse and how to report any concerns.

There was a sufficient number of staff to care for people.

The management of medicines was carried out safely.

Risks to people had been identified and action taken to reduce reoccurrence.

The provider undertook robust recruitment processes.

A contingency plan was in place should the home need to be evacuated.

Good 

Is the service effective?

The service was effective.

Mental capacity assessments had been carried out in relation to people.

Staff had the knowledge and skills required to carry out their roles and staff received support from management through supervision and appraisal.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People with specific dietary requirements were recognised by staff.

People had access to a variety of external healthcare professionals and services.

Good 

Is the service caring?

The service was exceptionally caring.

People were very complimentary about the care they received and the respect and dignity shown to them by staff.

Outstanding 

People were made to feel as though they mattered and staff took the time to get to know people so they could provide person-centred care.

People could make their own decisions and were encouraged to retain their independence.

People were provided with empathetic end of life care.

Families and visitors were welcomed into the home and staff knew them well.

Is the service responsive?

The service was extremely responsive.

People and their relatives were involved in their care planning.

Care plans were up to date and written in a way that demonstrated person-centred care.

There was a wide range of activities available to people. These were individualised and meaningful for people as well as creative and innovative.

People received responsive care from staff through the skills they had learnt and used to improve people's well-being.

People knew how to make complaints about the care they received and felt their comments would be acted on.

Outstanding 

Is the service well-led?

The service was well-led.

There was a clear management structure in place.

There were systems in place to monitor and assess the quality of care people received.

People, relatives and staff were all involved in the running of West Hall.

Staff enjoyed working at the home and felt supported by management. This was as a result of the open culture displayed throughout the staff team.

Good 

West Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection that took place on 30 June 2016.

Our inspection team was made up of three 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 service.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had been sent 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 were unable to review the PIR as this had not been submitted to us as we had inspected the service sooner than we had planned to.

As part of our inspection we spoke with nine people, the registered manager, the general manager, eight staff and two relatives. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink. We also sought feedback from four health and social care professionals as part of the inspection.

We reviewed a variety of documents which included eight people's care plans, eight staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected West Hall on 20 March 2014 where we had no concerns.

Is the service safe?

Our findings

We asked people if they felt safe living at West Hall. One person said, "I feel safe. The security in the buildings and grounds is very good." Another person told us, "The homely feel makes me feel safe. I have no worries about security." A third person said, "I never feel the need to lock anything. It's like being at home." A relative told us, "I feel that my parents are safe."

People were protected from the risk of abuse because the home had safeguarding and whistle-blowing policies and procedures for staff to follow if they had concerns that a person was at risk of abuse. Staff understood the vulnerabilities of the people they cared for, for example, their ability to communicate and their dependency on staff. Staff were familiar with the procedures and how they could report their concerns. Staff knew they could use the whistle-blowing policy to report any general concerns they had. A member of staff told us they would report any concerns to their deputy manager and record these in the folder that was available. Another staff member knew who to share their concerns with and how to escalate these if required.

People had personalised risk assessments which identified a variety of risks and gave detailed information to staff on how to manage these. The risk assessments balanced protecting people with respecting their freedom. One person did not like to use their footplates on their wheelchairs. This was their preference and staff had drawn up an individualised risk assessment in relation to this. Any new risks to people were shared with staff when there was a change of shift. One person had deteriorated which meant they were at risk of malnutrition and a breakdown of their skin integrity. These risks were known by staff and this person's care plan had been updated appropriately which minimised the risk of this person receiving inappropriate care.

Accidents and incidents were recorded and action taken to prevent reoccurrence. Monthly recording of falls, accidents and incidents was held and reviewed by management. This enabled management to look for trends and for staff to take action to identify when people required aids or intervention to prevent a further incident. One person said, "In a period when I fell a lot they arranged a sensor for my bed so that they (staff) knew if I was out of bed." Another person told us they had fallen sideways out of the chair in their room and were unable to reach the call bell. As a result they were going to be provided with a body call alarm.

People felt there was enough staff to care for people safely. One person said, "I don't have to wait for staff." Another person told us, "The high number of staff make me feel safe." In all areas of the home we found there to be a sufficient number of staff to meet people's needs. This included senior staff. Staff attended promptly to assist people when they requested it and we saw staff had time to chat to people.

We were told by people that as other people moved into the home staffing levels had been increased in line with this. One person said, "Staffing has grown with people." This demonstrated management had monitored the staffing levels required and ensured that the care people received was consistent. Staffing levels were informed by a dependency tool which was reviewed each month or more often if notable changes were observed. There was a baseline staffing level which could and had been increased in line with higher levels of dependency and to facilitate planned activities, appointments and outings. Staff told us

there were enough staff and the general manager confirmed that capacity to cover annual leave and sickness was factored into the overall staff compliment. By allowing only two members of day staff and one member of night staff annual leave at the same time it meant there was rarely a time the home was short staffed.

People were protected from being cared for by staff who were inappropriate for the role as the provider used a safe recruitment practice which was consistently applied. This included appropriate checks before staff began to work with people. Records demonstrated that professional references, confirmation of applicant's right to work in the United Kingdom and that they were physically and mentally fit to do the job were obtained. Criminal record checks were also carried out.

People received their medicines safely because staff had appropriate arrangements in place to order, store, administer and record medicines. People knew the medicines they were taking and what they were for. People told us they received their medicines at the right time and in the correct dosage. We saw confirmation of this in the care records we reviewed. One person told us, "I'm given my medicines at specific times and I understand what they are for." Another person said, "I check what they give me and it's always spot on." A third person commented, "They (staff) always explain how important my blood pressure medicines are."

People were protected against the risks associated with the unsafe use and management of medicines. People had Medicines Administration Records (MARs) which clearly recorded the medicines they were required to take, as well as how and when these should be administered. Staff handling medicines were trained in medicines administration and demonstrated to us their understanding in how medicines should be stored, handled and recorded. Audits were carried out daily, weekly and monthly by staff to check medicine stock levels were correct and that the necessary recording of medicines was in place and accurate.

The buildings and surrounding gardens were superbly maintained to help keep people safe. The grounds were fully accessible and of a suitable design and layout to meet the needs of people living at West Hall.

People would continue to receive care in the event of an emergency. There was a contingency plan in place which included individual information about people and what support they would need in the event of an evacuation. As the home had three separate lodges people could be transferred to another lodge, alternatively there were arrangements in place with local hotels and other Anchor Trust homes. A recent fire risk assessment had been completed and no actions had been identified. Staff carried out weekly and monthly checks on the environment and services. Staff had received fire training and there was a staff of maintenance people who helped to ensure all equipment was well maintained.

Is the service effective?

Our findings

People were asked for their consent before care was provided and staff were skilled in how they approached people. We heard one person was asked for their consent at every stage when they were having their hair washed. The staff member broke off to come round and face the person, rather than talk to them from behind. We saw, where people were able to, they had signed their consent to their care plan.

The 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.

Care plans held mental capacity assessments for people. In one case a family who had power to make certain decisions had been asked for a decision which did not come under their powers. However in this one case it was not clear that the full procedure for decision making and capacity had been fully followed. The impact was minimal as the person and their family were involved in less formal decision making together but the registered provider needs to ensure they check that capacity and decision making are always clear.

We discussed this with the registered manager and Anchor area manager's at the end of our inspection. We were told there had been conflicting guidance and information circulating in relation to the MCA and that Anchor were working on a way of addressing this shortfall in practice.

We recommend the registered provider rolls out this piece of work as soon as possible to help ensure their services are adhering to legal requirements.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate DoLS applications for people. These included for the locked gate to the entrance of the home and grounds.

People were cared for by staff who had received training in the areas relevant to their work and there was a system in place to check staff competency in areas of their training. Staff received training in areas such as health and safety, moving and handling, infection control and food hygiene. Staff new to the role underwent an induction period followed by a period of shadowing a more experience member of staff. Staff received regular supervision where performance was reviewed and their training needs discussed. Where staff administered medicines competency assessments were carried out by senior staff.

Staff said the provision of training was excellent. They said that the manager was very good at making sure that all time-limited training was booked in and refreshed prior to training dates passing. Their induction covered topics relevant to the competencies set out by the Care Certificate in addition to key areas of the service. A staff member told us, "You have to have done 100% of your training; they check and let you know if anything needs updating."

Staff confirmed they had the opportunity to meet with their line manager regularly for supervisions and an annual appraisal. They said they had supervision at least once every two months, although in reality it was more often than that. Their supervision covered practice issues, feedback from observations, training and development and any concerns or issues. A staff member told us, "I can speak about anything I'm worried about with the manager, but can also talk to colleagues if I'm unsure." Another staff member said, "The manager has got a good attitude. He's always supporting his staff and if there's something he needs to pull you up on he does it in private. He is always respectful."

Staff were encouraged to progress. A member of staff said they set objectives and goals as a part of their supervision so staff could monitor their own goals. They said their last objective was to work towards becoming a trained first aider which she had started.

People told us the quality of food was good. One person told us, "There are always two choices and you're given a list of supplementary things if you don't like the main choices. It's all excellent." Another person said, "I love all the food. Sometimes I just ask them to surprise me." A third person said, "All these lovely meals. I'm going to put on so much weight, but I can't resist."

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People had a choice of nutritious foods. Each lodge had a refreshment area in which people could help themselves to hot and cold drinks or snacks. Staff responsible for preparing meals knew what constituted a balanced diet and the menus were designed to offer healthy balanced foods. We spoke with the chef in one lodge who was passionate about the food they prepared for people. They were keen to demonstrate how they provided a well-balanced menu and had considered the different variety of foods people were offered each week.

People who were at risk of poor nutrition and dehydration were identified and where appropriate their food and drink intake was monitored by staff. Where people required a soft or pureed diet this was provided to them and staff sought guidance from appropriate professionals such as the Speech and Language Therapy team. People who required assistance to eat and drink were supported to do so and the interaction we saw between staff and people at lunchtime was positive. We saw one person push their food away. A member of staff knelt beside them and said, "Is there nothing I can tempt you with for your main?" The person agreed to have a salmon sandwich which was ordered and arrived within a few minutes. A relative told us, "Food all seems wonderful – Dad has put on weight." Another relative said, "Mum has her dinner wherever she is comfortable and as she's little they do a lot to encourage her to eat."

People were supported to maintain good health. People were regularly weighed and where appropriate their skin regularly checked for the existence of pressure sores. Everybody living at West Hall was registered with a local GP surgery which had a good working relationship with the home. People were appropriately referred to specialists and had access to a range of external healthcare professionals. This included the district nurse, chiropodist, physiotherapist and dentist. People with specific health needs, such as diabetes, had separate care plans drawn up. A health care professional said, "Staff generally follow the guidance I leave for them and they are knowledgeable about people." A relative told us, "Dad had fallen at my house previously and grazed his knee. They (staff) rang to check that I was aware of this and they had asked the GP to check it. I have been impressed."

People were supported to attend hospital and outpatient clinics accompanied by a relative and staff that they were familiar with. A relative said, "They liaise with me over any outside health appointments. I hear from the hospital and they arrange for a carer to accompany her."

The home was purpose built and well thought out for the benefit of people living with dementia. Outside

each person's room there was a vertical sensory panel, each in a different colour and different texture, which people would recognise as their own. In addition people had 'memory' display areas outside of their rooms and these contained items and artefacts relevant to people. One person liked to have a whisky with warm milk each evening and we observed a small bottle of whisky was included in their memory display. In the lobby area of each lodge there was a board which displayed (in pictorial format) the date, year and weather.

Is the service caring?

Our findings

People were very complimentary about the home and told us they were treated with kindness. People commented, "Very, very friendly and cheerful (staff). It's very comfortable here" and, "I do feel totally spoilt here by everyone." Both people and relatives felt they were treated by all staff with the utmost dignity and respect. They could not always give us examples but said it was just implicit in how they (staff) were. This was evident throughout our inspection.

A social care professional told us, "Residents always seem well cared for and I have always observed kindness, respect, and dignity afforded to residents from the staff with whom I come into contact." Another said, "The few patients that I see from West Hall all seem to be well looked after and treated with respect by the carers who come with them. The carers themselves are friendly, thoughtful and always cheerful." A further health professional told us, "They (staff) are so caring. It's the only place I come to where they (staff) come with me to see the person and tell them who I am and say what I'm going to do. It's so nice, it really reassures people and makes my job a lot easier."

People were cared for by staff who really valued the person and the relationships they had with them. This applied to all staff as we watched the chef in one lodge greet people with smiles and hugs and heard them chat to people about their families and what they would like to eat. A staff member told us, "Do you know the feeling you get when you go home from work? Well, that is the feeling I get when I come to work in the morning." Another staff member said, "They (people) give you advice and talk about things they have done." We asked the staff member if they took their advice and we were told, "Voila, of course, who better to tell you than these people who have lived their lives. They are the best examples." A third staff member told us, "We need to know people, we're the people they rely on and trust."

People were made to feel as though they mattered. One person said, "They (staff) have got to know my personality. I lead them a 'hell of a dance' but they keep smiling. No complaints. All wonderful." Another person had led a restricted life prior to moving to West Hall and staff were clear that this person had a desire not to stick to establishment routines. As a result this person asked for meals when it suited them and staff always accommodated this. A relative told us, "Staff seem to read him and know when he needs help."

Staff knew people well and gave real thought to what made people happy. One staff member told us someone was really interested in transport and used to drive sports cars and we heard staff talking to them about this. Another person used to play football and staff said, "When he starts playing with a ball he's like a different person. He looks young again." A person asked a staff member about a magazine they were carrying. They explained it had a picture of a dog and they had brought it in to show another person. They said, "Because she loves dogs and I thought this was a lovely picture." The staff member and person went on to talk about the picture and the pets they had. A staff member said, "It's important to get to know everyone so they trust you. I really like it here."

One person loved to sing; particularly hymns. We heard them singing as they walked along the corridor. Later during the morning a member of staff sat with them and they sang several songs together. It was

clearly a regular occurrence as the staff member was able to select songs they knew this person liked. The member of staff told us that on a Sunday they went through some hymns and selected one's this person would like. A relative said, "The consistency of carers has helped as mum can be challenging and they understand how she acts and they can calm and settle her. They know that a ballet DVD will always calm her as she was a dancer."

Staff were highly motivated to understand the needs of people to help ensure they provided a tailored approach. Staff were able to describe people's individual characteristics and idiosyncrasies and about the detail included in their life stories. One person was very animated just before lunch and staff knew they liked to dance. A staff member went to them, they had a hug and started dancing together. The member of staff danced the person over to the dining table before saying, "Will you dance with me again after lunch?" The person sat down very happy and ate their lunch. One staff member told us, "The dementia training was so good I asked to do it again to make sure I hadn't missed anything. I learnt how important it was to know people's history. I used to get upset when one person was really bossy. I read their file and found out they used to be an executive so I knew that was why they were bossy. Now when they're like that I act as one of their employees because I know that's the time they are in."

Staff went the extra mile to help ensure they met everyone's needs or wishes. One person was supported to keep their pet dog. Staff had written a care plan for the dog and arrangements had been made for feeding, cleaning and exercising it. This made the dog owner very happy. Staff said the care plan for the dog was reviewed and evaluated with the person at the time their own care plan was reviewed.

People's confidence was developed to help enable people to lead as normal life as possible and do things they would not normally do. Another person asked for a key to the patio door of their room so they could access the grounds as and when it suited them. This had been provided to them. A relative told us, "I have been impressed that dad has a lot of freedom and he joins in a lot of the activities." Another relative told us, "Mum sailed the world and so she was invited to talk to the group about her travels. She came alive. It was brilliant."

People's individual methods of communication were recognised by staff. One person was unsettled during lunch time and staff gently spoke to them in their first language (French). Staff told us they had been scheduled to work in this particular lodge because they could speak French. The person was shown little bits of food on a plate and encouraged to eat little by little. The intervention worked very well and the person stayed settled and interested in the small plates as they were presented to them. Later on this person was seen out in the garden with staff and staff spoke to them soothingly in French. We were told the conversation was around clothes and art which were subjects that were of interest to them. Another person had a care plan covering their anxiety and behaviour. This recommended staff wrote things down and gave suggestions of what to talk to the person about and activities to distract them. We observed written notes and care staff told us that this was what they did to help calm this person.

One person was being assisted to eat in their room. The room was very calmly lit with the news on low on the radio. The staff member was gently communicating with the person. They offered small spoonfuls, waiting for the person to indicate that they were ready for the next one. The member of staff was calm and unhurried.

There was a strong person-centred culture within the home and staff demonstrated this throughout the day. We heard staff regularly ask people if they needed anything and respond to people's thanks with, "You are very welcome. Is there anything else you would like?" One person used to horse ride and a staff member brought in some bridles as a topic of conversation and a shared interest. Another person was seen in the

salon and staff treated them with great warmth and friendliness. They (staff) remembered the colour of nail varnish this person had previously had which made them feel special. The person told us, "I love being pampered and the salon is wonderful." A second person was supported to spend time with their relative for a coffee in their chosen location after their hospital appointment had ended. Staff had been allowed to stay on with them to share a coffee.

People were cared for by staff who were compassionate and understanding. One person was feeling slightly uncomfortable after lunch and staff showed great concern and escorted them to their room for a rest making sure all the way that they were alright.

People were shown respect and dignity by staff. We heard staff address people with the utmost respect and kindness. Staff told us they would always knock on people's doors and would not wake them up in the morning if they wished to lie in. A staff member told us, "If people don't want to get up in the morning that's their choice. I will keep checking to ask them but if they don't want to get up until lunchtime it's up to them." People were spoken to politely and with an appropriate degree of familiarity and friendliness. No one was ignored and staff took the time to stop and chat as they went about their duties and if staff were called they were quick to attend and help out. Where people had expressed a preference for the gender of staff supporting them with their personal care needs these preferences were respected and met. One person said, "They treat me with dignity. I love being called, 'young man'. I've never had or seen any rudeness from any member of staff."

People were encouraged to make their own choices and remain independent. Staff told us they would ask if people preferred a shower or wash in the morning and they would encourage them to choose their own clothes, where they would like to eat their meals and what they wished to do during the day. One person was seen walking in the garden with staff during the afternoon. We saw that staff allowed the person to decide on the direction of the walk and accompany them in a companionable manner. During lunch time we saw staff helping people with their cutlery hand over hand for the first few spoons until they were able to do it on their own. Adapted crockery and cutlery was provided to enable people to eat independently. One person said, "I like to do as much of my personal care as I can. The wet room floor gets very slippery but they (staff) put towels down and help me to sit (on the bath chair) then let me manage by myself." A relative told us, "As her needs have increased staff are brilliant at encouraging her independence."

Where people were receiving end of life care this was done so in a comfortable and dignified way and in line with the person's wishes. Their end of life care plan was written in conjunction with the person. Staff displayed an extremely good understanding in ensuring people were supported to make their own choices in how they wished to spend their day and involved appropriate health care professionals, such as the palliative nurses to provide any clinical care people required. One person had requested their local priest visit them and this had been arranged. Staff told us how they gave people lots of (food) options as they knew their tastes may change or they may not be able to tolerate certain foods as their health deteriorated. Staff took the time to forewarn us of anyone who was at the end of their life and tactfully advised us whether it would be appropriate or not to speak to the person or their family. A social professional told us, "We have provided care for individual residents as they come to the end of their lives and staff know how to contact us when appropriate."

People were able to maintain relationships with those who were close to them. Staff told us they always took time to get to know people's families as this was a way of engaging in conversation with people. This was evident during the inspection when family member's visited and they were greeted warmly and in way that was evident staff knew them well. A relative told us, "Staff are all very attentive and make our family feel welcome." A staff member said, "I make sure I learn people's family names. You can have long conversations

with people about their families and talk to them about your life."

Is the service responsive?

Our findings

One of the main goals for staff was to provide people with the tools and support to lead as full a life as possible and this was evident throughout the day. People told us they were very happy with the activities available to them and there was always a lot going on. One person said, "Good varied programme. Wonderful library. Wonderful trips." Another person told us, "Always lots to do and people coming in. I try to go on all the trips." A third person said, "We go on trips outside of the home which is good. The activities co-ordinator is open to suggestions. I suggested a word game and they have introduced it."

People had access to a wide range of activities both within and outside of the home. The activities programme was given or emailed to people and their families each week as well as being displayed in the main house and people had the opportunity to feed back on the activities arranged. Staff developed the programme based on their knowledge of people and were responsive to people's wishes and preferences finding new ways to enable people to live as full a life as possible.

Activities were individualised, meaningful and well thought out with the focus being on people's past history, interests or hobbies. One person had been a keen golfer and an indoors 'virtual golf' session had been arranged. Another person enjoyed devising quizzes and staff tapped in to their talent and encouraged them to devise quizzes for events held in the home. Other people enjoyed football, photography, dancing and animals. As a result weekly football and dance sessions were held and a pet therapy dog visited. One person, who was shy and did not like group activity, was supported to undertake photo shoots because this used to be a hobby. As a result they became visibly more confident and so this activity was being organised again. These activities tailored to meet the needs of individuals and focus on their interests and past working lives, helped people to gain confidence and maintain their interests. Relatives had given feedback to the home about how much they and people valued the activities and how much they enhanced people's quality of life. One relative gave feedback which said, 'the trip arranged by staff was particularly exciting for mum, we were delighted to be asked to join in and we are really grateful'.

Regular reminiscence sessions using a variety of resources such as music, photographs, fabrics, herbs and food tasting were held. These provided opportunities for people to communicate their preferences so staff could incorporate these into people's daily routine.

A 'virtual cruise' (a national Anchor initiative) was carried out to focus activities on people's past life experiences of travel through the five continents of the world. Each month the focus was on a different continent and activities, food, music, culture and entertainment were organised based on each specific country. People and staff were encouraged to bring their memories and experiences of their lives. The experience brought residents and staff together in a unique way. This year staff will be running a 'great British railway journeys' initiative which commenced with a trip to the London Transport Museum.

The home played a key role in the local community and staff were actively involved in building further links. The local nursery school used the grounds for their annual sports day and visits and activities were done in conjunction with the local junior school, such as singing or crafts. The children's involvement in the life of

the home meant a lot to people and they enjoyed the joint events. As a result staff have been asked to speak at local schools to explain and help children understand dementia. This should help when they encounter people living with dementia at the home or in their community. West Hall worked closely with the National Citizen Service which promotes social integrations and encourages communication between older people and young people. A social professional told us, "We are all very aware that West Hall residents and staff are part of the community of West Byfleet. Staff from West Hall had a stall at our recent summer fair and we are involved in ad-hoc activities at West Hall especially at Christmas Time."

Staff used recognised creative approaches to develop their activities programme. The home is the current grand prize overall winners of the National Activity Providers Association (NAPA) national challenge 2015. This involved a 'fine dining experience' in which people grew their own vegetables for the lunch. In response to their win, NAPA commented, 'residents became more supportive of each other as they responded to the challenge and they all became more integrated and better at working together.' Staff were also involved in Ladder in the Moon. Both NAPA and Ladder to the Moon these are nationally recognised providers who build staff skills to help them provide meaningful activities and interactive experiences for people living with dementia. The activities lead had also started activities awareness sessions for care staff which encouraged them to carry out one to one's with people and not rely on group activities solely for people's entertainment.

Activities took place in individual lodges as well as the main house and during the day in the lodges we saw a variety of activities taking place from jigsaws to quizzes. Staff said they also encouraged people to go to the main house whenever possible as this gave everyone an opportunity to mix with people they may not know so well. The home had a mini-bus as well as a car and these were used regularly to take people out in the local area. We saw people going out on a trip during the morning. One person had worked at the Oval cricket ground and a trip had been organised to visit it. During the trip this person met up with their previous work colleagues. Another person went to a local zoo where they once worked as a volunteer. A third person loved horses and a trip to some local races was organised. Other trips included wine tasting, exhibitions and public gardens.

In addition West Hall has been awarded the 'Anchor Inspires' internal accreditation which is awarded to Anchor Care Homes delivering the highest quality and standards of dementia services, where person-centred care is embedded into every element of a resident's life.

People received responsive care as staff used the skills they had learnt to provide this. From our observations the skills staff had developed through their work with recognised providers reflected in a positive impact to people's well-being. Typical examples included staff dancing with one person to put them at ease which enabled them to eat their lunch and singing with another person which clearly made them feel happy. Other examples are the care and attention staff took in ensuring that the dog owner was able to keep their dog in the home, resulting in them being more content and speaking with another person in their own language. This meant staff skills were being transferred into daily lives and not just being used when they were involved in activities with people.

Care plans demonstrated that people's needs were assessed when they first moved into the home and reviewed on a regular basis thereafter or when there was a change in need. Initial pre-admission assessment were complimented and built upon by more detailed life stores (personal histories, likes, dislikes and preferences) and My Living Story (contemporary account of what was important to people now).

People's care plans were very detailed and written in a person-centred way. They were well organised, up to date and included comprehensive information about each individual. Care plans were written in a way that

conveyed to staff what was important to each person and described in good detail the support to be provided. Care records covered areas such as a person's mobility, their level of communication, their emotional needs, dietary requirements and their likes and dislikes. The general manager told us care plans were reviewed every six months or more often if needed and we found this was the case. Where one person's risk of falls had increased, new risk assessments had been carried out and their care plans updated accordingly.

Care records were written by staff who had a good understanding of people's needs and transferred this into the way they wrote daily notes and care plans. Care plans had thorough guidance for staff. In one care plan we read information which guided staff to which side a person liked to sleep on and the specific drink another person liked with their breakfast. Where people had specific needs, such as a particular health condition, these were written in conjunction with the person. Daily records were written in a way that conveyed useful information about how people had spent their day, who with, their mood and their physical health which would help inform care plan reviews and evaluations.

People were aware that they had a care plan and were involved. Discussion during care plan reviews involved a person's care as well as their preferences in relation to activities. One person said, "It's always explained to me. I think that my daughters are involved." Another person told us, "There's a bit of a system with the care plans. I sign it." A relative told us, "I have been very involved (in the care plans). Especially with the recent changes."

Staff handovers were held to help ensure staff were aware of the most up to date information about people. Each person receiving care was discussed. Key observations regarding physical, emotional and social needs were addressed. Information was shared effectively between staff such that shift planning and the deployment of staff and delegation of tasks/responsibilities could be managed and planned ahead.

Where people had behaviours that may be challenging information had been completed in good detail in their care plan. Triggers had been identified and strategies developed to reduce the emotional stress identified as leading to a person's agitated or distressed behaviour. Care staff were able to describe the techniques and strategies used to help calm people.

People and their relatives knew how to raise concerns or make a complaint and there was a complaints policy displayed for people. We found that four complaints had been received in the last 12 months. Three of these had been resolved and one was on-going. The general manager was able to demonstrate to us the actions they were taking in order to address the outstanding complaint. One person told us, "I would always speak to the first person in line." Another said, "The door to the boss is always open and I'd ask for a private chat." A third person commented, "When I have complained about a maintenance issue it has been sorted promptly." Relatives told us, "I don't have any complaints" and, "I would be confident that anyone I complained to would take action."

Is the service well-led?

Our findings

People told us the home was well organised and that the management were approachable. One person said of the management, "The current manager always makes himself available." Another person told us, "I don't know his name, but I know who he is." Other people were able to describe the manager and knew him by sight. A relative told us, "Everyone I have dealt with has been great. Any message to one seems to get to the others. I love that the phone at reception is answered promptly and anything that I've wanted to know or have done is sorted." Another relative said, "I really like the ethos of Anchor – that the profit goes back to enhance the care."

There was an open, positive culture within the home. This was led from the top down. Staff told us the manager was visible, "You can feel he's here but he doesn't make you feel as though he's above you. He's nice and is fair, not bossy." Staff told us the team leaders were all good and were always willing to help if things needed doing. We were told, "They're happy to help with anything, they drive the shifts but will help with personal care or cleaning up, anything that needs doing."

Staff were happy working at West Hall and felt supported. One staff member said, "The manager is very supportive and the team leaders. They let you know when there's a problem and when you're doing well. The manager always says he's there to find solutions and help staff. When I was taking my exams they were flexible with my shifts and knew it was important to me." Another staff member said, "It's very supportive. I like it. It's nice to be told you're doing well." A third member of staff told us, "I'm so happy to be working here. It's such a nice place and everyone works together." A further staff member said, "It's a beautiful place. We help people remain independent and make their own choices. We can see people are happy and I am really happy working here."

There was a robust management structure within the home. The home was managed by a registered manager with the support of a general manager. Each lodge had its own deputy manager and two team leaders. This enabled the lodges to operate as separate entities under the support of one overall manager. Both the registered manager and general manager had a good oversight of the home and were able to answer our questions and find information for us without difficulty. Deputy managers were knowledgeable in respect of each of their lodges as they had no difficulty in responding to our questions or requests for information.

There were appropriate arrangements in place for checking the quality of the care people received. Management and staff regularly checked care plans, response times to call bells, medicines, infection control and health and safety in each of the lodges. Where actions were identified we saw these were acted upon. For example, hand washing sessions and protocols re-read and signed by staff were completed following a recent infection control audit.

The provider carried out monitoring visits to West Hall. These were in the format of a CQC inspection. From these audits management had developed an internal action plan to check and monitor progress against any actions identified. We noted there were few actions but where needed improvements had been made.

People and their relatives were involved in the running of the home. There were regular residents meetings in the individual lodges and people discussed the catering, activities, housekeeping and care. We noted from the minutes of these meetings that people were happy with the service they received and people's requests were listened to. People from all lodges told us that they had regularly residents meetings. One person said, "I feel comfortable going (to the meetings)." Another person said, "I wanted a key for the patio door and they gave me one." People were invited to complete an annual survey and the last survey showed us 94% were overall happy with living at West Hall.

A member of the activities team was present at each of the lodge's resident monthly meetings and any requests for new activities or trips and feedback on previous trips and activities were acted upon so people empowered to share their views and beliefs.

Staff were encouraged to give their feedback to the provider. Staff surveys were carried out and results of the most recent survey showed that 89% of staff felt engaged and supported at West Hall. An action plan from the survey demonstrated that management had listened to staff and would be discussing the survey results during one to one supervisions with staff. The general manager was planning a 'team building' day as a way of helping staff to develop relationships with staff working in different lodges.

Staff held regular meetings which allowed them to discuss all aspects of the home and hear about any provider updates. Suggestions made were listened to. Meetings were held in individual teams, for example, team leaders, catering staff, care assistants, as well as individual lodge staff meetings. One staff member told us, "We used to be allocated room numbers when we arrived in the morning. It meant that we might be supporting people who would respond to other staff better. After discussion at a staff meeting they changed it so we now all decide who it's best for us to support so people get care from people they prefer. It's so much better." This worked well for people as they described positive relationships being built between themselves and the staff.