

## Kent County Council

# Wayfarers

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This was an unannounced inspection that took place on 12 May 2015.

Wayfarers offers short and long term residential care for up to 33 older people, some of whom may be living with dementia. Most people stay at the service on a short term respite basis after discharge from hospital. The service is set out on one level and is located on the outskirts of Sandwich. On the day of our inspection there were 20 people living at the service.

There was a registered manager in post, although they were not available on the day of our inspection because there were attending training, we were supported by the

deputy manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and told us, "They take great care of me" and "I just ask someone to help me and they do". One person commented, "If all homes were like this, people wouldn't be afraid of moving into these places". Staff

# Summary of findings

understood how to keep people safe and protect them from abuse. Staff had been trained in safeguarding people, understood whistle blowing procedures and knew the importance of reporting any concerns.

There were effective communication systems and staff shared appropriate information about the people they were caring for. Staff had up to date information about people's needs. Risks were managed and staff had guidance about how to support people safely. Staff supported people to walk safely so reducing the potential for someone to have a fall. Care plans were kept up to date and reviewed when people's needs changed. Care plans gave staff instructions about promoted people's independence and recorded what people's likes, dislikes and preferences were.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. When anyone had been assessed as having their liberty restricted, applications were made to the DoLS office at the local authority. The management team and staff understood the principles of the Mental Capacity Act 2005 (MCA). When people lacked the mental capacity to make decisions the staff were guided by the principles of the MCA to ensure any decisions were made in the person's best interests.

People felt staff were kind and caring. One person said, "Brilliant. Comfortable, brilliant, decent, kind and caring staff. They really bother about you here". Staff treated people with dignity and respect and listened to what people had to say. People told us staff helped them remain independent and offered support in an unobtrusive manner.

People and their relatives felt they were involved and able to contribute to the service and have a say about the way it was run. Relatives felt the service met their expectations, was run in people's best interests and staff communicated well with them. People told us they were always listened to. Staff said that the service was well led, had an open culture and they understood the visions and value of the service.

People had their medicines when they needed them. Any risks associated with medicines were assessed and managed so people had their medicines safely. Some people chose to manage their own medicines and were supported to do this. People received appropriate health care support and were referred to health care professionals if any concerns were identified. People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met.

People were given information about resources and groups they could access if they wanted further support when they left the service. The design and layout of the building met people's needs and was safe. People liked their rooms and enjoyed spending time in the communal areas. The atmosphere was calm, happy and relaxed. Activities were provided and people could choose what they wanted to take part in. People were able to go out on their own if they wanted to and some people were supported by staff to go out. People's religious and cultural needs were taken into account and supported.

Recruitment procedures were followed to ensure that new members of staff were suitable to work at the service. There were enough skilled and experienced members of staff on duty at all times. Staff received the training they needed to provide safe and effective care. People felt there was 'always a member of staff around' and that staff 'knew what they were doing'. Staff were given support and supervision and told us they received the support they needed.

There was an accessible complaints procedure and people and their relatives knew who they could raise any concerns with. Everyone we spoke with told us that they did not have any complaints.

There were systems in place for monitoring the quality of the service provided and actions were taken to address any shortfalls. The registered manager, deputy manager and staff learned from events such as accidents and incidents. The provider understood their responsibilities with regard to registration with CQC and submitted notifications to CQC in a timely manner and in line with CQC guidelines.

# Summary of findings

## 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.

People felt supported by staff who kept them safe and knew how to recognise and respond to abuse.

Risks to people were identified, assessed and managed.

Recruitment procedures ensured new members of staff were checked before they started work. There was enough skilled and experienced staff on duty to support people.

Medicines were administered safely and some people were supported to manage their own medicines if they wanted to.

Good



### Is the service effective?

The service was effective.

Staff knew people well and understood their needs and preferences and communicated well with each other and people at the service.

People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty. Staff understood the importance of the Mental Capacity Act (2005) and how to offer people choices.

Staff were supported and provided with training to help them develop their skills.

People's health care needs were monitored and health care professionals were involved to ensure people stayed healthy.

People received a variety and choice of nutritious and suitable foods.

Good



### Is the service caring?

The service was caring.

Staff promoted people's independence and respected their choices. Staff listened to what people had to say and knew what people's preferences were.

Staff were patient, kind and caring. People felt they were treated with dignity and respect and felt they were included in decisions about their care.

People were supported with their religious and cultural preferences.

Good



### Is the service responsive?

The service was responsive.

People and relatives were listened to when they said how they wanted to be cared for. People knew about their care plans and felt they could contribute to them.

There was a range of activities available that suited people's preferences and choices, which they enjoyed taking part in.

The complaints procedure was accessible and people knew who to talk to if they had any concerns.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

Conditions of registration were met. Staff understood their roles and responsibilities and what they were accountable for.

Staff were positive about the leadership at the service and felt well supported. There was an open culture between management, staff and people at the service.

People and their relatives felt they could put forward their suggestions and that comments were listened to and acted upon.

There were systems in place to monitor the quality of the service. Regular audits were carried out and actions taken when shortfalls were identified.

Good



# Wayfarers

## Detailed findings

### Background to this inspection

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

This inspection took place on 12 May 2015 and was unannounced. The inspection was carried out by two inspectors, a specialist advisor 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 and had specialist knowledge of people living with dementia.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR

was returned within timescales. Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from social care professionals.

During our inspection we spoke with ten people using the service, four relatives or friends who were visiting, nine members of staff and the deputy manager.

We observed how staff spoke with and cared for people. We looked around the service including shared facilities and people's bedrooms with their permission. We looked at a range of records including the care plans and monitoring records for eight people, medicine administration records, staff records for recruitment and training, accident and incident records, records for monitoring the quality of the service provided including audits, complaints records and staff, relatives and resident meeting minutes.

The last inspection took place on 21 November 2013. There were no concerns identified.

# Is the service safe?

## Our findings

People said they felt safe at the service. People told us, “Staff are always checking on me”. “I can fall if I’m not careful and staff always keep an eye on me and make sure I am safe”. “They (staff) take great care of me” and “Sometimes I am a bit wobbly and so I just ask someone to help me, which they do”. Relatives supported what people told us and commented, “It’s safe because of the staffing ratio; the number of call buttons around. Staff are responsive and keep an eye on people”. “There are enough staff around” and “I feel that staff are interested and concerned. Wayfarers were a life saver”.

People were made aware of the risks of abuse. The service had held an ‘Adult Abuse Awareness Week’. People had been given information and informed of how they could report any concerns. There were systems in place to safeguard people including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. Staff knew where the policies and procedures were kept and how to access them and confirmed they had receiving training on safeguarding people. Staff were knowledgeable about the types of abuse, and knew how to raise any issues of concern with the registered manager. Staff said, “We report to the manager and we can go the local authority or you (The Care Quality Commission) if we needed to, but anything is acted on straight away”.

Most people moved into the service for respite care following a stay in hospital. Staff told us that if people had poor experiences when they were transferred from hospital or moved in with pressure sores, they reported these concerns to the local authority

Staff told us about ‘whistle blowing’ procedures. One member of staff said they had reported ‘an incident’ where they thought another member of staff had been ‘rude to someone’. They told us, “There was an investigation and the person left”. The deputy manager confirmed that any whistle blowing allegations were taken seriously and acted on.

Potential risks were identified and assessed so staff could help people to stay safe. People were supported to remain independent by ensuring their risks were individually assessed and safeguards were put in place. There was guidance for staff about what each person could do

independently, what support they needed and how they needed to be supported. Risk assessments included the use of specialist equipment such as hoists and wheelchairs. Risks were reviewed monthly or sooner if staff felt anyone’s needs had changed. Some people only stayed at the service for a short time and individual risks were reviewed on a daily basis to promote people’s safety. Staff understood the importance of ensuring people stayed safe. Staff spoke about the safety of the environment and how to keep people safe from the risk of falls by making sure that there were not any trip hazards. Staff were seen gently encouraging people to use mobility aids to help them keep their balance when they moved around.

Accidents and incidents were reported and recorded. These were analysed and follow up action was taken to help prevent or reduce the likelihood of reoccurrence. Risk assessments were updated following any accidents and guidance was updated about how to keep people safe in future. One person told us, “I have a personal alarm so I can get hold of staff if I fall or think I am going to”. People who had fallen had been referred to health care professionals for specialist support.

The environment was arranged into four units over one level. There were two separate lounge and dining areas, as well as a separate quiet room. Bedrooms were spacious and shared facilities such as bathrooms, toilets and showers were clean, and free from clutter. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. There were hand towels and liquid soap for people and staff to use. People told us they thought the service was always kept “Very clean”.

Regular safety checks were carried out to ensure the environment was safe. A health and safety inspection was carried out on a quarterly basis and included checks on equipment, security, control of substances hazardous to health (CoSHH) and emergency procedures. Gas, electrical hard wiring, portable equipment and fire risks were checked. There was an up to date fire risk assessment in place. Fire escape routes were clearly marked, and fire extinguishers and alarms were located around the service. Bedrooms and communal areas had automatic closure doors linked to the fire alarm system. Staff told us that there were regular fire drills at the home and knew what to do in the event of an emergency. Fire safety training was part of the mandatory training programme for all staff. Each

## Is the service safe?

person had an emergency evacuation plan in their care record, which noted how they were to be evacuated from the premises if required in an emergency, and included any mobility aids required to safely achieve this.

There was enough staff, with the right levels of skills, qualifications and knowledge, on duty to keep people safe and meet their needs. People's needs were assessed so that staffing levels could be arranged in accordance with the support people needed. Staff rotas showed that consistent numbers of staff were allocated on duty. There were arrangements in place to cover shortfalls such as annual leave or sickness, through the use of agency staff. The same members of agency bank staff were requested to promote continuity. Staff said they felt there was enough staff on duty to meet people's needs. They told us that "We have the time to help people. Sometimes we are busy, but there is always the right amount of staff on duty". At all times during our inspection staff were not rushed. Call bells were answered promptly and staff were visible in the communal areas and promptly responded to people's requests for help or assistance.

Staff were allocated specific roles and responsibilities when they came on duty. This included being allocated to areas of the service. Staff knew what was expected from them on each shift and took responsibility for their allocated duties so people got help when they needed it. People and their relatives told us there were enough staff on duty. People said, "There is always someone around if you need them" and "They answer my bell ever so quickly". A relative said, "There is always a member of staff around if you need them".

There were systems in place to recruit new staff and the provider's recruitment and selection policies were followed when new staff were appointed. Appropriate checks were carried out including obtaining a Disclosure and Barring Service (DBS) check, references and checking candidate's employment history by exploring and recording any gaps in employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The deputy manager told us that no one started work until they had received all the appropriate checks.

People were protected by the safe management of medicines. Staff were trained in medicines management before they administered medicines. Only permanent members of staff gave out medicines. Staff had completed competency assessments in medicine administration. Staff who gave out medicines were given protected time to ensure they were not disturbed and could give out medicines safely. Medicines were stored safely in lockable cabinets in people's rooms. Medicines that needed to be kept cool were stored in a special fridge and the temperature was checked daily to ensure medicines were stored safely.

Audits and checks were carried out on medicines to make sure stocks were at the correct level and there were the right amount of medicines in stock. All the Medicine Administration Record (MAR) charts we looked at were completed accurately, with no unexplained gaps. If a medicine had not been administered for any reason, the correct code was used to explain why. Senior staff checked the completed medicine administration records (MAR) charts at the end of each shift, to ensure that medicines had been administered properly. The MAR charts included a photograph of each person to confirm their identity, and highlighted any allergies. There were protocols in place for 'as and when required' (PRN) medicines so staff knew when to give this medicine. Staff told people about any possible side effects of medicines they were prescribed.

There was guidance for staff when people were prescribed different medicines. For example, one medicine needed to be administered via a new route. There was an information leaflet for staff, highlighting the reason for the new route, with illustrations which described how to accurately administer the medicine.

Some people could manage their own medicines and risk assessments were in place to support people. Staff spent time with people to make sure they took their medicines safely. Checks were carried out to ensure that people had received their medicines when they needed them. They made sure people had a drink to help them swallow any tablets and explained what the medicine was for. A relative commented, "I have observed the medication distribution. I know that mum's tablet is recorded on the MAR charts".

# Is the service effective?

## Our findings

People told us they got the help they needed from staff. They said, "This is a marvellous care home, they meet all your needs". "If I need help I will ask for it and they are very good". "I get the help I need" and "If I want anything I've got it done. Actually it's better than being at home". Some people told us they were only staying at the service for a short time and said that staff helped them remain independent. People told us that if they did not need help with washing or dressing, staff respected this. They said, "They don't interfere, if I don't need help I tell them and they let me do things for myself" and "I like to have a bath myself. I know staff are about if I need them but they let me get on with it".

Staff worked well together and they shared information and communicated effectively. Staff held handovers between each shift to make sure all staff were kept up to date and knew when people's needs had changed. Staff told us, "We get to know people quite well even if it's for a short time". "We are always kept up to date about any changes" and "We are well informed in the handovers". Agency staff were given a full handover before they worked at the service and were told about anyone new or if anyone's needs had changed. One agency member of staff said, "I know what I need to do to help people and there is always a full time member of staff to help if I need to check anything".

New members of staff completed an induction which was based on the Skills for Care common induction standards (which are standards that staff working in adult social care need to meet before they can safely work unsupervised). These standards included the role of the care worker, communication, equality and inclusion and safeguarding. Plans were in place to replace the common induction standards with the new care certificate to ensure staff were provided with the most up to date training. New members of staff attended moving and handling training as soon as they started work, so they would be competent to help people move safely. They spent time shadowing senior members of staff and were 'buddied' with more experienced staff, which gave them additional support. Agency staff supplied a 'passport' which was evidence of

their training, competencies and safety checks to show they were suitable to work with people. There was an induction for volunteers so they knew what was expected of them.

Staff were supported to take part in mandatory and essential training. This included safeguarding, moving and handling, food hygiene, equality and diversity, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Additional training such as care planning, dementia awareness, physical interventions, medicines and understanding of the Care Act 2014 was also provided. Records showed that staff were kept up to date with their training. Senior staff had been trained to train staff in oral hygiene, moving and handling and safeguarding so they could keep all staff up to date. Senior staff had also received training in coaching and mentoring and the principles of assessing risks. Senior and night staff were trained in understanding and supporting people with epilepsy and given training in the use of specialist medicines that people needed if they suffered from a seizure.

Staff told us the training opportunities were good and they received 'plenty of training'. Staff said, "You can't fault the training and we are booked on the courses we need". Some staff were concerned that they would not be booked onto some training courses before their certificates expired, but the deputy manager confirmed that there was a training programme in place which addressed staff training needs.

Staff had regular supervision. Staff said they met with the manager and discussed their performance, the training they had completed and future development needs. Staff said, "We get really good support and there is a real feeling of teamwork". Agency staff told us they felt well supported and one agency member of staff said, "I never feel excluded. I am a member of the team and get all the support I need".

The Mental Capacity Act (MCA) 2005 is legislation that sets out how to support people who do not have capacity to make a specific decision and protects people's rights. There were systems and processes in place to protect people so their wishes and choices were taken into account. Staff assumed that people had the capacity to consent, unless assessed otherwise. Where appropriate a mental capacity assessment was carried out if a person did not have the capacity to make an informed decision about a specific issue. Best interest meetings were held with appropriate health care professionals such as the GP and families. Staff



## Is the service effective?

followed the outcome of these so people were given the support they needed. Care plans contained information about people's wishes with regards to end of life care, so these could be acted on. When people had advanced care plans in place, these were adhered to. Do not resuscitate forms (DNAR's) were in place and these were checked to make sure they remained valid and appropriate.

Staff monitored people's capacity on a daily basis. One member of staff said, "Sometimes people's capacity changes because they are unwell. We always report anything like that so they are monitored properly". Staff understood how to give people choices. They gave people different options and listened to what people had to say. People told us that staff allowed them 'to make up their own minds'. People were complimentary of the staff with regard to how they allowed people to maintain and improve their independence.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been made. When these were authorised staff followed the guidance recommended to ensure that people's human and legal rights were respected. Any restrictions on people's liberty, such as the use of bed rails, were assessed. If anyone needed to use bedrails, they or their relatives were asked for consent and this was recorded. The front door was locked from the outside, but people could open it from the inside. People told us they could come and go as they pleased. One person said, "They like me to tell them when I go out, so they can check I am safe". Another person said, "I often nip into the garden and staff always let me back in as soon as I am at the door".

People told us they enjoyed the meals and felt there was 'plenty to choose from'. People said, "I have no complaints about the food, it's very good and plenty of it" and "I eat really well. It's a bit like a hotel at times". Meals were brought out on a hot trolley and people were asked what they wanted. People could have a look at the meals to see if there was something they wanted. The meals were well presented, plentiful, looked and smelled appetising and there was very little waste. One person said to staff, "I don't fancy anything there. Can I have soup?" This was provided

without any fuss. Cooked breakfasts were available at different times during the week. At the evening meal people had choices of hot and cold snacks and could choose what they wanted.

Most people could manage their own meals. When anyone needed support this was provided in a discreet, cheerful and unforced manner. Some people needed guidance to ensure they used the knife, fork or spoon correctly and staff checked that people were managing to eat their meals in their own time.

Staff knew and understood about special diets. Information was kept in the kitchen and catering staff were kept updated about changes in people's needs. Some people wanted extra snacks at set times and staff made sure these were available. For example one person liked a small snack before breakfast and another person liked a snack left by their bed at night. They told us that staff arranged this for them. Staff knew that sometimes people's cultural needs could impact on what they ate and when. Staff asked people or their relatives if there was anything they needed to be aware of. Information in care plans showed that this was recorded.

People were offered hot drinks between meals and had glasses of water or squash on tables next to them. Staff told us they, "Encouraged people with fluids". They said, "It is even more important on hot days. We need to make sure people have enough to drink".

Food and fluid charts were kept in people's individual daily record books. Weight charts were kept for people who required monitoring. Weight loss actions plans were in place if people lost weight. Referrals were made to the dietician or speech and language therapist team, if staff were concerned about people's food and fluid intake. Care plans were updated and the support given was recorded. A visitor told us that their relative had developed a swallowing difficulty. They said staff called an ambulance when it was needed and arranged for an appointment so this could be investigated.

People were supported to keep their skin healthy. There were pressure area risk assessment charts and people who were at risk of their skin breaking down were checked twice daily. Care plans were updated with the care needed and actions taken. Staff used body maps to record the progress of any concerns about people's skin care. When people came out of hospital with pressure sores, they were

## Is the service effective?

referred to the community nurses. Nurses told us that staff referred people to them quickly and followed their instructions. One nurse told us, “The staff are very good here. They report anything they are concerned about”. People could visit the GP and were supported to attend health appointments. Health appointments and outcomes were documented in people’s care plans and staff told us how they followed the guidance they had been given. People said they felt their health was maintained. One person said, “I couldn’t walk when I moved in and now I can. I feel so much better”.

The environment was maintained to meet people’s needs. Due to the design and layout, people had access to different areas of the service. Communal areas were set out so people could sit together and talk or if they preferred spend time in a quieter area. There was also a quiet room where people could meet with their relatives in privacy if they wanted. There was a separate activities room that people could visit. People were able to go into the garden as they chose. Adaptations were in place to help people move around safely and bedrooms contained the equipment people needed.

# Is the service caring?

## Our findings

People spoke highly about the caring nature of the staff. People said staff were, 'kind, caring and friendly'. They told us, "They (staff) are friendly but not over familiar". "They (staff) listen, give time and show respect". "Actually it is better than being at home" and "I am taken care of and the staff talk to me". One person said, "I like the way they wait on me. I know they are not supposed to actually wait on me, but they do it because they want to and they care". Relatives were equally positive. They said, "They (staff) talk appropriately with residents and are professional" and "The staff are kind and welcoming all the time".

Throughout our inspection we observed staff treating people in a respectful and compassionate manner. There were good interactions between people and staff. Staff spent time walking round the communal areas and chatting with each person at length. They checked people were happy and asked if there was anything they needed. Staff checked on people who wanted to stay in their room to make sure they had everything they needed. Any requests for help were answered quickly. Staff responded to call bells promptly so people did not have to wait for assistance.

There was a relaxed and considerate attitude amongst staff towards people. People were able to choose where they wanted to spend their time and could move freely around the service. Some people liked to spend time in their rooms and other people sat together in groups chatting. Staff joined in and there was a lot of laughing and joking. Staff talked with people about different things that interested them. Staff listened to what people had to say and offered people choices about how they wanted to spend their time. Staff told us that sometimes people needed more emotional support. They told us, "It can be hard for people. They go into hospital and then they stay here for a bit, it can all be very strange and unsettling. We always make sure people know what happening. It puts their mind at rest".

Staff communicated with people in a way they understood. They spoke slowly and clearly with people and answered their questions calmly and patiently. Staff crouched down so they could make eye contact with people. Any questions were answered patiently. Staff told us about people who had communication difficulties. Some people spoke a different language. Staff had spoken with people's relatives

to make sure they could communicate with people in a way they understood to ensure they knew how people wanted to be helped. Important information was written down in a language that people knew and recognised and helped staff to communicate with people. For people who had less verbal communication staff understood how to interact with them and people responded by smiling.

People told us that staff helped them in a way they preferred and said that staff knew and understood them. Staff knew about the people they were caring for. Care plans had information about people's lives and their histories. This was important because it helped staff to understand and get to know people. Staff told us about people's likes and dislikes. One member of staff said, "I like talking to people about their lives. They (people) have done so many different things and it is interesting to talk to them". Another member of staff said, "Sometimes people are only here for a short time, but we always get to know people". People felt they were included in making decisions about their care. They told us they were asked what they did and didn't like and said that their opinions were taken into account.

Staff supported and encouraged people to maintain their independence. Care plans showed what people could and could not do for themselves. People told us they were helped in a way that suited them. One person said, "Staff know what I can manage and let me do things for myself". Staff told us it was important to encourage and promote people's independence.

People could bring their own personal items into the service to make them feel at home. People had their own belongings and bedrooms were personalised with photographs, ornaments and memorabilia. People who lived at the service permanently had their rooms decorated in a way they liked. One person said, "I love my room. It is exactly how I want it". Staff told us they always tried to make people feel at home.

There was information displayed around the service which told people about different things. There was a code of dignity on display so people knew what they could expect from staff. Information and leaflets about advice and support groups were available so people who were planning to go home could see what support was available in the community. There were minutes from meetings, where topics discussed included changes to the menu,

## Is the service caring?

forthcoming events and activities. The notice board displayed pictures of outings and activities, such as the recent commemoration of the end of the Second World War.

Most people could make their own informed choices or were supported by close family members. Information about independent advocacy services was available for people if they needed additional support.

Care plans contained information about people's religious and cultural preferences. Care plans showed what people's different beliefs were and how to support them.

Arrangements were made for people to attend local church services if they wished and staff supported them to do so. There were no restrictions on families visiting and all of the relatives we spoke with confirmed that they could visit when they wanted. They told us that they were always made welcome.

People felt staff respected their dignity. One person said, "I don't want staff to help me with a bath. It's a dignity issue and they respect that". Another person told us, "They always knock on my door and don't come in until I say so". Staff told us how they respected people's dignity. They said, "Dignity is important to people, we offer towels if people want to shield themselves" and "People need to know we make sure their dignity is respected. We always offer privacy and some people don't want us in the room when they are getting ready. We make sure we are about though to help if they need it". Staff knocked on people's doors and waited for an answer before they went into their rooms. People could choose whether they wanted the doors to their rooms opened or shut for privacy.

# Is the service responsive?

## Our findings

People felt they were involved in planning their care. One person said, "There is a care plan, I have a say in it. I recently filled in a form to ask if I wanted to alter anything". Another person said, "I have a care plan and look at it when I want". People told us that staff gave them the support they needed when they needed it. They said staff were always available and helped them in the way they preferred. People who were more independent told us that staff listened to them and were 'about' if they needed them. People told us they could get up and go to bed when they wanted. One person said, "I can choose whenever I want to go to bed. No one makes you do anything you don't want to".

Relatives told us they were involved in their loved ones' care. One visitor told us they had just attended an assessment meeting for their relative. They said they had seen the care plan and knew what was being done to help their relative. They commented how pleased they were that they had been included and stated, "Dad is walking now and he wasn't before. Over all I am very relieved he is getting good care, it has been a great worry, but I am happy that he is here". Another visitor said their relative told us, "They take good care of Dad here. The staff talk to him, his room is comfortable; he can have a bath when he wants. I feel he is in good hands".

Most people only stayed at the service for a short period of time, usually following a discharge from hospital. Before people moved in, a senior member of staff visited them in hospital to carry out an assessment of their needs. The care plans showed that each person had a pre-assessment that took into account their individual needs, to ensure that people's needs could be met.

Staff knew the importance of encouraging and supporting people to keep their independence. Care plans contained information about people's needs and were individualised to the person. They included details about people's personal care, communication, health and mobility needs. Care plans supported people to increase their independence by giving staff clear guidance about what people could and could not do for themselves. People's care needs were reviewed on a regular basis and people were supported with decisions about their care. This was to ensure that progress in people's health and care needs was monitored and staff could give care in the way that suited

people's best. Not everyone who used the service was able to return home and some people needed to move to a more permanent care environment. Care plans showed how people were supported to be able to make a decision about where they could move to.

People were invited to have their say about different things, including activities, the meals and how they received their care. Each person was allocated a member of staff, who talked with people to check that they were happy with the different aspects of the care and support they received. People were invited to attend meetings so they could contribute to the way the service was run. One person said, "That's where we plan our activities and talk about our food. It really makes us feel involved."

People were involved in making decisions about different activities and events. People and staff had planned celebrations for events such as VE day and another party was being organised for VJ day. Information about events and activities was on display so people knew what was available. There was a day centre which took place four days a week in an activities room. People were invited to take part in organised pastimes including quizzes, games such as scrabble, reminiscence sessions, arts and crafts and musical events. A therapy dog and owner come in regularly and occupational therapists visited to provide additional activities. People told us they enjoyed the VE day celebrations and the musical events. People said they were 'not pressured' to join in activities and could choose what they wanted to do.

Staff also spent time doing activities with people in the communal areas. Games were arranged and people were invited to take part. Staff interacted positively with people, and gently encouraged people to join in an activity. Some people were initially hesitant, but soon joined in with the activity. Staff gave people the option of taking part by bringing the activity to them. Staff laughed and joked with the people taking part, and the atmosphere was relaxed. Staff told us that the type of activities depended on what people wanted and were interested in. They told us they changed the activities regularly to suit what people wanted. People told us they went out when they wanted and were able to visit local shops or go out for coffee to cafes.

Information about how to make a complaint was on display. This was in a format that people could understand. Bedrooms had a 'Have your say' leaflet so people could

## Is the service responsive?

record any comments, complaints or compliments. There was a complaints record available that people could use if they felt they wanted to complain about anything. People knew about the complaints procedure and were confident to talk to the staff if they had any concerns. People felt that they would be listened to and told us they had no concerns or complaints. People said, “No problems. It all fine”, and “I have no complaints but I would certainly tell staff if there was anything wrong”. Relatives told us they had no complaints, but were confident that any concerns would be resolved.

The deputy manager told us there had been one formal complaint. Records showed that this was dealt with properly and within timescales. Staff knew what to do if anyone raised a concern. Staff told us, “If people mention anything, such as they are not keen on particular food or anything then we will sort it out straight away”.

# Is the service well-led?

## Our findings

People felt the service was well-led. People told us they knew who the manager and deputy manager were. Relatives told us they could always speak to the management team if they wanted to. A visitor told us there was a good rapport between the staff and management towards her and her relative. They told us, "Everyone always makes us welcome when I come in to visit".

There was an open and transparent culture where people, their relatives and staff were actively involved in developing the service. People and their relatives were invited to take part in meetings to discuss different aspects of the service. The minutes showed that people's suggestions were listened to and acted on. A survey had been sent to people and their relatives. People were asked their opinions about arrangements for personal care, getting up and going to bed, activities, meals and being involved. Overall people were either satisfied or very satisfied with the support they received. Relative's questionnaires showed they were happy with the service and comments included, "Excellent place to visit", "Staff are always friendly" and "This is an excellent home". People and their relatives all confirmed they felt involved and were listened to.

Staff were clear about the culture of the service. Staff told us how important it was to develop and promote people's well-being. They told us how they encouraged people to be independent and promoted people's rights. They said, "We talk to people about their expectations and what they can do for themselves and listen to what they have to say". The management team supported staff to develop an open and transparent culture. Staff were encouraged to report any concerns and attended meetings where they could raise any issues and make suggestions. Staff had suggested a change to the shifts to make sure people got the help they wanted when they needed it. This had been actioned and staff felt they were listened to and their views were taken into account.

Leadership was apparent throughout our visit. Although the registered manager was not available, the deputy manager knew everything about the running of the service and was able to answer all our questions. Staff knew what was expected of them and what their roles and responsibilities were. Senior staff were responsible for running the service on a daily basis and had lead roles in different areas. Staff knew what they were accountable for.

Systems for whistle blowing, supervision and meetings were in place. Actions were taken if staff were not performing to the best of their abilities through supervision and disciplinary procedures. Staff knew who to go to for support and told us they felt "Well supported". Staff said, "The manager and team leaders have an open door and they don't judge". One member of staff said, "I had a concern which I raised in the past and they dealt with it very quickly".

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed and when we asked for information it was readily available. Senior staff checked all daily care records during each shift, and any discrepancies were discussed with the relevant staff member, or brought up during their supervision sessions. Records were in good order, kept up to date and stored securely so people's confidentiality was protected.

Conditions of registration with the Care Quality Commission (CQC) were met. Any untoward incidents or events at the service were reported and appropriate action was taken to prevent them from happening again. This meant we could check action had been taken to keep people as safe as possible.

The deputy manager, senior staff and care staff knew and understood the challenges of providing a safe and effective service. They told us that because there were a lot of people moving in and out of the service they needed to make sure that people were continually reassessed and supported. They told us "We need to make sure this stays a home and it doesn't matter how long someone is living here. It is their home all the time they are staying with us". The provider made sure that resources were available to support the smooth running of the service.

The service was taking part in a pilot with the continuing care group where they could contact a nurse during 'out of hours' to support people with their health and well-being. The service was a member of a 'My Home Life' scheme, which promoted people's experiences. Information and advice was obtained from recognised bodies in social care including Skills for Care and the Social Care Institute for Excellence which supported the service to monitor what they did and how to make improvements.

## Is the service well-led?

There were regular audits carried out to monitor the on-going progress and safety of the service. Audits included checks on the kitchen, food hygiene, call bell systems, infection control, health and safety, medicines, care planning and staff training. Shortfalls were identified and actions put in place to address these. For example the infection control audit had identified that due to the high number of people using the service, there needed to be improved deep cleaning schedules. These had been put in

place and more domestic staff were being recruited to help address this. It had also been identified that there had been an increased number of errors when giving out medicines with six recorded errors in five months. A full check had been carried out which looked at any mitigating factors, what the error was, how it could have occurred and what could be done to prevent it happening again. Effective measures were in place to prevent the likelihood of reoccurrence.