

Borough Care Ltd

# Wellcroft

## Inspection report

75 Church Road  
Gatley  
Stockport  
Greater Manchester  
SK8 4EY

Tel: 01614285361

Website: [www.boroughcare.org.uk](http://www.boroughcare.org.uk)

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## Ratings

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

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 6 and 7 March 2017. We last inspected the service on 9 and 10 March 2015 when we rated the service as Good overall.

Wellcroft is registered with the Care Quality Commission (CQC) to provide residential care and support for up to 42 people with a dementia. At the time of the inspection 37 people were using the service. The home provides permanent, short stay and day care services. Accommodation is provided over two floors in three self-contained living areas. The first floor can be accessed via a passenger lift. All bedrooms are single occupancy with nine having en-suite facilities. The home is set in landscaped gardens and is located in Gatley village Stockport. Wellcroft is one of eleven care homes owned by Borough Care Limited a not-for-profit registered charity.

At the last inspection, the service was rated Good and the registered manager told us of his plans to improve the service to make sure people on their dementia journey received high quality person centred care. Further information regarding our findings are detailed in the effective, responsive and well led domains of this report.

The service was rated as Outstanding in the Well-Led key question.

A registered manager was in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager showed passion and enthusiasm for promoting dementia care and had a very strong value base which was reflected throughout the service. The registered manager and deputy manager had spent two days with the dementia research team at Sterling University to gather further dementia initiatives to support, develop and improve their approach to meet the needs of people living with dementia at Wellcroft.

The registered manager told us that because the provider ran as a non for profit organisation and care workers were not paid as highly as similar care homes in the area, it was important when recruiting new care workers to make sure they were adaptable and were willing to go the extra mile to put people first. They told us that it was important for people who used the service to be cared for by care workers who shared the same vision and values as they did and that they only want the best care workers for the residents and want the residents to live happily at Wellcroft.

Since our last inspection in March 2015 the service was recognised locally as a 'Stockport Star Award Winner' and was voted the 'Best Care Home in Stockport' and a care worker was voted the 'Best Care Assistant in Stockport'. They received an award in recognition of their ability to exceed their job role expectations and reflect an inherent sense of compassion towards people who used the service. The award was presented by Stockport Together, which is a partnership organisation across Stockport. In addition to this the registered

manager was awarded the, "Most effective manager 2016" award and the housekeeping team had been awarded the, "Most effective team 2015" at the Borough Care company awards ceremony. This is an annual award designed to recognise Borough Care Ltd manager achievements based on specific results and behaviours.

Care workers we spoke with told us they had undergone a thorough recruitment process and employee induction. Training appropriate to the work care workers carried out was on going and always available to them. Care workers spoken with confirmed they had received safeguarding and whistle blowing training, and knew who to report concerns to if they suspected or witnessed abuse or poor practice. Some care workers were working towards a nationally recognised qualification in care such as a National Vocational Qualification (NVQ) in health and social care and the Care Certificate. This helped to make sure the care provided was safe and responsive to meet peoples identified needs. A care worker spoken with told us they have to be approachable and the training helped them to do this so they could improve people's day to day living and deliver excellent care to people living with dementia.

People were supported by sufficient numbers of suitably trained care workers who often worked in excess of their paid hours. Care workers received regular supervision to help make sure they were carrying out their duties safely and effectively. We saw the overall care workers attitude and approach focused on positive interaction with people who used the service. They demonstrated a good understanding of people's culture and history which helped them to engage people in meaningful reminiscence conversations about their childhood, family and work life.

Where people had difficulty communicating, we saw care workers were particularly patient listeners and showed understanding of people's individual communication styles. Care workers spoken with told us that it was about the person telling the care workers what to do, not the care workers telling the person.

We saw written evidence that people and their relatives were involved in the decision making process at the initial assessment stage and during reviews of their care needs. People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible.

People who used the service and their relatives told us they were always included in making decisions about their care and support. This included where service improvements could be made to further enhance people's experience of living at Wellcroft. For example a relative told us the registered manager was very forward thinking. They added that they were able to give their relative a bath once a week which was a great opportunity to talk with their relative. They told us it had makes such a difference for the person and themselves. People who used the service looked contented, relaxed and happy including visits to places of interest and local community involvement initiatives such as regular planned visits to a café which provided a service to people living with dementia. We saw all activities were geared towards individual people to meet their identified social and communication needs.

Comprehensive care records were in place which reflected peoples identified health care and support needs. Information about people's dietary requirements, how people wanted to be supported, when support was required and how this was to be delivered were clearly detailed in the care records we examined.

There was a good system in place to make sure medicines were managed safely, monitored and reviewed frequently. Any specific requirements or risks in relation to people taking particular medicines such as anticoagulant medicines were clearly documented and records kept up to date.

Complaints, comments and compliments were encouraged by the registered manager and registered

provider. Any feedback from people using the service or their relatives, were addressed by the registered manager initially. People spoken with knew how to make a complaint and felt confident to approach any member of the care workers team if they needed to.

The registered manager had systems in place to monitor the quality, including service user and relative surveys, to ascertain their views and opinions about their satisfaction of the service provided. Feedback received was noted and used to make improvements to the service and the care and support being provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and there were appropriate procedures in place to protect people from abuse and maintain their safety. Detailed care plans were in place to minimise the risk of harm where risk was identified.

There were sufficient numbers of staff and procedures in place to ensure the staff recruited had the appropriate qualities and values to work with vulnerable people.

Systems were in place to make sure medicines were administered by staff that were trained to ensure they were given safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by sufficiently trained staff who knew them well and were able to support them to have a good quality of life.

Where people were unable to consent to care and support, appropriate steps were taken to involve them and their relatives in their care. Best interest decisions were clearly recorded.

People had access to external healthcare professionals, such as hospital consultants, specialist nurses, and GPs who contributed to care records.

### Is the service caring?

Good ●

The service was caring.

Staff knew the people well, were concerned for their wellbeing and had developed positive working relationships with them and their families.

People were treated with utmost dignity, respect and compassion, and were supported individually in ways that

promoted their health and well-being.

The service was committed to helping people to live as well as possible with dignity prior to the end of their life.

### Is the service responsive?

**Good** 

The service was responsive.

Care staff showed their ability to exceed their job role expectations and reflect an inherent sense of compassion towards people who used the service.

All staff were very knowledgeable about people's individual care, goals and abilities and how they wanted to manage their health and support needs. Staff invested time and developed trusting relationships with people.

Meaningful activities were in place to prevent people from feeling isolated. A dedicated activities facilitator helped people to continue hobbies and participate in the community.

### Is the service well-led?

**Outstanding** 

The service was very well-led

The registered manager was very clear about his responsibilities and had developed a strong value based culture where people who used the service were at the heart of everything the service and staff did.

The registered manager had developed a successful and effective dementia community. He and the staff team shared the same visions and values.

Auditing systems were continually used as a learning tool to monitor the quality of the service and promote continuous service improvement.

The service worked in partnership with local organisations to support the delivery of high quality dementia care.

# Wellcroft

## 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 the 6 and 7 March 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector. At the time of the inspection 37 people were using the service.

Before the inspection, the provider completed 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 also reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications that the provider is required to send to us. We reviewed information from the local authority adult social care team who confirmed they had no current concerns about Wellcroft and the services they provided.

During the inspection we spoke with two people who used the service, the registered manager, the laundress, the deputy manager, five care workers, the cook, the activities living coordinator and the service administrator. Following the inspection we spoke with three relatives of people who used the service.

We looked at three people's care records, six employee personnel files, training records and records relating to how the service was being managed such as safety audits and a sample of the services operational policies and procedures.

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## Is the service safe?

### Our findings

People we spoke with told us they felt safe at Wellcroft. Two people spoken with said, "I'm very safe; the people here are lovely. Never any trouble" and "I'm safe, that's all that matters, isn't it". We spoke with two relatives of people who used the service and they told us they felt their relatives were safe living at Wellcroft. They said, "It's an absolutely brilliant home. I wouldn't want my relative to live anywhere else; [relative] is more than safe. I trust all the care workers at Wellcroft" and "She [relative] is absolutely safe at Wellcroft. I can't fault the place. They risk assess everything to make sure people are safe. I see the way the care workers manage people totally safely. It's amazing".

A medicines policy was in place to help ensure the safe storage and administration of medicines. This policy had been monitored and reviewed and was up to date. Medicines were kept safely and securely. We reviewed 15 medicine administration records (MAR) and found they were completed appropriately and were up to date. We saw there was a photograph at the front of each person's records to assist care workers in correctly identifying people to ensure they received the correct medication as prescribed by their GP. Care workers spoken with knew about the process for checking the right dose of medicines was administered according to the person's GP's instructions, and care workers demonstrated a good knowledge of why people required their medicines, the dosage, the desired effect and the action they should take in the presentation of possible side effects. They told us that in the case of a medicines error they would follow the organisational procedure which is to seek advice from the person's GP, the out of hours GP or NHS 111. NHS 111 is the NHS non-emergency number where people can speak to a highly trained adviser; supported by healthcare professionals should they require any health or medical advice. We asked two people who used the service if their medicines were administered on time and they confirmed they were. This was confirmed when we observed a medicines round being undertaken in the home.

We reviewed records relating to a person who received one or all of their medicines covertly. Records showed the person lacked capacity to take their own medicines and required care workers assistance to do so. Therefore the person's relative, the pharmacist and General Practitioners (GP) had been involved in the best interest decision to give this person their medicines covertly. This information was clearly documented in the person's care plan. Records of people's allergies were recorded on their medicine records and care records. These additional medicine records provided care workers with clear guidance regarding people's allergies. In addition to this the registered manager carried out a weekly medicines audit and medicines administration spot checks. Senior care workers had completed assessments of care workers competence to administer medicines before they were allowed to administer medicines to people. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

People prescribed anticoagulant medicines had been identified on the front cover of their MAR so that care workers were aware of the risks associated with this type of medication. Anticoagulants are medicines that help prevent blood clots and are given to people at high risk of getting blood clots, to reduce their chances of developing serious conditions such as strokes and heart attacks. Whilst this medication is highly effective, it is also associated with significant bleeding risks. Therefore specific guidance to contact the emergency



services and risk assessments were in place for these people. For example all care workers were aware to contact 999 should any person prescribed an anticoagulant medicine sustain an injury, such as a fall, head injury or body bruising that might lead to bleeding.

We saw there were arrangements in place to help protect people from the risk of abuse. The service had an up-to-date safeguarding policy and procedure in place which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance on identifying and responding to the signs and allegations of abuse. We spoke with five care workers about their understanding in relation to protecting vulnerable adults. They demonstrated a good understanding of safeguarding adults, could identify types of abuse, and knew what to do if they needed to report any form of abuse and felt confident to do so. Management and care workers we spoke with were able to give a good account of the risks associated to vulnerable adults, the safeguards in place to minimise these risks and explain how they would recognise and report abuse whilst being vigilant about the possibility of poor practice. Records showed the registered manager had effective procedures to help make sure any concerns about people's safety were appropriately reported to the local safeguarding authority.

Care workers were very knowledgeable regarding the provider's whistleblowing procedures and felt confident in using them if they needed to. They told us they had a lot of confidence in the management team to act immediately and would report any suspicion of abuse or poor practice if they witnessed any. The registered manager showed us the system they had in place to record and review accidents and incidents, which were recorded immediately following the event. Records showed where action was taken to prevent further occurrences this was recorded and the organisation's compliance officer undertook a monthly analysis to identify any trends or patterns to ensure preventative action could be taken. Records to show people had a Personal Emergency Evacuation Plan (PEEP) were in place. These plans detailed the level of support a person would require in an emergency evacuation situation such as fire evacuation. We saw that all care workers had undertaken fire safety training at regular intervals.

A recruitment and selection procedure was in place and was used in the recruitment of permanent and agency care workers. We looked at six employee personnel files and found that all of the care workers had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and at least two recent references from previous employers. Such checks help the registered manager to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults.

We examined the care records that belonged to three people who lived at Wellcroft. Each care record showed that risks to people's health and well-being had been identified. Environmental and equipment risk assessments had been completed for people who required assistance using equipment such as hoists and wheelchairs. Risk assessments in relation to people's daily living routines were also in place and were linked into the person's care plan. We saw where there was a high risk to one person of developing skin ulceration. Their risk management plan had been fully completed and clearly identified the cause or factors which might increase the likelihood of the harm occurring and stated the action care workers should take to reduce the risk and what to do should the risk occur. Care workers spoken with understood their role in relation to people's identified risks such as these.

We spoke with three relatives of people who used the service who made positive comments about the staffing levels at Wellcroft. They said, "There always seems to be plenty of care workers", "They never seem to be short of care workers when I visit and I visit regularly" and "Care workers are always available. They always attend to [person's name] immediately when [person's name] needs them".

The registered manager told us that whilst the home did not use a staff dependency tool to determine the number of care workers required to meet people's needs; they were always able to request more care workers from the head office if required. He said, "Staff levels are flexible at Wellcroft. We never go below five care workers and two seniors, however the staff levels have risen to eight if the residents are going out into the community or we have a person on the end of life pathway. Staff request to take part in particular activities and appropriate staffing levels are maintained in order to meet the support needs and level of dependency of people who used the service". They told us care workers had volunteered their own time to provide support at planned activities inside the home and within the community. When we examined the staff duty roster the details confirmed a consistently high level of care workers in place to deliver a consistent approach to care and support people and meet their needs.

At our last inspection in March 2015 the registered manager had made plans to replace the corridor carpets, which were worn in parts and presented a risk of trips or falls. When we walked around the building we saw that this plan had come to fruition and the old carpets had been replaced with laminate flooring. This meant the risk of trips and falls had been minimised to ensure overall safety for areas that presented a risk to people. New automatic glass safety doors had replaced doors at the entrance of the home to provide additional accessibility and convenience to people and visitors to the service. Since our last inspection in March 2015 all staircase doors had been fitted with a key coded lock to prevent the risk of people falling down the stairs.

The registered manager was responsible for making sure health and safety audits were carried out on a regular basis, including daily checks on windows, doors, lighting and heating. Records indicated that fire equipment checks and fire drills were carried out frequently. We examined records that showed regular and up to date checks had been undertaken for water temperature, electrical appliances and portable appliance testing. Environmental risk assessments had been undertaken and a clear system for documenting any required maintenance work and evidence that the work had been undertaken and completed was in place.

There was effective infection control process in place. We spoke with a housekeeper and laundress who showed us a system and risk assessments had been put in place to ensure all cleaning chemicals were stored safely and accounted for to prevent people accessing chemicals which might pose a risk to their health. Records showed a system was operating daily to check these chemicals were locked securely and accessed only by authorised care workers. Care workers had access to personal protective equipment (PPE) to help reduce the risk of cross infection. They told us the registered manager provided them with personal protective equipment such as disposable gloves and aprons which helped to protect them and people using the service from the risk of cross infection whilst delivering care. They were aware of the need to make sure they used the PPE available and told us there was always plenty of PPE available for them to use.

We reviewed the laundry process and the laundress told us sheets and towels were laundered in a separate area away from people's clothing. This reduced the risk of cross infection, if for example the home experienced an outbreak of Norovirus. Norovirus is sometimes referred to as the winter vomiting bug. It is contagious and can cause vomiting and diarrhoea. The laundry was very well organised with a clear flow of dirty to clean processes.

## Is the service effective?

### Our findings

When we spoke with people who used the service they were complementary about the care workers and their ability to provide them with care and support. One person said, "They're all lovely here. Can't fault hem". Two relatives spoken with said, "The staff are darn good and on the ball. They don't let things slip, they miss nothing. I can't praise them enough". Another relative said, "I can't fault the staff, they are brilliant. It's not like a home it's more like a hotel. The staff are 100%. They know what they're doing and know what my relative needs to keep them happy. You can tell staff are here for the residents and I wouldn't want my relative living anywhere else".

A visiting GP told us they carried out weekly 'ward rounds' at Wellcroft. The registered manager and care workers had 'embraced the ward rounds' very well indeed'. They said, "The care workers are very involved in people's health care. They know the service users very well and there is always a senior member of staff to accompany me at each visit. They [care workers] really are excellent and knowledgeable and they are not clinically trained. Their level of knowledge about their dementia service users is exceptional. They manage really well and pick up on the subtleties which aren't obvious all the time. The care workers have excellent knowledge about people's medication and know the signs and symptoms to look out for. They provide outstanding continuing care and that's all down to the registered manager and the care workers high level of knowledge about the people they care for".

Since our last inspection in March 2015 the registered manager and all senior care assistants had received advanced dementia training which was provided by the local authority to help enable them to deliver best practice in dementia care. The registered manager said, "This additional dementia training is being provided on a rolling programme to all care workers. When I did this training the course guest speakers were living with dementia and told us about their dementia journey. This gave us a much better understanding of the condition and how to support people at Wellcroft using best practice". The registered manager showed passion and enthusiasm for promoting dementia care and had based the Wellcroft dementia model on the NICE guideline on supporting people with dementia and their carer's in health and social care. In addition to this the registered manager and deputy manager had spent two days with the dementia research team at Sterling University to gather further dementia initiatives to support, develop and improve their approach to meet the needs of people living with dementia. The Sterling University dementia research team specialise in dementia research, education, policy informing practice and collaborative work with the Dementia Services Development Centre.

Since our last inspection in March 2015 we saw that the registered manager had created two independent kitchenette areas with new appliances and oblong dining tables had been introduced to enhance conversation during mealtimes. The registered manager said, "We have tried where possible for the independence kitchenette's to mimic people's previous living environment. People are encouraged to make themselves a cup of tea with support from care workers. Kitchenettes have also replaced the institutionalised tea trolley that used to appear at certain times of the day so Wellcroft now feels more like people's own home. We found oblong tables assist the residents in conversation and they prompt each other to eat because they can see one another. Smaller square tables are now mainly used for those who

require assistance with eating and drinking".

Borough Care Ltd used 'Dine Contract Catering' a private catering company, to provide all meals at the home. We saw people had choices about what they wanted to eat and where required they were assisted to eat or supported to eat their meals with prompts from care workers. We examined the menu and saw that a variety of meal and snack options were available at different times of the day. We saw the meals served were well presented, looked appetising and nutritionally balanced. When we spoke with the cook it was apparent they were knowledgeable about people's dietary and nutritional risks, and the need to follow advice from professionals such as speech and language therapists (SALTs). For example, making sure that people at risk of choking received a pureed diet. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing. The cook received a daily choice menu sheet which indicated people's individual meal portion size, diet type, gluten free and food allergies. They said, "I know [person's name] is allergic to tomatoes so where we have bacon and tomato sandwiches, this person can have bacon, mash, carrots and green beans if they want. Care workers give me the menu sheet each morning before 10am so there is enough time for meal choices to be changed. This system is straight forward and I have enough time to make different meals if people have changed their minds. I'm very flexible and want people to enjoy what they eat. I have done all of the Borough care dietary mandatory training like diabetic, fortified drinks and gluten free meals. These are all made individually to the resident's taste. I have also purchased individual terrines (small dish) so that if I'm making for example an apple crumble, I make individual ones for people whose dietary needs are different".

A relative we spoke with made very positive comments about the way in which the care workers monitored people's nutrition and hydration. They said, "When [person's name] had pneumonia they stopped eating. I was really worried, but the staff already had ideas about how to give [person's name] nutrition and make sure [relative] medicines were taken as prescribed. They [care workers] were absolutely brilliant, so skilled and know exactly what to do. They gave [person's name] yogurts and pureed food regularly and they are back to who they were. It's all down to the staff; they are excellent at what they do". The service supported people with varying levels of support needs ranging from being able to select their food choices with assistance from care workers or requiring a higher level of support such as assistance with meals or prompting. Dining tables were set for each meal time and where people preferred to eat in their rooms they were supported to do so.

Care records and daily records we examined showed particular attention was paid to people's dietary requirements and what they ate and drank. We examined people's daily observation records which indicated the type and amount of food people had eaten was recorded. Records of people's weight were maintained where required. This meant people's nutrition and hydration was monitored to ensure their needs were being met.

The registered manager told us "Through our dementia care research we know that bright contrasting colour, reminds people with cognitive loss of the purpose of the toilet/bathroom. It can also help reduce confusion and distress when visiting the toilet and lowers the chance of 'accidents' in the bathroom or around the home". As a result some toilet had been fitted with a blue contrasting colour seat.

At our last inspection in March 2015 the registered manager was in the process of having each individual bedroom door fitted with vinyl door coverings (door cal) to replicate house external front doors and planned to name each corridor of the home using replica street signs, to help people orientate around the home and identify their own room. At this inspection we saw that this had been completed. Each door had its own unique silver door number in place and all corridors in the home had been given a recognisable street name for example, Market Street, Victoria Square, Balmoral Avenue, Edinburgh Road, York Avenue and Windsor

Road. Along the streets (corridors) visual prompts were in place such as canopies with underneath shelving containing wool, and flowers to resemble a wool shop and a florist shop. These visual prompts helped people to identify with shops and facilities used in the community. Care workers knew to use prompt cards that were placed on corridor cloak hooks which helped to initiate discussion about past holidays, family and previous employment whilst they travelled to their destination along each street (corridor). Clear signage was found throughout the premises indicating the location of toilets, bathrooms, dining areas, shared lounge areas, passenger lift, hairdressers and the local indoor pub 'Wellcroft Arms'. All of which helped people living at the home to orientate themselves around their surroundings. The service maintained a homely environment to enable people's planned activities and routines to be supported effectively by care workers.

Where some people living with dementia could display behaviour that challenged others we saw that care workers knew these people well, and were able to identify possible triggers which were recorded in people's risk assessments. We saw care workers engaged positively with people to manage those behaviours sensitively using distraction techniques to reduce the impact these behaviours on them and other people. Care workers demonstrated they were well trained in dementia care, which meant they were able to manage people's behaviours effectively. Care workers spoken with said, "We try to mimic people's home lives to help make them feel they are in their own home" and "We use distractive techniques like involving people in setting the tables at meal times, washing up in the independence kitchen area. Even though they have dementia these distractions give them a sense of purpose and belonging".

At our last inspection in March 2015 the registered manager had planned to update an unused closet room to be used by visitors and at meetings. At this inspection we saw that these plans had come to fruition. The room had been tastefully decorated with soft furnishings, new kitchen appliances such as a kettle, tea and coffee making facilities and hand washing facilities were available to accommodate people's relatives and visiting professionals in private.

When we walked around the home we saw the design and layout of the home was suitable to accommodate the number of people using the service. There was sufficient suitable equipment in place to promote people's mobility such as handrails, hoists and wheelchairs. Shared toilets, showers, bathrooms and lounge areas with appropriate seating were sufficient in numbers, well maintained and in good condition. Corridors were clutter free and wide enough for trolleys, hoists, wheelchairs and other mobility aids to manoeuvre adequately.

Care records showed people had access to external healthcare professionals, such as hospital consultants, specialist nurses such as tissue viability nurses, dietician, psychiatrist and GPs. Notes made at each visit were included in people's care plans. Other care files showed attention was paid to general physical and mental well-being, including risk assessments to identify where people were at risk of developing pressure sores. Care records that recorded dental and optical checks were also in place.

Care workers we spoke with had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support. Care workers told us that where consent from people could not be sought they would always consult the person's relative or arrange for a meeting to be held with appropriate professionals in attendance. Three relatives spoken with told us that wherever possible consent about their relatives care, treatment and wellbeing was sought and documented.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where DoLS applications were required these had been submitted for people living at the home. We saw a tracker was in place to monitor when applications had been made to the supervisory body (the local authority) and when any applications had been authorised.

People were supported to have maximum choice and control of their lives and care workers support them in the least restrictive way possible; the policies and systems in the service helped to support this practice.

Before starting work at Wellcroft the care workers spoken with told us they had undertaken a full employment induction. This included a seven day mandatory induction that covered topics such as, dementia awareness, fire evacuation, risk assessments, safeguarding, use of hoists, choking, first aid and control of substances hazardous to health (COSHH). This is the law that requires employers to control substances such as chemicals and cleaning products that are hazardous to health. This induction was followed by a two week period of shadowing where they worked under the supervision of an experienced care workers member within the home. This gave the new care worker the opportunity to get to know the people who used the service. A probationary period of three months could be extended if the care workers performance did not meet expectations or they required additional time to develop their skills.

Continuous care worker training was available in topics such as, end of life care, catheter care, duty of candour (the legal duty on health care providers to inform and apologise to patients if there have been mistakes in their care). The registered manager told us that training would be arranged for care workers where it was identified specialised knowledge would help to meet people's specific health and treatment needs. Additional induction training was provided via the Care Certificate. This is a professional qualification that aims to equip health and social care workers with the knowledge and skills they need to provide safe and compassionate care. This meant care worker had received appropriate training to help make sure people received safe and appropriate care. Non care workers such as laundering and housekeeping care workers underwent a similar induction period and learning was specific to their job. A senior care worker was undertaking a six month personal development course via 'Aspire Training'. The course covered essential management skills such as people management skills and performance management to support the them to develop their role and progress to a more senior position within the organisation.

We saw there was an on-going annual staff appraisal and supervision system in place. The system was used at regular intervals to discuss and evaluate the quality of staff's individual performance and where best practice or practice improvement were discussed and recorded. This system was also used for any agency care workers employed at Wellcroft. Care workers we spoke with confirmed they received regular supervision at least every three months and an annual appraisal. Their supervision records showed that dates for individual supervision sessions were planned in advance. Supervision meetings provide the staff team with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work to support them to provide safe and quality care to people.



## Is the service caring?

### Our findings

People told us that the care workers were kind, compassionate respectful, polite and observed people's rights and dignity. Two people who used the service said, "The main thing is we have good company and comfort when needed" and "I am really happy, they [care workers] are really lovely; it's home". Relatives of people who used the service also made very positive comments about the care workers approach and their relationships with people living at Wellcroft. They said, "The staff can't do enough for you, they're caring and helpful; you can tell they are there for the residents. They give [person's name] loves and kisses. I have peace of mind because they really do show they care" and "I thought I'd have to compromise when [person's name] went into residential care. From day one it's been amazing; they are very caring and encourage [person's name] communication. I didn't expect it to be like that and I feel so grateful".

Since the last inspection in March 2015 a Wellcroft care worker had been voted 'Best Care Home Worker in Stockport'. The award was presented by Stockport Together, which is a health and social care partnership organisation for services across Stockport. The award was received in recognition of their ability to exceed their job role expectations and reflect an inherent sense of compassion towards people who used the service. We spoke with this care worker and asked them what they felt they had done differently to earn the award. They said, "I really do enjoy my job. I've been at Wellcroft for 19 years and I'm happy being a care worker. The resident's know me well and I know everyone's needs. The relatives know me well too. I am a key worker for three residents at Wellcroft. I always listen to the resident's even if they can't tell you what they want, it's important to listen to them. I watch their faces and talk to them on a one to one basis. I don't treat the resident's like they have dementia. The resident's like talking to me and I make them feel comfortable. I'm just doing my job and I love my job. I enjoy the people. I think I have good interpersonal skills, always smiling because this is their home and when I'm here it's my home. We are like a family. I do my best at Wellcroft. Whatever I can do to help I will do. I am so proud to work here". The registered manager told us that the care worker was a pivotal part of a strong caring team, a team player who worked extremely hard and was always willing to help. They said, "She has a keen eye for detail and ensures residents are treated with respect and love, treats everyone as an individual and strives to ensure their dignity is maintained. She is endlessly kind to the residents and their families. All of the care workers are dedicated and compassionate and I encourage them to use this approach so that we can all provide a high standard of care and support to people".

Care workers demonstrated they knew people very well and told us detailed information about how people preferred their care and support to be given. They were very knowledgeable about people's specific care needs and potential risks and where able to confidently explain to us the care they provided to ensure potential risks were mitigated. We saw these details had been accurately reflected in people's care plans this showed care workers had a good understanding of people's individualised care needs.

We saw that care workers were highly motivated and had developed a good rapport and understanding of the people who used the service and treated the people and their belongings with respect. They understood people's particular communication styles and how to interact positively with them. For example the registered manager had purchased reminiscence picture flash cards as a useful aid to prompt memories

recalling past events and personal experiences which we saw were used as part of a small group discussion with people. Where people had difficulty communicating care workers remained patient and took time to listen, acknowledge what they were saying and responded appropriately with sincerity and kindness.

The service had a strong person centred culture with the people who used the service at the heart of everything the service did. Care workers spoken with made caring and compassionate comments about the people who lived at Wellcroft. Care workers said, "I think we are approachable, caring and we improve people's day to day living" and "Even though people here have dementia we still try to make Wellcroft like their own home by providing them with the same routines and diet where it's possible. Like [person's name] loves Manchester City football team so he had a wonderful experience watching the match at Etihad Stadium a few weeks ago" and "We have one lady who always likes to wear her hair in a bun and likes to wear matching jewellery so we make sure each day [person's name] has their hair done in the style they prefer and we help [person's name] select the jewellery to wear each day".

Throughout our inspection we saw evidence that there was a culture of promoting and maintaining people's independence. We observed people chatting to care workers and it was apparent from their smiles and laughter they were comfortable and happy with them. We saw care workers offered assistance promptly when required and supported people discreetly when they needed assistance. We observed many good interactions between the care workers and people during our inspection visit. Care workers interacted with people with care and compassion and anticipated their needs in a friendly and supportive way. They spoke fondly of people and patiently supported them in an unhurried gentle manner. People were treated with consideration and respect by care workers whilst supporting people gently and patiently to move around the home. Care workers told us it was always important to make sure people's dignity was respected when they were being assisted to move from their bed or around the home and changing into their daily or night clothing. One care worker said, "We always make sure people's clothes are chosen by them the night before then we hang the chosen outfit on the outside of the wardrobe. This helps them to recognise where they are and prompts them to know what outfit they will be wearing the following day. We also make sure we draw their bedroom curtains when we are delivering personal care to maintain their privacy".

We saw care workers supporting people who required the use of mobility aids, using equipment such as stand aids and hoists doing so safely with dignity and patience. Prior to the care intervention we saw care workers explain what they were going to do and where they were going before using the hoist and people were calm and relaxed during its use. We saw they were respectful of people's privacy by knocking on bedroom doors before entering and using people's preferred names when speaking with them. We saw care workers gently touched people on their arm or hand before speaking with them to make sure they did not startle them and made sure they knelt down to speak with them on their level.

Records and documents were kept securely in locked rooms accessible only by care workers and no personal information was on display. This ensured that confidentiality of information was maintained. Records showed people and their relatives were involved in decisions about their care, care plans were reviewed every six months or more frequently if necessary. Where possible care records had been signed by the person living in the home or their relative where they held lasting power of attorney (LPA) status. This showed the appropriate people had been involved in the decision making process. LPA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

The registered manager told us the home was able to link in with a local advocacy service to ensure that people who did not have any relatives living nearby had someone they could turn to for advice and support when needed. An advocate is a person who represents people independently. They are able to assist people



in ways such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

At our last inspection in March 2015 the service primarily used outside agencies such as district nurses and GP's to support them in providing end of life (EoL) care to people nearing the end of their life. At this inspection we saw that in February 2016 Wellcroft had been awarded an accreditation by the North West End of Life Care Programme. This meant the registered manager and care workers had satisfied assessors they had implemented principles and were committed to following the 'Six Steps' and continued improvement of EoL care at Wellcroft. We were provided with an example of how they had worked with specialist health care professionals and nurses to ensure people had experienced outstanding personalised, compassionate and dignified care at the end of their life. We examined a completed copy of an EoL care plan which detailed what the person was able to do for themselves and how they should be cared for. Particular attention was paid to their personal hygiene, nutrition hydration, dignity and making sure all of their needs were met and precisely what tasks care workers should carry out such as catheter care. Consideration was given to diet and risks associated with any decline in ability such as swallowing, taking medicines, eyesight and medical intervention. Room ambiance such as lighting and music was also considered and recorded. An advanced care plan (ACP) was in place and explained what care workers should do and who to contact such as in the case of an emergency. An ACP is a structured discussion with people and their families about their thoughts and wishes for the future.

The registered manager said, "We are now able to enhance people's end of life care through supporting care workers to better develop their roles around end of life care. With this accreditation we can now assess and identify factors associated with decline much earlier than we could before. Now we can discuss with relatives, meet them regularly to discuss their relatives ACP. Whilst this is always addressed on admission, we don't go into much detail because it is a very sensitive subject. Therefore we have regular reviews with people and care workers have built these standards into their practice. When the end of life is approaching, the process we use makes sure everything goes seamlessly. People are less likely to be admitted to hospital and any health care decisions are made at Wellcroft always with family and the person's involvement". We looked at the home's end of life care policy which was person centred and geared towards helping the person to have as much control as possible about decisions relating to their future care and end of life needs. The document also made reference to what mattered to the person's family and friends.

Since our last inspection in March 2015 the Wellcroft housekeeping team had been awarded the, "Most effective team 2015" at the Borough Care company awards. This is an annual award designed to recognise employee achievements based on specific results and behaviours. During the inspection the laundress demonstrated a new piece of equipment called 'Snappy Tag'. This was used to tag a person's name directly into their clothing. This meant people's dignity was promoted because the risk of people's clothing getting mislaid or worn by the wrong person was reduced. A relative spoken with said, "The laundry ladies are incredible, they have a really good system in place for naming people's clothes and it works really well. [Persons name] clothing is never lost and [person's name] is always wearing their own clothes when I visit".

## Is the service responsive?

### Our findings

Three relatives of people who used the service said, "[Persons name] has a better life at Wellcroft than they ever had in their entire life, care workers are very welcoming and make us feel like we have a right to be there. They involve us in everything. They [care workers] are attune to everything; there is never a bad feeling when I visit. The care workers are always speaking to the residents and they always keep the residents motivated with activities and visits to places in the community", "They [care workers] always do things that keep the residents interested. There's a list of activities so you can see what's on offer. Even those who don't want to do what they've lined up, there's always something on offer for everybody. They include [person's name] in conversation, they listen to them even though you can't tell what [person's name is saying, they watch their face and talk to them. Care workers spend time with all of the resident's" and "The manager phoned me at home to discuss the use of a therapy doll after it had been recommended following a referral to older people's mental health services. The doll has been a huge success and has significantly improved the wellbeing of [person's name]. They are much more settled, happy and content. [Person's name] always looks so lovely, they always do her hair nice and she wears colour coordinated clothes and jewellery. On my last visit [person's name] had spilt some soup on their jumper so they [care workers] took them to their room changed their jumper and accessorised with new matching jewellery".

People's needs had been assessed before they moved into Wellcroft. The needs assessment was used to complete their unique care plan which enabled the person to be cared for in a person centred way. Records showed care workers used the information to develop detailed care plans and support records that would identify people's abilities and the support required to maintain their independence. Assessments showed people and their relatives had been included and involved in the assessment process wherever possible. Care plans were reviewed six monthly or more frequently if the person experienced any health changes. They were well written, contained a detailed personal history and gave clear guidance for care workers to follow. Short term care plans were in place as an interim measure for monitoring interventions such as medication, wound care and particular cognitive enhancing therapies. For example one care plan detailed the importance of the use of a therapy doll if the person became anxious and tearful to reduce the person's anxiety

During our inspection we saw people were assisted by care workers at frequent intervals and care workers were very attentive to people's needs, responding to people and their requirements throughout the day. People who required a high level of support received care that was responsive and person centred. We saw care workers sat beside people or within a short distance from people who were cared for in bed throughout the day. We saw some people were not able to tell care workers when they needed assistance and relied on care workers being attentive, anticipating and recognising their needs. We looked at three care records which contained comprehensive information about each person and sufficient detail to guide care workers on the care and support to be provided. Care records included all relevant information to identify the person's care and support needs and equipment needed to meet people's needs safely, mitigating any associated risks. For example, where care plans stated people needed specialist equipment such as pressure relieving mattresses and pressure relieving cushions, we saw these were in place. Where people's support needs were identified as requiring two care workers, the reasons why were clearly documented.

This helped to make sure people's health and wellbeing was appropriately responded to and maintained. Care interventions were clearly recorded on the person's daily record sheet and detailed the care and support provided to people during the day, this meant the service maintained an accurate record of people's care needs and the support provided to ensure people's care and support needs were responded to and met.

Person centred care reviews were held every six months or sooner if required and involved the person who used the service where they had the capacity to be involved, family members and a care worker. Where necessary a social worker or another appropriate professional would also attend the review meeting. Where issues were identified this was noted and follow up action was recorded. Care workers told us they were aware of the importance of the care review system and understood information about the person was reviewed to make sure it fully reflected their current support needs.

Relatives of people who used the service said, "I have attended the annual review meeting. This is where we discussed [person's name] ACP. The meeting was very helpful and it was at that point we discussed my interaction and ways I could help [person's name] feel settled and supported at the home. I am able to give [person's name] a bath. It's a chance to talk with them, such a wonderful opportunity. The manager arranged for me to have all of the necessary safety training and care workers are always at hand if I need them. It's made such a difference and I feel so grateful" and "The GP visits every week and they always phone me to update me on the visit. They are very quick to access the GP if they suspect [person's name] is not well. The care workers are so kind and gentle with people. They reassure them if they are upset and will sit and hold their hand until the moment has passed. They are led by the wishes of the residents and know their individual personalities, likes and dislikes. Families are made to feel very welcome and the care workers always offer privacy if the family wishes.

At our last inspection in March 2015 the registered manager and care workers had created an indoor pub called the "Wellcroft Arms". This was a themed room where a divider screen had been used to make the room resemble a local pub. Furnished with bar stools and tables, pub table games such as dominoes and table skittles were in place. At this inspection we saw improvements had been made to the 'pub' and a newly recruited activities lifestyle facilitator (ALF) who specialised in dementia care had arranged pub themed nights for example a 'Pie and Peas' pub night. The divider screen had been removed and replaced with a pool table which also transformed into a soccer table. The pub was located on 'Market Street' next to the hairdressers 'Kutz'. Other themed pub activities were also held such as sing-along evenings and people were supported to visit the pub for a 'small tippie' if they wanted to. We saw themed pictures of the seaside, red telephone boxes and London double decker buses decorated each corridor to engage people in reminiscent conversation about holidays and visits to places of interest.

At our last inspection in March 2015 the registered manager had planned to create an outside shop within the Wellcroft gardens. At this inspection we saw 'The Wellcroft Village Store' was now in place and was accessed via the Wellcroft pub. The village store had specific opening times and this was displayed via an open and closed sign. A selection of toiletries were on sale alongside chocolates and old fashioned sweets which could be weighed out using an old fashioned set of scales with brass weights. A money till was in place. The store was a replica of a village store from bygone times. The registered manager said, "This is a community, I am planning to have a row of shops in this area as people would have experienced in their previous lives". This meant the service was designing features and activities of a bygone era to help support people with a diagnosis of dementia to remain independent within the community for longer.

People were supported to take part in hobbies and interests and this information was recorded in their care records and their individual activity file. Records such as what particular activities the person liked to do

before they moved into Wellcroft, their lifestyle, past employment, and appearance were recorded. For example, we looked at a person's activity file which recorded under 'how best to support me' instructions for care workers were to 'always ask me to join in activities' and included a tick list of activities they had previously enjoyed. Any artwork or photographs of the person taking part in an activity were kept in the person's activity record for future discussion with the person and shared with the person's relative.

Photographs of community activities or visits to places of interest were displayed around the home and on a large tripod board at the entrance of the home along with the monthly activities menu. The ALF visited the home during the inspection despite being on leave and was keen to share with us records of ongoing/scheduled activities and events. Plans to continue the scheduled activities were in place and a senior carer lead the activities in addition to their main duties. This helped to ensure planned activities were continued. These included visits to places of interest and local community involvement initiatives such as regular planned visits to a café which provided a service to people living with dementia, photographs of the Wellcroft trip to see the Blackpool lights and the 2016 Christmas party and Christmas dinner at a local restaurant. We saw all activities were geared towards individual people to meet their identified social and communication needs. We were shown a diary of planned events which included film nights, visits to a dementia friendly café, visits to the local community centre social dance and visits to the home by the local church choir and worship group. The ALF also escorted those who wanted and were able to attend the local church to maintain their religious observance. The ALF told us they were part of the Gately Village Partnership (GVP) committee. This enabled Wellcroft to access any partnership initiatives and fundraising opportunities on behalf of the home.

A complaints policy was in place. People told us they knew how to make a complaint if they needed to and guidance telling people how to make a complaint was displayed in the home. The policy in place allowed for a full investigation and all complaints were taken seriously. The policy allowed complaints to be escalated to the local government ombudsman if the complainant remains dissatisfied with the outcome. We reviewed a selection of complaints the service had received in the last year and noted the manager had followed the organisations complaints process. Actions had been recorded and the complaints resolved to all parties satisfaction.

## Is the service well-led?

### Our findings

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

There was a clear management structure in place. The registered manager was supported by a deputy manager and a team of very dedicated, compassionate care workers. The registered manager, and care workers understood their role and responsibility to the people who used the service and demonstrated their commitment to the service by having clear visions and values about the home.

Since our last inspection these visions had come to fruition in order to make sure people experienced high quality dementia care and support. For example in March 2015 the registered manager had completed training in leadership and management. The training identified the homes unique and innovative qualities and provided opportunities to develop the registered manager to inspire the care workers team to achieve a high quality standard of care for people. The registered manager was very clear about his responsibilities and had developed a culture based on supporting people within a well-led service where people who used the service were at the heart of everything they did. The registered manager showed passion and enthusiasm for promoting dementia within the public domain. Since our last inspection in March 2015 the registered manager had been awarded the, "Most effective manager 2016" award at the Borough Care company awards ceremony. This is an annual award designed to recognise manager achievements based on specific results and behaviours.

Care workers spoken with spoke very highly about the registered manager and his leadership skills. They said, "He is extremely motivated and drives us", "The manager believes in his care workers", "We have confidence in the manager, and he is always thinking ahead" and "The manager is caring and motivated. He is ambitious and really cares about the residents, the care workers and the service". Other care workers told us they were very happy working at Wellcroft and said, "We work brilliantly as a team," "It doesn't feel like you're coming to work", "The environment has improved so much and this gives us and the residents a feeling of self-worth", "There is a lack of regime, few restrictions for the residents because this is their home". Care workers we spoke with gave examples of this such as people being able to wake up and retire to bed when they wanted and there always being flexibility around people's preferred meal times.

Relatives of people who used the service made very positive comments about the registered manager. For example a relative told us the registered manager was very forward thinking. They added that they were able to give their relative a bath once a week which was a great opportunity to talk with their relative. They told us it had made such a difference for the person and them self. They said, "I didn't expect Wellcroft to be this good, I can't stop singing their praises, I'm so grateful", "It's absolutely brilliant, he is a first class manager" and "I have nothing but praise for the care workers and the manager is just excellent – he definitely leads by example. The residents love him and he never walks past anybody without acknowledging them or stopping for a little chat. He genuinely cares about the people living at Wellcroft and their relatives. He is

keen to be ever improving the environment and the care for people living at the home. We have never made a complaint but we have never had any reason to but I know it would be taken seriously and acted on if we did. I never worry about [relative] I have total peace of mind that she is 100% safe and well cared for".

Since our last inspection at Wellcroft in March 2015 the service was recognised locally as a 'Stockport Star Award Winner' and was voted the 'Best Care Home in Stockport'. The award was presented by Stockport Together, which is a partnership organisation across Stockport including Stockport NHS Foundation Trust, NHS Stockport Clinical Commissioning Group, Pennine Care NHS Foundation Trust, Stockport Metropolitan Borough Council and Stockport's GP federation, who work alongside GPs and voluntary organisations to improve health and social care services across Stockport. The service received the award in recognition of their successful and effective dementia community and the hours care workers work in excess of their duty rota to make sure people received excellent dementia care. The Stockport Together award statement commented "From the minute you walk into Wellcroft, you can tell this is not a typical care home; it is welcoming, bright and exceptionally friendly. It is its own little community and care workers are passionate about the importance of familiarity, visual cues and routine in the care of their residents and have put in hours, way beyond their rotas, to make this vision happen. They recognise that dementia care is not just about day-to-day support, but about keeping the resident calm, relaxed and independent so the frustrations and confusions of this condition can be minimised. During this inspection we found evidence to demonstrate Wellcroft was providing outstanding care and support to people who used the service".

Care workers we spoke with gave extensive examples demonstrating how they worked in partnership with key organisations to provide outstanding quality care for people. They told us they wanted to provide an excellent standard of care to people and ensure people and their relatives had a clear understanding of how living with dementia can affect people. They had a varied schedule of meetings throughout the local community with stakeholders such as the local churches, community centres, the local police and schools to raise people's awareness surrounding Dementia. The registered manager attended local forums and had developed strong relationships with local businesses including shop keepers, cafés and restaurants. Due to this a local restaurant owner had created a dementia dining experience at the restaurant. The registered manager told us at their last evening visit to the restaurant people from Wellcroft were free to find their way safely around the restaurant, were made to feel welcome and feel relaxed in order to maintain their social networks and continue to belong. A local café provided a dementia friendly day for people should they wish to leave the home with their visiting relatives. This encouraged community services and facilities to be more accessible and inclusive for people with dementia and helped raise local community awareness of dementia. The registered manager told us that these initiatives were also an opportunity to provide information about Wellcroft dementia services and facilities.

The registered manager was open to innovative ideas and encouraged care workers to seek new schemes and services that would be beneficial for people living at Wellcroft. For example, involving people's relatives and community organisations in any new initiatives, such as charity walks, volunteering and gifting, to further developing the Wellcroft community. The Borough Care Ltd dementia strategy called 'Enter My World', described the organisations plan to further inspire development in all the dementia care services run by the registered provider. This helped to ensure current and future people living with dementia were cared for and supported to live a fulfilling life.

A quality assurance system was in place to help the provider ascertain and respond to the needs of people who used the service, relatives, representatives and stakeholders. This system provided service consistency to provide high quality residential care and support to their service users. There was a comprehensive programme of audits in place. These systems helped the registered manager to monitor and improve the quality of the care provided and helped to ensure people received outstanding caring, effective and responsive care. We saw issues raised from audits carried out were analysed, reviewed and actioned to help



prevent people's quality of care being compromised. Any action required to reduce identified shortfalls in service provision was undertaken within appropriate timescales by management who addressed and implemented the actions as required. For example, the registered manager had identified new flooring and door calcs (vinyl door coverings to replicate house external front doors) were required to improve the internal appearance of the home and to create a more homely and dementia friendly environment.

Systems in place also helped drive forward continuous service improvement and measure good practice such as learning from the dementia research team at Sterling University. This helped to gather further dementia initiatives and apply them at Wellcroft to support, develop and improve their approach to meet the needs of people living with dementia. In addition this learning enabled the wider care workers team to consistently review their practices to ensure the service could maintain a continuous high quality approach to people living with dementia.

We saw records of care workers meetings that showed discussion took place in relation to changes to practice and legislation. These meetings also allowed the care workers team the opportunity for reflection and to discuss what worked well at Wellcroft and what changes could be made to improve the service provided. Meetings were held with people who used the service and their representative or relatives. People were given an opportunity to say what they liked about the service but also what, if any, improvements could be made. Meeting notes were kept to ensure an accurate account of people's verbal contribution. The registered provider recognised care workers kindness and caring attributes through observations of care workers practices and behaviours. They operated an employee reward scheme and employee of the month award. This helped the care workers team to feel valued and maintain an outstanding standard of care

Accidents and incidents were recorded and had been regularly monitored by an internal auditing team to ensure any trends were identified and addressed. We were told that there had been no identifiable patterns in the last 12 months. Similarly, any safeguarding alerts were recorded and checked for any patterns which might emerge. The registered manager shared with us copies of the services policies and procedures such as, complaints and suggestions, safeguarding adults, accidents and incidents, medicines, care workers recruitment and whistle blowing. All of the policies we looked at had been reviewed and the next policy review date was scheduled. This helped to ensure policies remained up to date and provided care workers with relevant guidance to support the activities of their job role.

A business contingency plan to ensure the continuity of service to people was in place. This identified the actions care workers should take if an exceptional event such as a gas leak occurred that would impact on the service provided to people and care workers at Wellcroft.

In 2014 the registered provider was awarded the Investors In People (IIP) silver award. The standard defines what it takes to lead, support and manage people for sustained business success. This award is valid for three years.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. Before this inspection we checked our records to see if appropriate action had been taken by management to ensure people were kept safe. We saw that the registered manager had made appropriate notifications as required.