Waypoints Care Group Limited

Waypoints Verwood

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

Summary of findings

Overall summary

This inspection took place on 8 and 9 February 2016 and was unannounced. The service is registered to provide accommodation and nursing care.

Our last inspection on 27 and 29 September 2014 found that arrangements around responding to peoples challenging behaviour and the use of restraint were not robust enough to ensure people were fully protected. We found that people were not always protected from the risks of unsafe or inappropriate care and treatment because appropriate records were not always maintained and that the registered provider had not notified the Care Quality Commission of incidents occurring in the home. During this inspection we found that improvements had been made.

The service has 42 en-suite bedrooms spread across four units on two floors. There was a large communal area with creative art work on the walls and a dining room. There was a quiet lounge and small kitchen on each unit. The service also had a library which is often used by relatives visiting their family, a hair salon and a training room. There were coded stair ways and two passenger lifts one on each side of the home.

The service has a registered manager in place. 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.

People were at a reduced risk of harm because they were supported by staff who understood how to respond to risk and how to identify and report potential abuse. One person said, "I feel safe here because everybody is lovely". A staff member told us, "Signs of potential abuse may include, unexplained bruises, skin tares, withdrawn or changes to behaviour. I have received training in safeguarding and there is a policy for it along with a whistleblowing policy too which we all have to read and sign".

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training matrix which confirmed that the majority of staff had received training in topics such as moving and handling, challenging behaviour and restraint, first aid and Mental Capacity Act. A relative told us, "Staff are well trained, they know and do a lot. I see it when I visit my wife. I'm confident in the staff, I wouldn't have her anywhere else".

The service used behaviour charts for people who may challenge the service. The charts used the ABC method of breaking down the incident to identify what might have triggered the situation and how it was responded to and resolved. The Registered Manager explained how she used these to identify trends by reviewing and analysing the data collected.
Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "We always assume people have capacity and then assess this if necessary to identify what people may not be able to make choices or

decisions in". Another staff member said, "We always ask people for consent here".

We reviewed capacity assessments and best interest meeting records which clearly identified why decisions were made and the people who were involved for example the GP and relatives. A relative told us, "I am always part of any best interest meeting and decisions. My wife lacks capacity in a number of areas". A CPN said, "A person recently had a best interest meeting due to their lack of capacity. Medication was discussed; I was involved in this with the family, GP and staff".

We reviewed the lunch and supper menus and there was plenty of choice for example, two meat choices and one vegetarian with main meal at lunch time and a hot pudding. There were always two vegetables offered alongside potato. The Head Chef informed us that in addition to this menu there is another menu that people can choose food from anytime of the day for example an omelette or cooked breakfast. The provider told us that the chef kept records of meetings they had with people regarding their preferred food choices.

People were supported by staff who were caring and respectful of their privacy and dignity. We observed a staff member supporting a person who had become distressed. The staff member remained calm and reassured the person. They supported the person to sit down and relax. After about five minutes we observed the staff member come back to the person and check on them. This showed a positive, caring approach was being used and that relationships were established between the person and staff.

Peoples care files recorded key professionals involved in their care, how to support them and medical conditions to name a few. This information supported new and experienced staff to understand important information about the people they were supporting. People had a "This is me" profile completed on admission. . This was a person centred profile which reflected key summary information on them covering topics such as important things for me, how best to support me and likes and dislikes. The provider told us they were enhancing this to gather more information from people on what their favourite songs and past days were.

The service used an online system to complete some records for example; health care assessments and daily records. Some people's health care assessments we reviewed were due for a review by the service. We discussed this with the Registered Manager who said they were aware of this and were working with an IT team to move over and use a new online system which will hold all records. The Registered Manager said that this was taking longer because existing data needs to be transferred and she wanted to minimise the risk of losing any information.

The service employed an activities coordinator who arranged many activities during the day for example a breakfast club where people can come together, eat, listen to music and read newspapers. Other regular activities included knitting, art and flower arranging. Day trips were also arranged for people to local museums and attractions. We observed that there were a large number of males using the service and asked if there had been any thought to a males only club. The coordinator replied no and said that she would look into this.

Complaints were recorded and captured the detail and evidenced the steps taken to address them. The service had a comprehensive complaints policy and procedure in place which included contact details of external bodies for example the local council or Care Quality Commission. However, there were no local internal contact details for people to contact which could mean that some people would be unsure who to raise issues with at the service.

The Registered Manager told us that she chairs quarterly friends and family meetings. These are opportunities for people's relatives and friends to come together and find out what's new and in development at the service. The meetings enabled the service to discuss involvement opportunities for example recruitment and quality checking. The service also used these meetings to seek feedback from people. A relative told us; "I attended the friends and family meeting a few weeks ago" they went onto say "I found the meeting very useful, we were told about things coming up like, the changes to the front garden area".

Staff, relatives and health professionals all said that they felt the home was well managed. A staff member said, "The Registered Manager is very good and supportive. They are always open and approachable. They are involved in the front line and the Head of Care is always checking on what's happening".

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. There were sufficient staff available to meet peoples assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Risk assessments and personal emergency evacuation plans were in place and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good

The service was effective. People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Consent was sought, capacity assessments were completed and best interest meetings took place when required.

People's behaviour was well monitored, recorded and responded to in ways which benefited their health and wellbeing.

People were supported to health appointments and health professionals regularly visited the home.

Staff received training to give them the skills to carry out their general roles. Not all staff had received dementia training.

Is the service caring?

Good

The service was caring. People were supported by staff that knew them well and spent time with them.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity at all times.

Is the service responsive?

Good

The service was responsive. People were supported by staff that recognised and responded to their changing needs.

People were supported and encouraged to be actively involved in a variety of different activities with each other and staff including activities away from the home.

Family and friends meetings took place where information was shared and feedback was gathered.

Is the service well-led?

Good

The service was well led. The registered manager promoted and encouraged an open working environment.

People were supported by staff that use person centred approaches to deliver the care and support they provide.

Regular quality audits and staff competency checks were carried out to make sure the service is safe and that staff had the skills they need to do their job.

The service had worked in partnership with other professionals to improve the service.

Waypoints Verwood

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 8 February and was unannounced. The inspection continued on 9 February. The inspection was carried out by an inspector and specialist advisor. The advisor had skills in dementia and elderly care.

Before the inspection we looked at notifications we had received about the service. We spoke to the local authority contract monitoring team to get information on their experience of the service. We also looked at the previous inspection report.

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 spoke with four people who use the service and three relatives who were visiting people during the inspection. Three visiting healthcare professionals who all had experience of the service provided feedback during our inspection.
We spoke with the Registered Manager and Head of Care. We spoke with an agency staff member, a student nurse, an activities coordinator, a housekeeper, the head of learning and development, five care staff and the head chef. We reviewed records relating to four people's care. We looked at policies, medication records, emergency plans, risk assessments, health and safety records and management audits of the service. We walked around the building and observed care practice and interaction between care staff and people who live there. We looked at quality surveys which had been carried out in 2015, four staff files, the recruitment process, staff and family and friends meeting notes, training and supervision records..

Good

Is the service safe?

Our findings

People commented that they felt safe in the service. One person said, "I feel safe here because everybody is lovely". Another person told us, "I feel safe and happy here". A staff member said, "It's safe here people are very well looked after".

Relatives were positive about the service. One relative said, "The service is safe. I feel very confident leaving my wife here when I go home as do the rest of my family when they visit". They went onto say, "I visited a number of services and this one really stood out. It's a lovely building, there is a good staff ratio and the staff are very caring and confident". Another relative told us, "When I go home I'm happy mum is safe and comfortable, that's important to me". Another relative said, "I can feel relaxed as I know mum is safe and happy here".

A Community Psychiatric Nurse (CPN) told us, "I have been visiting the service for about 12 months. I currently see eight people. You can tell it's a really good service by looking at how staff work with people in a safe and professional way". A Chiropodist said, "It's safe here, I have never had any concerns". A Continuing Healthcare Nurse Assessor told us, "I visit the service most weeks. I feel it is safe here, people are well cared for and they have a choice of where they wish to be".

We observed people moving safely and freely around the service on both floors throughout our visit. Some people who were unable to get out of bed had gates on their doors to stop other people walking into their rooms. We spoke to a relative who said, "We are happy for mum to have the gate on her door, it's in her best interest as she is supported in bed. We gave consent to this and involved mum in the decision too".

Staff were able to tell us how they would recognise if someone was being abused. Staff told us that they would raise concerns with senior staff or management. Staff were aware of external agencies they could contact if they had concerns including the local safeguarding team and Care Quality Commission. A staff member told us, "Signs of potential abuse may include, unexplained bruises, skin tears, a person becoming withdrawn or changes to behaviour. I have received training in safeguarding and there is a policy for it along with a whistleblowing policy too which we all have to read and sign". We reviewed the staff training record which confirmed staff had received safeguarding training. The safeguarding and whistleblowing policies were comprehensive and up to date. The policies had a revision and review section at the bottom of them which highlighted changes and dates these were made.

We reviewed four care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. A staff member told us, "I assess risk by weighing it up and identifying if it is high, medium or low. I look for control measures which will ensure minimal harm to people. Everything needs risk assessing; people, environment and tasks alike. It's all about safety. Risk assessments are in place for people here". A Continuing Healthcare Nurse Assessor said, "There are good risk assessments here, they clearly show whether people are at high, medium or low risk and what control measures are in place to protect them". A staff member told us, "I always look at the individual and what risks maybe involved for example, we supported one person who can present

challenging behaviour to the local café. We assessed his mobility and continence for the activity. Control measures included suitable shoes and continence pads". Another staff member said, "It's our duty of care to keep people safe".

The service completed general risk assessments. For example on day two of our inspection five people were participating in an outing to a car museum. Mobility and environmental risk assessments had been completed and adequate staffing levels put in place and appropriate transport arranged as part of the planning process.

People had Personal Emergency Evacuation Plans (PEEPs) which were up to date. These plans detailed how people should be supported in the event of a fire. The service also had an emergency plan in place which covered events such as failure of electricity, heating and gas. The Registered Manager said that they had a verbal agreement with the chapel next door to house people in the event of an emergency whilst temporary accommodation was sought. The Head of Care told us that the PEEPs had just been reviewed. They said, "These are more visual and easily highlight people's needs. The new PEEPs will be communicated to staff in next week's meeting followed up by discussions with fire marshals and staff". We were also told that there was a sprinkler system in place which covered all communal areas and hallways.

The Registered Manager and Head of Care told us that they sometimes work care shifts and use that time to assess staffing levels. The Registered Manager took us through the duty rota and explained the minimum staffing numbers. We reviewed four weeks of the rota and saw that these numbers were maintained. The service occasionally used agency staff to cover sickness when their bank staff are not available. The Head of Care mentioned that they try to use the same agency staff to maintain consistency. A staff member told us, "There are enough staff to deliver good care to people here.. Another staff member said, "I think there are enough staff to do the job". A student nurse told us, "There are enough staff in general but there is, like anywhere, staff sickness so agency staff are used but people are never at risk". A relative said, "There are enough staff here, that's one thing that made this place stand out to me".

Recruitment was carried out safely. The staff files had identification photos, details about recruitment which included application forms, employment history, job offers, job descriptions and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). The Registered Manager told us that in the last family and friends meeting people were asked if they would be interested in being involved in the interview process. Two relatives volunteered. We reviewed the meeting notes which confirmed this.

Medicines were managed safely. Medicines were securely stored and only given by Registered General or Mental Health Nurses. We saw staff waited with a person while they took their medicine and offered a drink. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from there pharmacy packaging which indicated they had been given as prescribed. We observed a staff member administering medicines. They cross checked the MAR sheet against the pharmacy packaging, used clean dispensing pots and locked the medicines cabinet each time they left the room to administer. We were told by staff that some people were given medicines covertly. Given covertly means given secretly or by hiding it. We discussed this with the Registered Manager who showed us capacity assessments and best interest meetings which had been completed with family members, the GP and pharmacist. This showed positive professional networking by all parties involved.

The service was kept clean, tidy and free from offensive odours. Walkways were clear with no trip hazards in place. We met with the housekeeper who explained that she had a team of six staff; two laundry staff and four cleaners. The cleaning staff work from a chore list which covered bedrooms and bathrooms as well as

communal and walkway areas. Staff were expected to work through the list and tick and sign once tasks are completed. We reviewed records for the past 12 months which showed that there was a methodical system in place to ensure the service was kept clean and that people were protected by the prevention and control of infection. A CPN told us, "There are always cleaners around". The housekeeper said that she looks for a high standard and has a diary on each unit for care staff to log additional tasks which may need completing the following day for example a spillage. The housekeeper told us, "I would never ask my staff to do a job I am not prepared to do myself, I lead by example". Each cleaning cupboard had a products list inside it and listed what Personal Protective Equipment (PPE) should be worn when using it. We were shown the last infection control audit which was completed. The housekeeper said, "The next audit will take place next month and a family member has asked to be involved which is great".

Good

Is the service effective?

Our findings

Our last inspection on 27 and 29 September 2014 found that arrangements around responding to peoples challenging behaviour and the use of restraint were not robust enough to ensure people were fully protected. Following the inspection the provider wrote to us and told us that they would make improvements. During this inspection we found that improvements had been made.

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training matrix which confirmed that the majority of staff had received training in topics such as moving and handling, challenging behaviour and restraint, first aid and Mental Capacity Act. There was training specific to people who use the service and staff working in different roles for example nurses completed training in catheters and verification of death in addition to training for all care staff in topics such as diabetes and nutrition. The provider told us that staff had received training in mental health and dementia.

A relative told us, "Staff are well trained, they know and do a lot. I see it when I visit my wife. I'm confident in the staff, I wouldn't have her anywhere else". Another relative said, "Mum is supported by staff who know what they are doing". A staff member told us, "Training is good here, I find it useful and come out feeling competent". Another staff member said, "My colleagues are caring and helpful and we motivate each other. For example, if someone isn't confident in something we support them and help each other". They went onto say, "There's a good skill mix here, we are never afraid to ask questions". A visiting professional told us, "Staff appear to know about people and have a good understanding of their needs

We met with the Head of training and development. They told us that they held classroom workshops with staff and covered topics such as dementia awareness, incident reporting, general health and safety and person centred working to name a few. They went onto explain how they lead new staff inductions and supervise them during their probation period. The training lead was professional and passionate for continuous learning and reflective practices.

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.

Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "We always assume people have capacity and then assess this if necessary to identify what people may not be able to make choices or decisions in". Another staff member said, "We always ask people for consent here". Another staff member told us, "Before I offer care I look for and seek consent from people. This maybe through body language for example, when taking blood pressure if the person holds out their arm they are consenting".

We reviewed capacity assessments and best interest meeting records which clearly identified why decisions were made and the people who were involved for example the GP and relatives. A relative told us, "I am always part of any best interest meeting and decisions. My wife lacks capacity in a number of areas". A CPN said, "A person recently had a best interest meeting due to their lack of capacity. Medication was discussed, I was involved in this with the family, GP and staff".
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Everyone who used the service had a Deprivation of Liberty Safeguards Authorisation either in place or under assessment by the relevant Local Authority. The service had notified us about the authorisations in place.

The service used behaviour charts for people who may challenge the service. The charts used the ABC method of breaking down the incident to identify what might have triggered the situation and how it was responded to and resolved. The Registered Manager explained how they used these to identify trends by reviewing and analysing the data collected. A staff member told us, "A person used to get very distressed when her husband left and presented challenging behaviour. When they were distressed they wouldn't take medicine. We used behaviour logs to record times and behaviours. We were able to identify calm times and worked with the GP and CPN to move the medication times. This has worked well and she is a lot more settled now". We reviewed the behaviour charts for this person which were colour coded and over the past five weeks it was clear that the number of incidents were reducing. There were behaviour guidelines for staff to follow in the individual's folder which staff were aware of.

If distraction techniques were unsuccessful staff sometimes had to used restraint as a last resort when supporting some people with personal care tasks. Restraint would involve a staff member placing their hand over the person's hand or leg gently. We reviewed people's care files which clearly stated this in the staff guidelines. We spoke to a staff member who said, "I have only had to use soft holds once since starting here six months ago". They went onto say that the policy has recently been reviewed and that she had read it. A CPN told us, "I have never seen anything that concerns me here, staff only use soft hold as a last resort". A Chiropodist said, "I have witnessed staff use soft holds on people I have been supporting and never been worried that inappropriate pressure was applied. I have never seen any type of full body restraint and understand that that is not used here. Soft holds are only ever used in people's best interests". A student nurse said, "We are regularly monitoring people's behaviour and discussing it with the GP and CPN. The service is very transparent". Staff training records confirmed that the majority of permanent staff had received challenging behaviour and restraint training within the last 12 months.

People and relatives told us that the food was good. One person said, "its nice food here", another person who was supported in bed and on a soft diet said, "That soup was lovely today". Another person told us, "The food is lovely, I can also choose where I eat, I like to go to the dining room". A relative told us, "its excellent food here. there's a great chef. My wife gets a good balanced diet and nutritional food". Another relative said, "Mum can choose meals or alternatives".

The menu options were written on a menu board in the dining room which also had the date written on it. During our tour of the service we saw a kitchen staff member update this for the day. The kitchen staff mentioned that two main meal, a vegetarian and a pudding option were written on the board each day and that people can request alternatives if they wish to.

We reviewed the lunch and supper menus and there was plenty of choice for example, two meat choices and one vegetable with main meal at lunch time and a hot pudding. There were always two vegetables offered alongside potato. The Head Chef informed us that in addition to this menu there was another menu that people could choose food from anytime of the day for example an omelette or cooked breakfast. In

addition, at three o'clock there were afternoon cakes, fruit platters and fortified milkshakes given to people the provider had worked with a local university on a nutrition project which had improved the way food was provided. .

We observed three staff assisting people to eat. Staff took their time and did not rush the people but remained attentive to their needs. We observed people sitting in the communal lounges with drinks in front of them.

People had access to health care services as and when needed. We spoke to a Chiropodist and CPN who told us they regularly visited the service. The chiropodist told us, "The staff are very good at receiving advice and feedback". A relative told us, "A GP visits the service weekly. Mum has had her eyes tested by an optician here too". A CPN said, "I visit the service weekly with the GP often doing medicine reviews, we keep a close eye on medicines and make sure people aren't put on an antipsychotic medicine and left on it". We observed a staff member having a call with a GP checking up on some prescribed medicines and confirming receipt of some others.

Good

Is the service caring?

Our findings

People, relatives, health professionals and staff all commented on how caring the service was. One person said, "Staff are friendly here". A relative told us, "The staff are very caring. If there is anything wrong with mum they call me. For example, a few weeks ago they called me and told me she had been sick. I appreciated that and always do".

A visiting health professional told us, "Staff communicate to the people who always seem to have a good rapport with them". A staff member said, "I treat people how I would like to be treated. I'm friendly, polite and give them time to talk". A student nurse told us, "Staff are caring here. I have time to spend with people which is nice".

Staff communicated in ways that met individual need and promoted positive relationships. We observed staff and management acknowledging people as they entered rooms and passed in hallways on several occasions. People were relaxed in staff company. Staff communicated with people on several occasions at eye level rather than standing over them. Visitors were made welcome and relaxed with staff. People were invited into the manager's office to sit down, chat and have a cup of tea.

We observed a staff member supporting a person who had become distressed. The staff member remained calm and reassured the person. They supported the person to sit down and relax. After about five minutes we observed the staff member come back to the person and check on them. This showed a positive, caring approach was being used and that relationships were established between the person and staff.

We observed that outside each person's room was a wall mounted memory box which held memorabilia of the person's life. This included photographs and badges. The Registered Manager told us that these were used by staff and people to stimulate memories and conversations.

Staff supported people to make choices and decisions. A Chiropodist told us, "People are supported to make decisions; staff take time to talk and listen". A staff member said, "I take people's ability to make choices and decisions into account when supporting them. For example, I offer a choice of clothes, food and drinks". Another staff member told us, "It's important to involve people and family; it's all part of the care". A person said, "I'm supported to make choices like food, activities and clothes to wear". The Training Lead told us that people were given visual choices for meals and said that the chef always plated up the options for staff to show people at lunch time".

People's privacy and dignity was respected. We saw on several occasion staff knocking on doors before entering people's rooms. A staff member told us that they close doors when delivering personal care; knock on doors before entering rooms and encourage people to open their own mail. A person said, "Staff help me when I need it, luckily it's not all the time". A Chiropodist told us, "If people need personal care they are supported back to their rooms. I support people in their rooms". A relative said, ""Staff respect mums privacy and dignity, I'm sure of that".

Good

Is the service responsive?

Our findings

Our last inspection on 27 and 29 September 2014 found that people were not always protected from the risks of unsafe or inappropriate care and treatment because appropriate records were not always maintained. Following the inspection the provider wrote to us and told us that they would make improvements. During this inspection we found that improvements had been made.

Admission assessments had been completed and the information from these was reflected in people's care plans and individual assessments. The care plans were person centred and holistic covering a variety of areas such as general health, medication, food and drink. They focused on what was important to the person and their likes and dislikes. These were signed by the care manager and person or relative. In addition there were summaries of needs which included mental health, activities and food.
People had a "This is me" profile completed on admission. This was a person centred profile which reflected key summary information on them covering topics such as important things for me, how best to support me and likes and dislikes. The provider told us they were enhancing this to gather more information from people, on what their favourite songs and past days were. This would then be used by staff to recreate those days and put together song playlists for people. The new version was called a "Getting to know me" profile. We were told that this was being led by the activities coordinator. A visiting healthcare professional told us, "Care plans are very comprehensive here with lots of risk assessments". They also said, "I believe the service is personalised. Each person's care plan is individualised, no one plan is the same". They went onto tell us how family views are regularly listened to by the service and gave us an example where recently a family member had asked for the relative to be involved in more activities. We were told that the service looked into opportunities appropriate to him and arranged them. A relative said, "I have a copy of mum's care plan. I meet with the nurses to discuss it".

People's care files contained information such as, professionals involved in their care, how to support them and medical conditions. This information supported new and experienced staff to understand important information about the people they were supporting. The service was starting to introduce a "This is me" profile for each person. This was a person centred profile which reflected key summary information on them covering topics such as important things for me, how best to support me and likes and dislikes. We went into three peoples rooms, two of which displayed this profile.

The service used an online computer system to complete some records for example; health care assessments and daily records. Some people's health care assessments were due for a review by the service. We discussed this with the Registered Manager who said they were aware of this and were working with an IT team to move over and use a new online system which will hold all records.

People received care that was responsive to their needs and preferences. We observed a person walking without their walking aid. A staff member quickly noticed and brought the aid over to the person. We saw a person ask a carer for some pain relief, the carer told them they would ask the nurse to administer it. A nurse came to the person promptly with the medicine. We observed the Registered Manager ask a person if they were ok, the person said they were cold. The manager asked if they would like a jumper to which the person

replied yes. The Registered Manager came back to the person with two jumpers for the person to choose from. A student nurse told us, "We took two people out to a local café. One person became unwell and anxious. We supported them home, took her obs and monitored her for the rest of the day. She made a full recovery". A relative told us, "Mum visits us at home once a week, the service supports this and gets her ready for us to pick her up".

We observed a number of activities taking place in the service for example, painting, knitting and singing. A relative told us, "There are activities here for all to join in. Before Christmas the local children came here and sang carols. Small animals sometimes visit too". A person said, "I can choose which activities I join in with". A CPN mentioned that there was an activities coordinator who was always doing things with people.

The activities coordinator They told us, "Each morning there is a breakfast club where people eat together listen to music and read the papers". They went onto say, "I think it is really important that the people get to go out, tomorrow we are taking five people to a car museum and next month to an oceanarium". We asked the activities coordinator if they felt supported by the management team. They told us, "Yes they are really good at giving me a good budget for activities and the senior staff help me do risk assessments". We asked how they know what people like to do and in response she said that she refers to people's care plans and looks for what people like to do.

Complaints were recorded and captured the detail and evidenced the steps taken to address them. The service had a comprehensive complaints policy and procedure in place which included contact details of external bodies for example the local council or Care Quality Commission. However, there were no local internal contact details for people to contact which could mean that some people would be unsure who to raise issues with. A relative told us, "I can approach the Registered Manager with a concern if I have one but I have never had to". Another relative told us, "The service is very quick to respond to any questions or concerns I may have". A Chiropodist mentioned that she had raised concerns about a staff member who was resistant to changing the way her visits were recorded. They said, "The Registered Manager responded positively and took the appropriate action". A relative told us, "Mum had difficulty with food when she was first admitted to the service. She needed a soft diet so we spoke to the Registered Manager who arranged a meeting between them and the Head Chef and the situation was resolved".

Staff told us that they know that they do a good job each day if they leave work knowing people are happy and comfortable. One staff member said, "I get a lot of job satisfaction here, when I know folders are up to date and procedures are followed then you know things work well", they went onto say, "People here are lovely, I'm really passionate about making a difference to someone every day even if it's just five minutes".

Good

Is the service well-led?

Our findings

Our last inspection on 27 and 29 September 2014 found that the registered provider had not notified the Care Quality Commission of incidents occurring in the home. Following the inspection the provider wrote to us and told us that they would make improvements. During this inspection we found that improvements had been made.

We observed a very positive culture between people and staff supporting them. Staff demonstrated a person centred approach to the care and support they were delivering to people by acknowledging them and talking them through the support they were providing in an empowering way.

Staff, relatives and health professionals all said that they felt the home was well managed. One relative told us, "There's a great friendly manager". A CPN mentioned how good the communication is with the management team and said that staff and management are always open to discussion". A staff member said, "The Registered Manager is very good and supportive. They are always open and approachable. They are involved in the front line and the Head of Care is always checking on what's happening". A student nurse told us, "The management team is very supportive and flexible to my study timetable". A Continuing Health Care Nurse Assessor said, "The service is well managed, my general feeling is that it's very organised, the Registered Manager is always able to answer questions and staff seem happy".

The Registered manager mentioned that the service used staff incentives for example an employee of the month programme and an NVQ/Diploma Allowance. This is a small monetary incentive for staff when they achieve the qualification. The Registered Manager said that they felt these were good benefits for staff and were a good way to attract, reward and retain staff.

The manager and Head of Care encouraged an open working environment, for example we observed on several occasions staff coming up to them or visiting the office to discuss matters with them. We observed the manager and Head of Care talking with people, professionals and relatives. The Head of Care told us, "I work at least one care shift a week, it's important to me".

The Registered Manager told us that they held quarterly friends and family meetings. These were opportunities for people's relatives and friends to come together and find out what's new and in development at the service. The meetings enabled the service to discuss involvement opportunities for example recruitment and quality checking. The service also used these meetings to seek feedback from people. We reviewed the meeting notes and found that topics covered included a new ventilation system, changes to the garden, reception open times and relatives compliments and concerns. The last notes included the names of the people who had volunteered to be involved in the two upcoming opportunities; recruitment and quality checking. A relative told us, "I attended the friends and family meeting a few weeks ago" they went onto say "I found the meeting very useful, we were told about things coming up like, the changes to the front garden area". Another relative said, "I have been to one or two of these meetings, I find them interesting".

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The Registered Manager said that they conducted spot checks at the service at odd times throughout the year as part of her quality monitoring. The service had recently reviewed their care plan auditing tool which is used weekly by the management team to sample people's care plans ensuring they are up-to-date and reflective of people's current care and support needs. Medication and incident audits were completed. We were shown how the registered manager reviewed incident forms. These forms identified the date, time, names and location of the incident. They then captured a description of the event and what actions were taken and by whom. When the manager received these they reviewed the form, analysed the information and identified any further action which may need to be taken to prevent the occurrence happening in the future. The manager told us, "I monitor the number of incidents linked to people and put control measures in place if necessary for example, hip protectors, sensors or falls mats". The manager said that she believed in reflective practice and learning. She mentioned that she used reflective practice in supervisions with staff to help them continue to learn and develop.

The Registered Manager told us about a nutrition project that the home had been involved in with a local university. They were undertaking research with them about nutrition for people living with dementia in residential settings and the research they had undertaken had led to changes in the home, such as the milk shakes initiative in the afternoons, using puree moulds to present food for residents on a soft diet and showing residents food choices to enable them to have a choice of meal. A training video has been produced in association with this and some people who use the service and staff feature in it. The service are now planning on working on another project looking at coconut oil in dementia.

We read that the local mental health team had contacted the service to request permission for them to use their care planning template as a best practice tool and share it with other providers. This would be used to show others what high quality person centred care plans should look like. The service had agreed to this.