The Worthies Residential Care Home Limited

The Worthies

Inspection report

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10 May 2018

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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

The inspection was completed on the 8 and 10 May 2018 and was unannounced. The service was last inspected in September 2017 and was rated as requires improvement. This inspection was brought forward because we had received concerns from two whistle blowers and the local authority. The concerns related to how people were being cared for, the culture of the home and some environmental concerns. They also raised concerns about a high turnover of staff who were in a senior management role. The provider and registered manager had taken action and was addressing these concerns prior to the inspection. They had drafted in some additional management support to assist with the improvements needed.

The Worthies is a 'care home'. People in care homes receive accommodation personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Worthies provides personal care and accommodation for up to 26 older people. At the time of our inspection there were 23 people living at the home.

There was a registered manager in post. They were also responsible for another registered home, which was in close proximity to The Worthies. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The provider had made improvements in respect of the breaches found at the inspection in September 2107. What they told us they would do in their action plan they had completed. Further action plans had been developed in conjunction with the local safeguarding team and these were being implemented with assistance from the additional management support. The additional management support was from registered managers employed by the provider who worked at other services owned by the provider.

People were receiving care that was effective and responsive to their changing needs. Care plans were in place that described how the person would like to be supported and these were kept under review. People's medicines were managed safely and improvements had been made since our last inspection. This included regular checks, which provided the provider with assurances and addressed any shortfalls promptly.

People had access to healthcare professionals when they became unwell or required specialist help. People were encouraged to be independent and were encouraged to participate in activities in the home and the local community.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. People confirmed their involvement in decisions about their care. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected. This was done by involving

relatives or other professionals in the decision making process.

Staff were knowledgeable about the people they were supporting and spoke about them in a caring way. Staff had received suitable training enabling them to deliver safe and effective care. Further training was being organised in May 2018 to provide staff with updates. People were protected because staff went through a thorough recruitment process. Regular staff meetings were taking place. Staff were supervised on a one to one basis. This had recently improved with staff receiving these every two months instead of three monthly.

Sufficient staff supported people living at The Worthies and this was kept under review. People's views were sought about the service. Surveys were also completed by relatives and staff.

The quality of the service was regularly reviewed by the provider/registered manager and staff. The registered manager was aware of the areas that required improvement with an action plan in place.

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 now safe.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

Risks to people were being assessed and monitored. Where risks had been identified, management plans were in place. Staff were provided with sufficient and up to date information, which assisted in keeping people safe.

Medicines were well managed with people receiving their medicines as prescribed.

Sufficient staff were available to meet the needs of the people. This was kept under review.

Is the service effective?

Good

The service continues to be effective.

Is the service caring?

Good

The service continues to be caring.

Is the service responsive?

Good

The service continues to be responsive.

Is the service well-led?

Good

The service has improved to Good. Whilst improvements were still needed, these were being addressed and additional management support was in place for staff.

Systems were in place to assess, monitor and mitigate risks and make improvements to the quality of the service offered to people. Audits were completed on a regular basis.

A registered person was in post. People who used the service, their relatives and staff were given opportunities to provide feedback.

The Worthies

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 an updated rating for the service under the Care Act 2014.

Before the inspection, we had received concerns in relation to the environment, the lack of person centred care and support to people, an increase in falls and staff retention and staffing levels. As part of this comprehensive inspection, we looked at these areas of concerns.

This was an unannounced inspection, which was completed on 8 and 10 May 2018. The previous inspection was completed in September 2017. We found in September 2017 people's medicines were not managed safely, in respect of the administration and the disposal of pain patches. We also found that a person that was at risk of choking was not being provided with a suitable textured diet and thickened drinks to reduce these risks. We also brought to the provider's attention some environmental issues in respect of hot water, which could pose a scalding risk to people, a loose handrail leading down some stairs and a slight odour in parts of the home. Whilst action had been taken to address these concerns, the provider's own checks had not identified these shortfalls with prompt action being taken. The provider submitted an action plan telling us how they were going to achieve compliance after the inspection.

The inspection team included an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. This was because we brought the inspection forward.

We reviewed the information we held about the home. This included notifications, which is information about important events, which the service is required to send us by law.

We contacted three health and social care professionals and Bristol City Council Commissioning Team to obtain their views on the service and how it was being managed. You can see what they said about the service in the main body of the report.

We looked at four people's care records to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included staff rotas, training records and audits that had been completed.

We spoke with the registered manager, four care staff, ten people who used the service and four relatives. We also met with the provider and two other registered managers who work for the provider and were assisting in making improvements in the service. We also spoke with two visiting health care professionals.

Good

Is the service safe?

Our findings

During the last inspection, we found that some people's medicines were not always given or pain patches disposed of safely. The provider sent us an action plan. What they told us they would do had been completed.

Since the last inspection, the provider had put in regular checks to ensure that medicines were given correctly. This included counting the medicines that people had received and were remaining. This enabled them to identify if people were at risk of not receiving their medicines and follow up any errors promptly.

A recent audit on medicines had identified a number of areas for improvement including ensuring staff were signing for all medicines given. Improvements had been seen during the month of April 2018. We saw that staff were incorrectly coding when medicines were not required such as pain relief. A system was introduced to explain the meaning of the dot so that this was clear to staff and other health care professionals showing people had been offered but had declined.

Medicines were received at the home every four weeks and stored in a secure trolley and cupboard. The medication administration records (MARs) showed information about the person such as their GP details and any known allergies. MARs contained up to date photographs of people. A list of sample staff initials used was available in the folder with the MARs. There was guidance for staff around each 'as needed' medicine. This detailed when a person may require the medicine and the dosage.

People who had medicines administered had clear instructions listed at the front of the file about how this should be completed. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager or the deputy manager. This had recently been completed in March 2018. Where people were able, they were supported to look after their own medicines. This was especially important where a person was only staying in the home for a short period and they looked after their medicines previously. It also enabled people to have control over this aspect of their life. People had been risk assessed to ensure they were safe to manage their own medications in accordance with the provider's policy.

People and their relatives told us they felt the home was safe. Comments such as "I like it here. I am very happy and well looked after. I don't use the call bell but it is there if I want to", another person said, "The staff are lovely and have no concerns". Relatives told us "I do feel (name of person) is safe as there is always someone here to help if he needs it. I can go home and sleep like a log knowing he is safe. I can sleep like a log knowing he is getting the best care he can. They are so wonderful. It's like a big happy family". Another relative told us, "Safe, oh yes wonderfully. Before when in another home, I had to rush back to make sure he was eating and OK, but now I have no worries".

Staff confirmed there were sufficient hoists available in the home. The registered manager told us they were a moving and handling trainer and assessor and supported the staff. Staff were checked periodically to ensure staff were assisting people safely and in accordance with the person's plan of care. Staff told us the

provider had recently purchased new slings for people.

Where people required assistance with moving and handling, the equipment to be used was clearly described, along with how many staff should support the person to ensure their safety. Staff confirmed they received training in safe moving and handling procedures. We observed staff assisting people safely when being transferred. The registered manager was in the process of reviewing these to ensure they were robust. This was because they had been written by a member of staff that did not have the training to do this.

Where people were at risk of falls, risk assessments were in place. This described how people were kept safe. Monthly fall audits were completed, which included reviewing what actions should be taken. Sensor mats were in place for those people that were at high risk. Referrals had been made to the falls clinic and a review with the GP.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff received training on the signs to look out for in respect of an allegation of abuse. Staff were aware that they could report to the local safeguarding team, the police or the Care Quality Commission. Staff had increased their knowledge since the last inspection about the reporting mechanisms including the local authority's adult safeguarding team. Staff told us they would not have any hesitation to report poor practice to the provider and registered manager.

Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. The registered manager had reported appropriately any information of concern to the local authority and steps had been taken to reduce any further risks.

Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home. We looked at four staff files to check whether the appropriate checks had been carried out before they worked with people living in the home. The files contained relevant information showing how the registered manager had come to the decision to employ the member of staff. This included a completed application form and two references. New members of staff had undergone a check with the Disclosure and Barring Service (DBS). This ensured that the provider was aware of any criminal offences, which might pose a risk to people who used the service. The registered manager was aware of their responsibilities in ensuring suitable staff were employed.

There was sufficient staff to keep people safe and provide the care they needed. There was a minimum of 4 staff working during the day, 3 in the evening and 2 waking night staff. The registered manager told us this was kept under review if people's needs changed. Staff told us agency was rarely used, as staff would cover any gaps in the rotas. Staff felt there was enough staff to spend time with people and support with their health and personal care needs. However, they said on occasions it could be a busy home. Staff told us some people's needs had increased and they needed to spend more time with them. They were aware that the registered manager was making a referral for these people to be reassessed to ensure the home was appropriate.

Staff told us on occasions they had to assist in the kitchen when there was no cook. One of the catering staff had been on a long period of absence. A new cook had been employed and on occasions the cook from another home would assist. Care staff were also assisting in the kitchen so long as they had completed their food hygiene certificate. The registered manager told us when care staff assisted in the kitchen they were not responsible for providing care. This was confirmed in conversations with staff.

Staff told us the registered manager would often be involved in supporting people. We observed both the

registered manager and the newly appointed deputy manager supporting people and the staff team.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were arrangements in place to deal with foreseeable emergencies. We saw that there was no handrail at the top of a second floor stair well. The maintenance person told us they would put one in the day after the inspection. They had already consulted with the provider to confirm this could be put in place. We were told people did not use this stair well and used the lift.

Other checks were completed on the environment including moving and handling equipment, checking sensory alarms (which alerted staff if a person had fallen) to ensure these were working correctly and, routine checks on the lift, electrical and gas appliances. Certificates and records were maintained of these checks.

We checked bathrooms and toilets throughout the home and saw that they were cleaned and well maintained. We looked in the laundry area. There were sufficient industrial washing machines to ensure people's clothes were laundered correctly. There were suitable arrangements made to store clean and dirty laundry separately. Staff had completed training in infection control and were observed using gloves and aprons appropriately. Regular infection control audits were completed with an action plan developed where there were shortfalls.

The home did at times have odours that were noticeable as found at the last inspection. Deep cleaning was completed in the areas where the odours were noticeable. Since the last inspection, new flooring has been put down in corridors, making these areas easier to clean. Furniture had been replaced in the small lounge, which were also easier to clean. Visiting health care professionals had reported that at times there was a strong odour. When we discussed this with one of the registered managers from another home owned by the provider, they told us one person had been referred to the continence team. They felt the person was using the incorrect continence aid.

There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place, which linked with the overall plan for the whole home. There were also business continuity plans in place for flooding and utility failure. Fire equipment was checked at regular intervals. Staff had completed fire training and had taken part in fire drills.

The home had been assessed in February 2018 by the local Council in respect of food hygiene practices and had been awarded a five star. This is the highest rating a service could achieve. The kitchen was clean and well organised. Cleaning schedules were in place and records maintained in respect of good food hygiene practice.

Good

Is the service effective?

Our findings

The home continues to provide an effective service to people.

People spoke positively about the staff that were supporting them. Relatives confirmed they were kept informed about any changes and were involved in care reviews. A relative told us they had been kept fully informed about the care of husband with regular communication from the staff and their relative's GP.

People had access to other health and social care professionals. Staff told us a nurse practitioner visited weekly from the local GP practice. A visiting health care professional told us, "In general, I feel that the care the residents receive at The Worthies is good". They told us they were concerned about the high turnover of care managers. They valued this role because there was a senior member of staff they could speak with that knew the people well. Visiting health care professionals told us the staff made prompt referrals and acted upon their advice.

Other health care professionals were involved such as physiotherapists, speech and language therapists and the dementia well-being team. This is a team of professionals that advices the service and supports people enabling them to remain in the care home. People also had access to a podiatrist, dentist and opticians where required. One person told us they had recently attended the eye hospital. They told us they had been well supported by the registered manager and were waiting for a date for their treatment. The registered manager said this treatment would be really beneficial for the person improving their quality of life.

District nurses visited the home to provide support with any nursing care needs such as wound care management or medicines for diabetes. Where people were at risk of developing pressure wounds a care plan was in place describing how the person should be supported. This included any specialist equipment such as pressure cushions or an air mattress that should be in place to minimise any risks. There were also body maps to record any wounds and information about how staff should support the person with positional changes. District nurses maintained their own records of the treatment and healing process. Visiting professionals confirmed the staff were prompt in alerting them to any concerns and followed any advice they were given.

There was one person with a pressure acquired wound and this was being monitored in relation to the healing process. Staff had kept this under review with health professionals and made appropriate adjustments as the wound healed. Staff were actively encouraging the person to spend time in the dining and lounge areas for short periods. Staff told us this had been positive in promoting the person's well-being and encouraging social interaction.

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positional changes. District nurses maintained their own records of the treatment and healing process.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. Applications had been made where a person was unable to consent to living in a care home. There were systems to monitor when an application was due for renewal to enable the staff to submit a further application in a timely manner. There was also information on a large white board in the office about who had an authorisation in place and who was waiting to be assessed. The registered manager had submitted 16 applications and three had been authorised.

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.

From reviewing the care information for one person there was conflicting information on whether the person had the mental capacity to make decisions. This was because in one assessment the staff had indicated they could retain information and then in another part they had stated they could not. The registered manager was aware of the conflicting information as this had been shared with them during a recent DoLS assessment. They told us they were reviewing all care documentation, which would include the above. Another manager from another of the provider's homes was assisting in these reviews.

Staff understood the importance of involving people in making decisions about their day to day care such as choosing how to spend their time, choosing what to wear and what to eat. They understood the importance of gaining consent before care was delivered. Where care was refused, they described how they would support the person at a later time to suit them or they would ask another member of staff to try. Staff told us they had attended training on the Mental Capacity Act. Further training was being organised in June 2018 with an external trainer.

People's nutritional needs were being met. Where people had been assessed as being at risk of malnutrition, clear plans of care were in place. People were assessed using the malnutrition universal screening tool (MUST). MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines, which can be used to develop a care plan. This had been kept under review on a monthly basis.

Staff told us about the people that were at risk of malnutrition and how they were supporting them with fortified drinks and their food preferences. People that were at risk were clearly highlighted on the white board in the office to give staff a quick reference. This was not visible to people living in the home or their visitors, which meant this information was confidential. There was also a white board in the kitchen detailing similar information where people were at risk of malnutrition and any specialist or soft dietary requirements. Staff told us how their supported people with a diagnosis of diabetes. This included sugar free items such as jams. Staff were offering people sweets in the afternoon and these were also suitable for people that had diabetes.

For those people that had been identified as being at risk, increased monitoring was in place including food and fluid charts. Systems were in place to enable the registered manager to audit and check that staff were following the correct procedures in respect of monitoring people's weights where there was weight loss. Referrals were being made via the GP to speech and language therapists (SALT) for swallowing assessments where people were at risk of choking.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. Staff told us the training they had received had equipped them for their roles. Further training was planned in medicine administration at level 2 for those staff that were responsible for giving medication. External training was being organised for staff to attend refresher training in managing diabetes, dementia, safeguarding adults and dignity and respect.

Staff confirmed they had received regular supervision from their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and any concerns they may have about their work. The registered manager told us they aimed to complete these formally every three months. Staff confirmed they were supported in their roles and could speak to the registered manager or the provider at any time. We noticed that there had been some gaps in the frequency with some staff not having supervision since August 2017 until January 2018. However, the majority of staff had received a formal supervision during January and March 2018. The focus had been on fire safety and medication administration.

The Worthies is situated in the village of Stapleton, close to local shops. There were good public transport links. The accommodation is provided over three floors, which was accessible by a lift.

The Worthies can support up to 26 people. There were 20 single bedrooms and three shared rooms with two ensuites. There was a communal dining area and three lounges. One of these was being used as the activity room. The building had narrow corridors, which were a potential hazard as people were trying to access the dining area from the three lounges. Visitors enter the building through the dining room door, which is not ideal when people were eating their meals or if the weather was particular cold. There was a front entrance to the property but this would not be clear to people or their visitors. A health professional told us, "The downstairs office is tiny, it can only seat two people and this makes it very difficult if you want to have a meeting with family members."

There was a redecoration programme in place. The dining area, lounges and the hallways had recently been decorated. New flooring had been purchased for hallways and the smaller lounge. The registered manager told us this had assisted in alleviating some of the odour, as this was easier to clean.

It was noted that some corridors were bland and lacked pictures of interest to people with dementia. The provider was putting in new signage to guide people where the bathrooms and toilets were. This included replacing door signage to bedrooms, which included the room number and the name of the person. Some people had pictures on their bedroom doors to help them find their room.

A visiting healthcare professional told us at times the building could be very hot and other times cold. When we discussed this with staff in respect of heating and sufficient hot water, they told us the boiler had been replaced in February 2018. This had improved the regulation of the temperature in all areas of the home.

Good

Is the service caring?

Our findings

People told us they felt the staff were caring and attentive to their needs. One person told us, "All the staff are nice here, I have no problems" and another person said, "The staff are kind, so is the manager but don't see him very often". Another person told us, "They think I'm a burden", a member of staff promptly provided reassurance gently saying to the person, "That's not true, we're here to help you. If you need anything, you use the call bell and we will help you. You're not a burden at all". The person was much calmer.

Relatives spoke positively about the staff support and were satisfied with the care and support provided. They told us all the staff were friendly and welcoming. A relative told us, "It was like one big family" and another said, "My granddaughter came last week and said 'this is the right place for Granddad' after observing the carers working with him".

People were comfortable in the presence of staff. Staff knew people well and spoke to people about subjects that would be of interest to them. One person spent most of their day in the garden. This person was interested in astrology. The registered manager told us, they downloaded information twice a week for this person on their particular interest. This person was also supported to speak on the telephone with a person who had a mutual interest in a particular religion. This person had access to a private space to conduct their conversations.

Another person had an interest in football. Staff had taken the time to not only talk to the person about their interests but print of the weekly results for the teams the person supported. This showed staff took the time to get to know people and their interests. Another person had an interest in gardening and had been supported by staff to plant the summer bedding plants in the small courtyard. They also assisted with watering them on a daily basis.

Staff came down to people's level where appropriate to speak directly and make eye contact. People had not only evidently built good relationships with the staff but each other. People were engaged in conversations with each other in the lounge and dining areas. There was a friendly and open atmosphere in the home.

Staff respected people's dignity and made sure they supported people in the way they wished whilst encouraging them to remain as independent a life as possible. Staff were always respectful in the way they addressed people. We observed staff knocking on people's doors. Throughout the day, we noted there was good communication between staff and the people who used the service and saw that staff offered people choices. For example, we heard staff asking people what they would like to do, what food they would like and where they would like to sit.

People were encouraged to participate in activities in the lounge and dining area. Where people refused this was respected. One person had evidently not enjoyed the planned external entertainment and decided to sit in the dining area. Staff asked if they wanted to go for a walk. However, they soon picked up the person wanted to be on their own and sit quietly. The person relaxed when offered a drink and sat in the peace of

the dining room. This showed the staff knew the person well and allowed them time to be on their own.

People looked well cared for. People's hair looked clean and groomed. Staff told us personal care was never rushed, as this was a good opportunity to spend time with people. A hairdresser visited the home once a fortnight. We did receive concerns before the inspection that some people were not supported to change their clothes regularly. The registered provider responded by telling us that these people had the mental capacity to make the decision in this area. Staff told us they tried to support people sensitively in this area so not to cause them embarrassment. For example, one person liked to have a weekly bath where they changed their clothes. This was recorded in the person's care plan. It was evident it was the person's choice. From talking with staff it was evident their respected people whilst offering encouragement. Those people that required support with personal care and grooming looked well cared for. Care plans included important information about how people liked to be supported and what was important to them.

People were encouraged to be independent. Care plans included information to encourage people to maintain skills such as washing, dressing and eating. Staff told us, this was important to ensure people maintained some control over their lives.

As seen at the last inspection, we saw that not everyone on the table was served their meal at the same time. This meant that some people had started to eat their meal or finish before some other people on the table had received theirs. Improvements had been made on the second day of the inspection. We also saw people entering the dining room with staff support at 1130. This meant some people had been sat at the table half an hour before the meal was served. When we brought this to the attention of the registered manager, they told us they would review this. A further review of this area would enhance the mealtime experience for people.

The meal was relaxed and unrushed. Where a person required assistance, this was done sensitively and at the pace of the person. We observed one member of staff standing over a person to assist them with their lunch. This was addressed at the time by the provider. However, other staff were observed sitting alongside the person explaining what they were eating and offering encouragement. People were offered cloth aprons to protect their clothes from food spillages. Where people had spilt food on their clothes they were offered to change after lunch. Staff were observed offering assistance in a sensitive and discreet manner. For example, people were offered assistance, which did not bring attention to them as staff spoke quietly and directly to the person.

People were able to maintain contact with family and friends. There was an open visiting arrangement. People confirmed they could entertain their visitors in the lounge area or in their bedrooms. Relatives told us they were made to feel welcome and were offered refreshments. However, one visitor told us they had not been offered a cup of tea when everyone else had. This was rectified by the provider when prompted who organised refreshments for the person and their visitors.

People and their relatives had been consulted about their life histories, significant relationships and what was important to them. This enabled staff to respond to people living with dementia who may not recall all their life histories and aid conversation with the person. Staff were aware of people's histories and spoke about people in a person centred way. From our observations, staff took a genuine interest in people.

At the last inspection, we were told the registered manager and another member of staff were dignity champions. They had received specific training in this area and acted as role models for the staff team. Their role was to highlight any issues in relation to a respecting a person's dignity and to come up with ways to address this. Further training was being provided in this area in May 2018. This was because some concerns

had been raised on a member of staff had responded to a person. This was addressed by the provider and the member of staff no longer works in the home.

People's religious and cultural needs were taken into account on admission and during care delivery. Staff told us it was important for people to retain their interests taking into account their cultural and religious faiths. One person told us they regularly attended church with family. People were supported to participate in bible readings and the local clergy were planning to visit. Another person was supported to keep in touch by telephone with a local Christian science group.

Good

Is the service responsive?

Our findings

We observed staff responding to people's needs throughout the inspection. This included spending time with people engaged in conversations. Staff were observed promptly responding when meeting people's needs. Where call bells were activated, staff promptly and calmly responded to each one.

People and their relatives confirmed they had an opportunity to visit the home prior to making a decision to move to The Worthies. People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported and how to respond to their care needs. From the assessment, care plans had been developed detailing how the staff should support people. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment.

People's needs were continually assessed to ensure they could meet their ongoing and changing health care needs. The registered manager told us they had recently made three referrals for people as they health care needs had changed and it was felt that nursing care would be more appropriate. Relatives had been informed about the changing needs of their loved one. These had also been discussed with visiting health care professionals.

Care plans described how people should be supported in all aspects of daily living and their personal preferences. The information recorded was individualised and evidenced the person had been involved in developing their plan of care. Staff confirmed how people were being supported in accordance with the plans of care. These had been kept under review, when care needs changed and were updated involving the person, their relatives and their key worker. Relatives confirmed they were kept informed of any changes and consulted about the care.

Some areas such as supporting a person with their diabetes and supporting them when they were upset, anxious or aggressive were not available in the care file. In some cases, the information recorded detailed the wrong gender of the person and mentioned another service owned by the provider. When we discussed these shortfalls with the registered manager we were told that information had recently been updated on to the new system and this had previously been available to staff. We were shown old care plans that clearly described how to support people in these areas. One person's care plan stated that regular glucose monitoring was to be completed. However, this person did not require this. This was rectified immediately by the registered manager. The registered manager told us they along with the two other managers from the provider's other homes were planning to review and update all care plans. They told us they had started this with an audit being completed on some of the care plans for staff to work through.

Staff completed daily records of care delivery for each person. One of the registered managers supporting the home told us they were reviewing these as it had come to their attention they were similar in content, focused on tasks, and lacked person centred detail. They were planning to discuss this at the staff meeting the week after out inspection to discuss how improvements could be made.

Daily charts for recording positional changes, food and fluid charts and hourly checks were completed appropriately. Staff told us this was always discussed at handover if a person was not eating or drinking very well so staff could be more vigilant.

One person had an eating disorder to help them in this area they were offered snacks at regular intervals especially when requested. This person was weighed weekly. This was discussed with the registered manager in light this may increase their anxiety. They were planning to discuss this with a visiting health professional on the best approach and frequency of weight monitoring. We heard a member of say, "If you don't eat, you will waste away". Again, this may heighten their anxiety around their eating disorder. We observed staff asking if the person if they wanted a sandwich with a choice of fillings when they said they felt hungry. The person shared their sandwich with a person who was sat next to them. It was evident it was a social occasion with both enjoying the company, the snack provided and a cup of tea. This showed that the staff were responsive to this person.

People also had booklets entitled 'This is me' booklets. The aim of these was to provide staff with life histories, likes and dislikes and information about important people in their life. This enabled staff to provide person centred care, which reflected people's preferences and aid communication. Staff were knowledgeable about people, their life histories and what was important to them.

One person had a visual impairment. Staff clearly explained what was happening and ensured they were aware of what was on the small table in front of them. For example, staff explained what was on the lunch plate and made sure their cutlery was in easy reach. This person also had a portable call bell to enable them to alert staff if they needed assistance. They told us the staff supported them when needed telling us, "The girls are lovely and cannot fault the food". They told us they would have liked black pudding for breakfast. It was evident they had also shared this with staff and this was organised for lunch for the person. Staff had gone to the local shops to purchase this for the person. This showed staff were responsive to requests and ensure people's needs were met in a person centred way.

The registered manager told us they were planning to introduce a 'resident of the day'. Resident of the Day' was an initiative that helped care staff to understand what is important to each person and to review in depth what would make a difference to them. The registered manager told us the named person or persons' care needs would be reviewed and discussed during handover and with the person and their relatives. Staff would make an extra special effort to spend time with the person and complete any monthly monitoring.

One person became unwell during the inspection. Staff noticed quickly the person was unresponsive initially an ambulance was called. Staff spent time with the person and their visiting relative. They were calm and comforting in their approach. The person made a recovery during the wait for the ambulance and they decided that a GP should be contacted, as the situation was no longer an emergency. The visiting health professional was prompt and the person was seen within a short time. This showed the staff were responsive in the event of an emergency maintaining a calm atmosphere. During this time, staff were clearly communicating with each other, the person and the family.

The registered manager told us they had a new activity co-ordinator who commenced in post three weeks prior to the inspection. The activity co-ordinator worked in the provider's other home, two days per week and two days at The Worthies. We were told they were actively recruiting for a further activity co-ordinator. When the activity co-ordinator was not working, the care staff supported people with activities. There was an activity planner displayed on a notice board. Activities were organised in groups or a one to one basis. The registered manager told us at the last inspection they were liaising with the local school for some young adults to visit the service. On the first day of the inspection, five young people visited the service to spend

time with people either chatting or playing board games.

External entertainers visited at least once a month. One person told us about a guitar man that had visited and had sent them a birthday card. On the second day of the inspection, two ladies visited to provide people with a variety of activities including a quiz, singing and gentle exercises. This was well attended. Other times when activities were organised it was noted that the television remained on and the activity co-ordinator assisted a person to the toilet. These could distract from the activity that was taken place. It was also noted that the activities took place in one of the larger lounges but if everyone wanted to participate this would have been difficult. The provider told us on occasions the dining area was used, as this room was bigger.

There was a complaints policy and procedure. The policy outlined how people could make a complaint with a timescale of when people could expect their complaint to be addressed. We looked at the complaints log. We found people had been listened to. The records included the nature of the complaint, the investigation and the outcome. We found complaints had been responded to within the agreed timescales. Where we had raised concerns directly with the provider a thorough and comprehensive investigation had been completed, which included detailing any learning and actions to be taken.

We found at the inspection in September 2017 people were given support when making decisions about their preferences for end of life care. Arrangements were in place to ensure people, those who mattered to them and appropriate professionals contributed to their plan of care. Specific care plans were put in place to ensure there was continuity of care at the end of life. This included records relating to positional changes, food and fluid, observations and personal care. This enabled the staff to record the care in one single document.

The staff and GP ensured end of life medicines (called anticipatory medicines) were prescribed in readiness when people needed them. Anticipatory medicines included pain relief and other medicines, to manage distressing symptoms. This meant the service was prepared for a sudden deterioration in a person's condition and there was no delay in receiving the treatment they needed. The registered manager told us in September 2017 they worked closely with the district nurses who were responsible for setting up and monitoring any syringe drivers. A syringe driver helps reduce symptoms by delivering a steady flow of injected medication continuously under the skin.

Good

Is the service well-led?

Our findings

Shortly before the inspection, we received concerns about a high turnover care staff including those in a senior management role. Since the last inspection, a new care manager had been appointed who commenced in post in January 2018. They were planning to register with us as the registered manager. They left shortly before our inspection. When we inspected in September 2017 there was another care manager who had also left. A visiting health care professional shared with us their concerns about the lack of continuity in the management. They told us the care manager role is very important in providing information on how the people are, and any current concerns. They told us in the three years they had supported the home there had been three care managers and they felt there had also been a high turnover of care staff. The registered manager told us six staff had left since September 2017. The reasons were varied including some being no longer suitable to work for the provider due to concerns about how they were supporting people.

Since January 2018, we have also received concerns from a health care professional, Bristol City Council's safeguarding team and three whistle blowers about the care, the environment and the management of the home. Whilst some of these areas of concerns had been substantiated the provider was taking an active role in putting things right. This included comprehensive investigations with actions being taken to address the shortfalls.

Before the inspection, the provider had drafted in support from two other registered managers that worked for them. The two managers had been working in the home to support the staff, review care documentation and ensure best practice was being followed. They were supporting the registered manager in making referrals to care direct for some people to be reassessed, as it was evident that their care needs had changed significantly. They were also introducing more streamline documentation to simplify and avoid duplication in recording. They told us they had been working in the home for the last seven days because of the concerns that had been raised.

The registered manager was responsible for two services owned by the provider. These were situated in close proximity of each other. The registered manager told us they were now planning to work three days in The Worthies and two days in the other service. This was to ensure management oversight and to support the staff. The other two registered managers were going to spend a day each in the home so there was continuity for the staff team and the people they supported. The provider told us long term they were planning to recruit a registered manager for the service but they wanted to stabilise the service.

Our findings were that the staff that were working during the inspection felt supported by the provider and the registered manager. They all told us without exception they would speak with the provider if they had any concerns. One member of staff said, "The provider is firm but fair". When the provider visited it was evident they knew each person and spoke with them about how they day was going. It was evident people knew the provider, the registered manager and other key staff.

The registered manager and the provider were passionate about providing care that was tailored to the

person. For example, one person had been anxious and tearful when they first moved to the home. They were supporting this person weekly to visit their daughter. Another person was supported by the registered manager to go out once a fortnight to the post office. These were only a few examples where the provider and registered manager supported people as individuals. Other family members of the provider were also involved in the care and visited the home. An example was where a person had actively asked one of the family members (one of the registered managers) to cut their hair. It was evident people felt relaxed in the company of the provider and senior management team.

During the last inspection, we noted that some of the audits undertaken had not been effective, as we had identified areas that required improvement that were not picked up by the provider or registered manager. This was in relation to the safe handling of medicines, staff not following the care plan in respect of a person not eating the correct textured diet, ensuring all staff had taken part in a fire drill and maintenance. Improvements had been noted during this inspection with more descriptive data being recorded to make a judgement on the quality of the service.

Systems were in place to check on the standards within the home. Regular reviews of care records and risk assessments were undertaken by care staff. The registered manager undertook a range of audits to monitor the quality and service delivery. These included audits of medicine administration records, recruitment information, care plans and health and safety. There were also audits on how staff provided support and care to people including dignity and respect.

Relatives felt the service was well managed. Comments included, "I came with my family and my daughter said on walking in the door. Mum this is the place for Dad we don't need to look anymore". Another relative told us, "The whole family would recommend it without hesitation. We all love this place". Another relative told us, "The manager is around sometimes but I can talk to anyone. When I have a concern, I talk to the staff or the manager. I can talk to anyone. They all care".

People's views were sought through an annual survey including that of their relatives and the staff that were supporting them. People and the staff expressed a good level of satisfaction with the care and support that was in place. The results of the survey were positive with people and their relatives indicating that they were happy with the service provided. Where people had commented negatively, the provider had written to people individually with them enabling them to address any areas of concern. The majority of areas raised was not knowing who their relative's key worker was. Resident meetings were held every month to discuss any changes to the running of the home, provide a time to listen to the views of people collectively and plan activities. Records were kept of these meetings.

Telephone interviews were conducted with relatives and staff in the last week to seek their views on the quality of the service. This was to ensure the concerns raised by the whistle blowers and health professionals was not systemic. Feedback from people was generally positive. This provided the provider with further assurances in respect of the quality of the care enabling them to focus on areas of improvement as noted above.

The registered manager appropriately notified the CQC of incidents and events, which occurred within the service, which they were legally obliged to inform us about. These showed us the registered manager had an understanding of their role and responsibilities. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgments. We found the provider had displayed their rating at the service and on their website.