

Waypoints Care Group Limited

Waypoints Plymouth

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?	Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 21 and 22 January 2019.

At our last inspection in October 2018 we rated the service as requires improvement. This was because the provider's governance framework, to help monitor the management and leadership of the service, and the ongoing quality and safety of the service, had not been fully implemented. In addition, some newly designed systems had not always been robust in identifying areas requiring improvement. The Commission took enforcement action and imposed a positive condition on the providers registration. This meant the provider was required to send a monthly action plan, telling us what action was being taken to help improve the service. We monitored those monthly action plans to ensure they provided the information required.

During this inspection we looked to see if improvements had been made and that the condition had been sufficiently met. The Commission was satisfied with the progress at the service, therefore the rating changed from requires improvement to good, and the condition was removed.

Waypoints Plymouth is a 'care home'. People in care homes receive accommodation and nursing or 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 service is registered to provide residential care and accommodation for up to 64 older people who may also be living with dementia. At the time of this inspection, 53 people were living at the home.

Waypoints Plymouth is owned by Waypoints Care Group Limited. The provider also owns two other care homes in Dorset.

The service had a registered manager in post. 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.

Significant improvements had been made to the providers governance framework, meaning that checks to assess and review the ongoing quality of the service, were now imbedded. However, some small changes were still required to ensure the system was fully effective.

People had their needs assessed prior to moving into the service to help ensure the service was suitable, and had their health and social care needs met in a co-ordinated way. People had care plans in place and people's communication needs were known, but care plans were not always accurate. The registered manager told us immediate action would be taken to update care records.

People had the opportunity to participate in social activities. However, the registered manager told us they would review social engagement for people, as we found some people did not always have stimulation.

People's risks associated with their care were known but not always recorded. Immediate action to update people's records was taken at the time of our inspection. People's accidents and incidents were monitored for themes and trends and to help reduce reoccurrences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service also supported these practices. At the time of our inspection the registered manager was taking action to improve the recording of people's mental capacity and consent in their care plans.

People told us the quality of the food was nice, with plenty choices available. People had their nutrition and hydration needs met by knowledgeable staff, and people now received support with their meals in a respectful manner.

People were looked after by staff trained to meet their needs. Nursing training and competence had now improved. People were cared for with dignity and respect at the end of their life.

People were cared for by kind and compassionate staff, who not only looked after people living at the service, but extended their warmth to people's family's. People's privacy and dignity was promoted and staff gave people as much control over their own care as possible, by offering choice.

People knew who to complain to. People lived in an environment which had been adapted to their needs and a full-time maintenance person helped to ensure the safety and upkeep of the building.

The Accessible Information Standard (AIS) was known and had been considered. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand

People told us they felt safe. People were supported by sufficient numbers of staff who had been recruited safely and had undertaken training to recognise any potential signs of abuse.

People's medicines were managed safely, but the providers medicine checks had not always identified when action was required in respect of equipment.

People lived in a service that was assessed for its overall safety, infection control practices were in place and the provider was proactively trying to diminish all odours within the service.

People were cared for in a service which had a positive culture, and care and support was delivered in line with a core set of values. People, relatives and staff were engaged in the development of the service and felt able to share their views and ideas for improvement.

People, relatives and staff spoke highly of the registered manager and told us, improvement at the service had been noticeable and the provider and registered manager remained strongly committed to improving the service.

We did not find any breaches of regulation, however recommend the provider implements findings from their own research into activities suitable for people with dementia, which takes accounts of people's personal backgrounds and hobbies, individual preferences and abilities to provide personalised, meaningful social engagement. In addition, we recommend the provider takes action to strengthen their governance procedures to help ensure it identifies gaps in record keeping and the checking of medical equipment.

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's risks associated with their care were known by staff, but not always recorded in their care plans. This meant, care may not be consistently delivered.

People's medicines were managed safely, but the providers monitoring system had not always been effective in identifying where improvements were needed.

People were supported by sufficient numbers of staff to meet their needs safely.

People were protected from abuse, and staff were recruited safely.

People's environment was clean and, overall staff followed safe infection control procedures. The provider continued to take proactive action to help fight malodours.

The provider reflected when things went wrong and used the learning to help improve the service.

Is the service effective?

Good ●

The service was now effective.

People were assessed in line with the Mental Capacity Act (MCA) 2005 as required.

People's nutritional and hydration needs were met. People now received support with their meals in a respectful manor.

People had their health needs met.

People were looked after by staff trained to meet their needs. Nurse training and competence had now improved.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind.

People were involved in their care.

People's privacy and dignity was prompted.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans in place so staff could meet their needs in line with their wishes and preferences.

People's social needs were met. Action was being taken to continually review and develop people's social engagement, in line with dementia care best practice principles.

People's communication needs were known.

People knew who to complain to.

People were supported at the end of their life, with compassion.

Is the service well-led?

Requires Improvement ●

Aspects of the service were not always well-led.

Significant improvements had been made to the providers governance framework. However, some changes were still required to ensure the system was fully effective.

People were cared for in a service which had a positive culture.

People, relatives and staff were engaged in the development of the service.

People, relatives and staff spoke highly of the registered manager, told us they were approachable and they had made noticeable changes to improving the overall quality and safety of the service.

Waypoints Plymouth

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.

The unannounced inspection took place on 21 and 22 January 2019. On the first day of our inspection, the inspection team consisted of one inspector, an assistant inspector, a registration inspector, a specialist advisor for older persons nursing care, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia. On day two, the inspection team consisted of an inspector, an assistant inspector and a specialist advisor.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law. In addition, we also reviewed the providers monthly action plans, which they had been submitting in line with their condition of registration, as well as compliments and complaints.

During the inspection we spoke with seven people and six visitors. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed twenty care plans, as well as two medicine administration files. We also spoke with nineteen staff. This included four nurses, seven care staff, the registered manager, the head of care and the home co-ordinator. As well as the receptionist, the maintenance person, the training manager, the chef, and the Nominated Individual. A Nominated Individual has overall responsibility for supervising the management of the regulated activity and ensuring the quality of the services provided.

We reviewed four staff personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager and provider reviewed the

quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

Following our inspection, we contacted external agencies for their views about the service. Where feedback was received, this can be found throughout the report. Services contacted included, the local authority quality assurance improvement team, the clinical commissioning group (CCG), and a speech and language therapist (SALT). As well as the local authority safeguarding team, the older persons mental health team and Healthwatch Cornwall.

Is the service safe?

Our findings

At our last inspection in October 2018 we rated this key question as requires improvement because people's care records were not always accurate about the risks associated with their mobility, and people did not always live in an environment free from odour. During this inspection we looked to see if improvements had been made. We found action had been taken, and therefore the key question was now rated good.

People who had risks associated with their care had them managed to help ensure their ongoing safety. For example, risk assessments about how to mitigate risks were in place for people's skin care, their mobility, and for behaviours that may challenge. Staff spoke with confidence about how they supported people, without restricting their freedom. For example, one person liked to walk independently but was at high risk of falling. So, the staff had worked with the person and their family to help improve their bedroom for spatial safety. Foam bumpers had also been fitted to their bedroom furniture so if the person did fall, they would not hurt them self, if they fell against it.

Overall, people who had risks associated with their nutrition had care plans in place, and had received intervention and advice from Speech and Language Therapists (SALT). However, whilst staff were knowledgeable about how to support people with their individual nutritional needs, people's care records were not always updated. Risk assessments were not always clear about what actions to take should the person become unwell. Information relating to people's nutritional needs was also recorded in different places. This meant, care may not be consistently and safely delivered. The registered manager took immediate action at the time of our inspection, in reviewing people's nutritional care plans which meant people would be safer as a result.

People's medicines were managed safely. Medicines were stored securely, and nursing staff maintained their ongoing competence by undertaking assessments. At the time of our inspection the head of care was currently working closely with a GP to undertake a review of the management of covert medicines (when medicines are hidden or disguised) across the service. This was because they had identified that assessments and documentation needed improving and updating in line with the Mental Capacity Act 2005 (MCA).

Medical equipment was checked to ensure it was in good condition. However, the providers medicines audit had not identified that diabetic testing strips were a month out of date.

We recommend the provider takes action to strengthen their governance procedures to help ensure it identifies gaps in record keeping and the checking of medical equipment.

Overall, there had been improvements to the cleanliness to the service. One person told us, "My room is cleaned daily and once a month the cleaners move everything away from the walls to give the room a good clean". However, there continued to be areas of the service that had malodours. The provider explained how they were continuing to take proactive steps to help fight odours and improve the smell within the service. For example, additional training had been undertaken by housekeeping staff in using cleaning

products and odour repellents, as well as some flooring being replaced, and a daily odour check being introduced. Reception staff sensitively obtained visitors feedback about how they had found the cleanliness of the building during their visit.

People told us they felt safe, commenting, "It's very nice here, I feel safe. I like everything about being here", "I feel safe here, they often have fire alarm checks so that the staff know what to do and where we all need to meet if there is a fire". A relative told us, "My husband is safe here, the care is very good, they work under hugely difficult circumstances and if there is an emergency they are on it like a swarm of bees, including [the registered manager]".

People were supported by sufficient numbers of staff to meet their needs safely. There was a staffing dependency tool used to help determine staffing levels. The registered manager told us they had recently altered staffing levels in response to changing needs of people. When one to one support was needed, the provider was flexible in implementing this, to help ensure everyone's safety. Some staff told us they felt care and support was, at times task orientated and not in line with individualised care, which we shared with the registered manager. People's accidents and incidents were monitored for themes and trends, and risk assessments were updated accordingly to help reduce reoccurrences. In addition, the response times of people's calls bells and pressure mats were effectively monitored to help ensure people received prompt support and care.

People were protected from abuse. Staff were competent about what actions to take if they suspected someone was being abused mistreated or neglected. The provider told us in their Provider Information Return (PIR), how "Safeguarding forms are used to identify patterns and prompt preventable actions to keep people safe from abuse and harm. For example, if there is a pattern of peer on peer abuse with two or more individuals, we would seek to relocate within the service, or provide one to one support to keep people safe" which was confirmed to be found at the time of our inspection.

Staff were recruited safely, and had checks undertaken to ensure they were of suitable character to work with vulnerable people.

Staff followed safe infection control procedures. Staff wore personal protective equipment (PPE), such as gloves and aprons when carrying out personal care tasks. However, we saw one member of staff walking through the service wearing PPE after supporting a person. This was not in line with infection control procedures. The registered manager told us they would speak with staff to remind them that this was not in line with best practice.

People lived in a service which was assessed for its safety, there were robust servicing checks in place regarding the building, and of the equipment which was used by people. A full-time maintenance person helped to ensure the effective upkeep of the building. There was a system in place whereby staff could report any maintenance issues, so action could be taken promptly. The maintenance person had been working hard to redesign how records were kept helping demonstrate compliance.

The provider reflected when things went wrong and used the learning to help improve the service. Since our last inspection the provider had used the inspection findings positively to help make steps to improve the quality of the service for people. In addition to this, at the end of the first day of our inspection, following our initial feedback the registered manager proactively devised and gave the Commission an action plan, detailing what immediate improvements had been taken, and what actions were in progress.

Is the service effective?

Our findings

At our last inspection in October 2018 we rated this key question as requires improvement because people were not always adequately supported with their meals. Nursing competency also needed to improve because a GP told us they were concerned nurses contacted them for basic advice. During this inspection we looked to see if improvements had been made. We found action had been taken, and therefore the key question was now rated good.

People were now supported with their meals in a respectful way. There was a calm atmosphere during lunchtime. Dining tables were laid up to help orientate people living with dementia to time and place. Menus were in formats suitable for everyone's needs. People were offered a variety of choices about what they wanted to eat and drink. There was flexibility in meeting people's nutritional needs, and staff were patient and responded to people's wishes as needed. For example, if someone chose to get up and walk away from their meal or if they wanted something different to what was placed in front of them. The chef was passionate about providing good quality meals for people and was knowledgeable about people's nutritional needs. Meals prepared in line with people's assessed needs, were displayed attractively.

The provider also told us in their Provider Information Return (PIR) that, "We have recently started to use the Dementia Mealtime Assistance Tool (DMAT), which suggests actions to support people living with dementia to eat as independently as possible, based on behaviours witnessed during meal times. This is in its infancy within the service, however the results so far are promising".

People who needed support, were assisted with dignity and were helped at their own pace. Staff knew people's nutritional needs well and how to support them. However, not all staff explained to people what their meal was when it was brought to them, and whilst staff verbally asked people, staff did not show people the choice of drinks available; practice which was not in line with dementia care principles. The registered manager told us they would remind staff of the importance of doing so in the future.

People and their relatives told us the food was lovely. Commenting, "The food is very good here, the choices are good", "I love the food here, we can have a cooked meal at lunchtime and in the evening or if I am not so hungry we can have a sandwich" and, "I have, plenty to eat and they bring me lots of cups of tea". A comment on the website carehome.co.uk stated, "Food provided is always of excellent quality". The carehome.co.uk is an independent website that collates feedback about care homes across England, sharing views to those looking for a perspective care home for a loved one.

Nurses now had different training opportunities and continued to have their ongoing competency assessed. Revalidation of nursing staff took place. Revalidation is the process by which nurses have to demonstrate continued knowledge and competence in order to retain their formal nursing registration with the Nursing and Midwifery Council (NMC). However, whilst nurses were trained, some nursing staff told us they would still like more training updates and options in specialist areas, such as venepuncture, catheter care and syringe drivers for palliative care. The registered manager told us they would take action to speak with nursing staff to obtain their views and make arrangements.

New staff received an induction prior to commencing their role, to introduce them to the provider's ethos and policy and procedures. The provider's induction had been designed in line with the Care Certificate. The care certificate is a nationally recognised qualification for care workers new to the industry. The training manager told us, "I am passionate about motivating people with education".

People had their needs met by staff who had undertaken training. Since our last inspection a new virtual dementia training programme had been introduced. This enabled staff through the use of technology, to feel what it could be like living with dementia. Staff had been trained to take people's blood pressure and temperature. But whilst some staff told us they felt confident in carrying out these checks, some told us they felt they would benefit from more training. By the end of the inspection, the registered manager had arranged for additional training workshops and reiterated to staff, if they did not feel confident, they must not carry out the task.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager and staff had a good understanding of the legislative framework. Best interest meetings had taken place when required, and there was a system and process in place to advise the local authority when people's DoLS were nearing expiring, this ensured people's human rights were protected.

Overall, staff were observed to obtain people's consent prior to supporting them. At the time of our inspection the registered manager was developing how people's consent was recorded in their care plans. This included care and treatment, and when people had monitoring systems, such as pressure mats in place. People, and or their families where required had consented to photography being taken.

People's needs were assessed prior to moving into the service. Personalised care plans were then created to help ensure people's needs were met in line with their wishes and preferences.

People's health and social care needs were co-ordinated with external professionals to help ensure they got the support they needed. There was a 'weekly round' which was carried out by a named GP for the service. This helped to ensure continuity of people's care. People's care records detailed how they had received support from mental health services, GPs, as well as pastoral services. The provider told us in their Provider Information Return (PIR), "I involve the home in trials. For example, the Speech and Language Therapy (SALT) team were trialling a different way of working to reduce the number of referrals they received. They trained one of our nurses to carry out more in-depth SALT assessments and provided guidance on what we could try as a service before making a referral. This means that if someone was having swallowing difficulties, we could assess them quickly and place them on an appropriate diet without the delay of waiting for an external health professional".

People lived in a service which had been adapted to their individual needs. There was wheelchair access

inside and outside of the building, a lift to the upper floor and a hearing loop system in some rooms.

Pictorial signage helped to orientate people and automatic lighting in bathrooms, meant people did not have to spend time looking for a light switch. Bedrooms were spacious which helped ensure there was adequate space for equipment such as hoists. The front door was on a delayed timer, to keep people safe who could be at risk of leaving the building unaccompanied.

The registered manager and providers told us there was an improvement plan in place to replace furniture and there was an improvement plan in place to replace furniture and flooring, and to make the service more 'homely' for people.

Is the service caring?

Our findings

The service continued to be caring.

People told us staff were kind to them commenting, "The staff look after me well" and, "The staff help me to text my family and help me use my iPad". Relatives told us, "The staff are lovely", "All the staff here are kind and friendly" and, "The staff are very good with my husband; he can be aggressive, and they do a good job under difficult circumstances".

Relatives had taken time to submit reviews to the carehome.co.uk website. Comments included, "Very welcoming and caring staff. Go above and beyond in terms of making the people feel looked after and even loved"; "The staff are so caring and respectful of my husband's needs and give him the love and comfort her needs"; "I have always been impressed by the professional care...and the incredible, loving attitude shown by everyone at the home" and, "The care provided by every member of staff is personal and exceptional". The carehome.co.uk is an independent website that collates feedback about care homes across England, sharing views to those looking for a perspective care home for a loved one.

People approached staff without hesitation and, staff showed genuine concern for people. For example, one person started to cough a lot. A member of staff knelt beside the person and gently encouraged them to have a drink of water and to take their jumper off so that they could cool down; all of which was carried out in a very caring and kind way.

Staff spoke fondly of people and knew people well. People had 'This is me' care plans which helped staff to have meaningful conversations with people, because they provided details about what people did prior to moving into the service.

Staff told us how they went above and beyond for people in the last weeks and days of their life; one member of staff telling us they stayed on for four hours after their shift had finished, to hold a person's hand in their last hours.

People's equality and diversity was respected. The provider's rainbow displayed on their signage and website was an indication of 'inclusiveness' within the service. Staff told us that no one was discriminated against, and the registered manager spoke passionately about remembering and recognising that everyone is an individual with their own life story.

People's religious needs were asked about at point of admission to help ensure any practicing faiths were known, and so people could be supported to continue with them. There were religious services held at the service monthly. Information about people's religious needs was detailed in people's care plans, however some staff told us they were not always aware of this. The registered manager told us they would take action to help staff become more aware of this.

People's birthdays were warmly celebrated with homemade birthday cakes, and banners and balloons

displayed. For people with special diets, the chef took time to make a suitable cake which they could eat, so they did not miss out.

People's privacy and dignity was one of the providers core values of which we saw was imbedded within staff practice. Staff discretely and respectfully supported people when they needed assistance to go to the bathroom. People's personal information was discussed in private and not in shared areas.

People and their relatives were involved in their care as much as possible, with staff offering choices and people's care plans being reviewed, with them and or with their relatives. This was also reflected in the provider's Provider Information Return (PIR) whereby they told us, "We encourage active participation of family members in their loved one's care, from assisting with a care plan review, supporting the person to eat, or day trips out".

People's visitors were welcome at any time. Relatives told us how staff extended their warmth to them when they visited commenting, "They've given me the support I've needed during very emotional and difficult times" and, "My Dad is extremely well cared for and the support extends to my Mum and us all whenever we visit".

Is the service responsive?

Our findings

The service continued to be responsive.

People received personalised care and support. People had personalised care plans in place for their health and social care needs. Care plans helped to ensure people's needs were met in a way they wanted and needed them to be.

Relatives were complimentary of the individualised care provided. Comments included, "Even on bad days, we have been able to find a smile and, I am so grateful for everything they do to enable my Dad to continue his journey with dignity and understanding"; "The staff cater well for my Mum's needs and as a family we are happy that she is well cared for" and, "I am very happy with the care here, for my husband".

People's communication needs were known by staff, however not always documented in people's care plans. This meant there was a risk people may not always receive the care and support they needed. The registered manager told us they would immediately take action to review everyone's communication care plans.

The Accessible Information Standard (AIS) was known and had been considered. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. For example, the menu had been created in a pictorial format, as well pictorial signage displayed throughout the building. The registered manager told us policies and care plans were created in different formats as needed with the need for these established before a person moved into the service.

People could access a variety of social engagement, which was either organised by the activities coordinator or by external therapists, entertainers or activity providers. Previous visits to the beach and garden centre had proved to be popular by the photographs on display. On the days of our inspection, some people participated in a movie afternoon or throwing games. One person who had been a keen footballer, participated in a game of indoor football with others. However, there were periods of time whereby people were not always socially stimulated or engaged, and were found to be sitting on their own within shared areas or in their bedrooms. One person told us they wanted to go out more, to take in the fresh air. The registered manager told us they felt improvements could be made and explained they had been looking at ways to develop this in line with the Namaste Care programme. The Namaste Care programme is an ethos, based on dementia research that aims to enable staff to cater to the personal needs of people with advanced dementia, focusing on the person rather than on care processes, and tasks.

We recommend the provider implements findings from their own research into activities suitable for people with dementia, which takes accounts of people's personal backgrounds and hobbies, individual preferences and abilities to provide personalised, meaningful social engagement.

People were supported at the end of their life with compassion. The provider told us in their Provider Information Return (PIR) how, "[...] became weak and staff sat with him until family arrived. [...] favourite

music was played softly and [...] passed away peacefully with his family present".

There were good links with the local GP practices and the palliative care team. There was a family room within the service, whereby relatives were welcome to stay, so they could be close by in the last days and hours of their loved one's life.

Some staff at the service were currently undertaking training with the local hospice which would lead to accreditation. This meant they would be able to support people at the end of their life to the highest of standards. Whilst some people had end of life care plans in place which provided details for staff to follow, not everyone had one in place. This meant people's wishes and preferences may not always be known. The registered manager told us necessary action would be taken.

People told us they did not have any complaints, but knew who to complain to if they had any concerns. Comments included, "The Manager, [...] is very good, if I complain about anything he comes to see me and sorts it out quickly" and, "If I have had to ask or complain about anything, it is always dealt with as quickly as possible. The warmth of the staff really helps, I feel listened to". The registered manager positively used complaints as a tool to reflect and help improve the ongoing quality of the service. One relative had complained that they were unable to attend relative's meetings, because they found it difficult to hear the conversation because of their own hearing impairment. So, the meetings had been moved to a room whereby the loop system was available. Others had complained that there was no management cover at the weekends, so the registered manager and head of care now worked alternative weekends.

Is the service well-led?

Our findings

At our last inspection in October 2018 we rated this key question as requires improvement. This was because the provider's governance framework, to help monitor the management and leadership of the service, and the ongoing quality and safety of the service, had not been fully implemented. In addition, some newly designed systems had not always been robust in identifying areas requiring improvement. The Commission took enforcement action and imposed a positive condition on the providers registration. This meant the provider was required to send a monthly action plan, telling us what action was being taken to help improve the service. We monitored those monthly action plans to ensure they provided the information required.

During this inspection we looked to see if improvements had been made. Whilst the Commission was satisfied the condition had been sufficiently met, the rating of this key question has not changed because small changes were still required to help ensure that some checks were more robust and covered all aspects of the service.

The provider's governance policy was now incorporated and imbedded within the service. The policy was the framework in which the provider and registered manager worked to, to help ensure the overall quality and safety of the service. □□

The provider had a variety of audits and reviews to help assess the ongoing quality and safety of the service, both at a local level and organisational level. Some of these were based on the Commissions key lines of enquiries (KLOEs) reflecting the Regulations. Since our last inspection, the provider had employed a clinical lead to strengthen the clinical governance across the organisation. This person had been visiting the service, carrying out monthly checks, and creating action plans for the registered manager, which were then reviewed at their next visit. The provider had also commissioned an external agency to carry out an inspection in line with the Commissions inspection framework, to highlight where actions were required. The provider was kept up to date with the compliance of the service through management and Board meetings.

However, whilst there had been significant improvements to the systems and processes for assuring safety and quality at the service. These had not always been effective in helping to identify areas relating to care planning, risk assessments and the management of clinical equipment. We found the provider and registered manager were proactive during the inspection and wanted to get things right. They told us they would re-look at the audits being used, and the competency of those completing them, in order to further improve the service for people.

People were cared for in a service which had a positive culture. The provider told us in their Provider Information Return (PIR), that the values of the organisation are at the heart of the service stating, "The Waypoints values include: living well, dignity and respect, privacy, independence, involvement, and freedom and choice. These values aim to ensure that our care truly puts the person at the centre of everything we do and incorporate human rights principles. Staff are provided with copies of these values and they underpin a behaviour framework which defines expectations of staff in how they should apply the values in their roles".

Despite staff not knowing what the values of the service were when they spoke with us, we found them to be active within the practice and culture of the service. A display of the homes values was in the reception area of the service, whereby people had been part of creating a collage based on the values. People's coloured, printed handprints had been used as part of the collage, in recognition of togetherness.

Compassion checks were carried out, and formed part of the provider's governance framework. These were unannounced observational checks carried out by the training manager, to help ensure staff delivered care and support in line with the providers core values.

There was a registered manager in post. 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, relatives and staff spoke highly of the registered manager and told us they were approachable. Comments included, "The manager, [...] is brilliant, he has made a lot of difference. He makes staff feel at ease, he is firm with them but in a kind manner" and, "I cannot fault the management at all. If I need to talk about anything, [the registered manager] is there and if I email him, he responds quickly, he is very approachable". One member of staff told us, "The managers style is different, more support, more settled. This makes a massive difference to the people who live here, there's more consistency and more knowledge".

Staff told us they felt communication could be improved across the service, because messages were not always clear and or consistent. The registered manager told us they would positively reflect on staff's feedback to help make a change in this area.

At the time of our inspection, the service currently had a rating of 9.4 out of 10 on the carehome.co.uk website. The carehome.co.uk is an independent website that collates feedback about care homes across England, sharing views to those looking for a prospective care home for a loved one. Comments on the website regarding the management and service included, "Excellent manager" and, "The management and staff go out of their way to provide excellent quality of care and attention to detail".

The registered manager told us they felt better supported by the provider, and explained how management meetings had improved, and were now used as an opportunity to celebrate success as well as reflecting where improvements were needed and share best practice. They commented, "The support and supervision has definitely increased". The head of care also told us how pleased they were that head of care meetings had started to take place across the organisation, which meant best practice and learning relating to clinical care could be effectively shared.

The Nominated Individual was unable to be present for our inspection feedback, so took time to be present, from a distance via a conference call. This demonstrated the ongoing support provided to the registered manager and of the commitment, in wanting to ensure the service met regulations and continued to improve.

People, relatives and staff were engaged in the development of the service. One relative told us, "I have talked to the manager about the garden as it is not dementia friendly; and he agrees that it needs improvement and will action when and if he can". In addition, because of people's feedback the family and resident's meetings had been redesigned, with a new family forum being introduced to help support families with practical advice, guidance and support.

Staff told us they had seen a positive change to the quality and safety of the service, and recognised the journey of improvement the service had and continues to be on. Telling us, "I feel we are creating a new culture of what being a dementia specialist means. I think we lost our way a little there and are regaining an identity again". Other comments included, "Think things are getting better", "It's on an upward trajectory", "I can see real, positive change in the last 12 months"; and "the manager being here all the time and having structure has motivated the staff, but there's still room for improvement".

The provider valued its staff, with commendations and awards being handed out for long service and in recognition of going above and beyond, positive engagement, innovation in action and supportive leadership. A new annual budget has just been provided for team building activities across the staff team.

The service worked positively with external agencies to help continuously learn and improve. The provider had notified the Commission appropriately in line with their legal duties. For example, when someone had passed away. The rating of the providers last inspection was displayed in line with legal requirements.

The registered manager and the management team kept their knowledge up to date by working in conjunction with external professionals and attending external conferences. The registered manager had attended the local authority wraparound support workshops, to help drive improvement and help work in partnership with other agencies and care home providers.

The registered manager and management team displayed openness and transparency throughout the inspection process, thus demonstrating the main principles of the Duty of Candour (DoC). The Duty of Candour is a legal requirement that providers must be open and honest with people and apologise when things go wrong.