Care Quality Commission

Waypoints Care Group Limited

Waypoints Plymouth

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 30 June 2015 and 1 and 3 July 2015 and was unannounced.

Waypoints Plymouth provides care and accommodation for up to 64 people. On the day of the inspection 60 people lived in the home. Waypoints Plymouth provides care for people with physical and mental health conditions which include people living with dementia.

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.

People had not had their medicines managed safely. Medicines administration records were all in place, but had not all been correctly completed. An action plan had been put in place to address all the issues found.

Summary of findings

Processes had been changed and fed back to staff. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, speech and language therapists and pharmacists.

People's risks were managed and monitored. People were not consistently promoted to live full and active lives or supported to go out in the community. Activities did not meaningfully reflect people's interests or individual hobbies. The registered manager had already identified this as an area that required improvement. Several plans had been put in place to address this issue and help ensure people's needs were met.

There were quality assurance systems in place. Audits were carried out in line with policies and procedures. However, where areas of concern had been identified, changes had not always been made to help ensure quality of care was maintained. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. However, care plans were not always updated to reflect people's current needs.

People or where appropriate those who mattered to them told us they felt safe. People's safety and liberty was promoted. All staff had undertaken training on safeguarding vulnerable adults from abuse. They displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. The registered manager had made several changes to address the number of safeguarding incidents that had taken place within the service. These changes were ongoing, however, changes to date evidenced that incidents had significantly reduced.

People and staff were relaxed throughout our inspection. There was a calm and pleasant atmosphere. People were often seen laughing, singing and joking. Where able people told us they enjoyed living in the home. Comments included; "It's good here, I feel like I've fallen on my feet" and "I'm very happy here, it's lovely". A relative said, "This is an excellent place".

People as much as they were able to or, where appropriate those acting on their behalf, spoke highly about the care and support they received. One relative said, "I can't praise the staff highly enough, they are so caring; just brilliant".

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. A staff member said: "The training is really good, can't fault it".

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included: "I just love working here", "I get praised for my work, that makes me feel good" and "I love my job, so rewarding".

People and those who mattered to them knew how to raise concerns and make complaints. People told us concerns raised had been dealt with promptly and satisfactorily. Any complaints made were thoroughly investigated and recorded in line with Waypoints own policy.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not always safe. Staff did not always manage medicines consistently and safely. Accurate records were not always kept. Action had been taken to address this concern.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service had taken action to reduce the number of incidents that occurred to protect people.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Is the service effective?

Good

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

Staff were trained and supported to develop their knowledge and skills, and were motivated to carry out their roles effectively.

People were supported to maintain a healthy balanced diet.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People as much as they were able to or, where appropriate those acting on their behalf were informed and actively involved in decisions about their care and support.

Is the service responsive?

Requires improvement

Some aspects of the service were not responsive to people's needs. Care records were personalised, but did not always reflect people's individual current needs.

Activities were not consistently meaningful and were not always planned in line with people's interests.

People were supported to have as much control and independence as possible.

Summary of findings

Concerns and complaints were taken seriously, explored thoroughly and responded to promptly. The service proactively used complaints as an opportunity for learning to take place.

Is the service well-led?

Good

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Communication was encouraged. People and staff were involved with the service to help drive improvements.

Staff understood their role, and were motivated and inspired to develop and provide quality care.

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 30 June 2015 and 1 and 3 July 2015 and was following concerns we had received.

The inspection was carried out by three inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia. We reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from health care professionals, the local authority safeguarding team and people who had raised concerns about the service.

The majority of people who resided at Waypoints lived with dementia and had very limited verbal communication, so were unable to tell us their views of the service.

During the inspection we spoke with four people who lived at Waypoints Plymouth, ten relatives, the registered manager, the head of care, three nurses and seven members of staff. We also spoke with four health and social care professionals, two social workers a continuing health care nurse and a speech and language therapist who had all supported people within the service. We looked around the premises and observed how staff interacted with people throughout the two days.

We 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 looked at seven records related to people's individual care needs and 16 people's records related to the administration of their medicines. We viewed twelve staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Whilst carrying out our inspection we left 'Tell us about your care' forms at the reception desk of the home. Staff handed these out to friends and relatives who visited people on the days of our inspection. Four relatives completed our forms and commented on what they thought of the service.

Requires improvement

Is the service safe?

Our findings

Prior to the inspection a number of concerns had been raised with us. These included the continuity of staff and whether there were sufficient numbers of staff to meet people's needs. Whether call bells were being answered in a timely way, the management of medicines and how risks to individuals were managed by the service to protect people and keep them safe. We found that, prior to our inspection; action had been taken to address all of these issues raised. However, some areas still required further improvement.

We looked in detail at the concerns and notifications we had been sent which related to safeguarding incidents within the home. These largely centred on people displaying potentially aggressive behaviour towards one another. This was in the form of both a verbal and a physical nature. We discussed with the registered manager what action they had taken to reduce the number of these incidents that took place. The registered manager confirmed that following an in-depth investigation into all the incidents that had taken place in the last twelve months, practice had been changed and new processes had been implemented to help keep people safe. An additional member of staff had been placed on each unit to monitor corridors within the service, and all staff had completed soft restraint training that focused on distraction techniques which ensured practice was proactive as opposed to being reactive. Documentation evidenced there had been a significant reduction in incidents occurring since these actions had been put in place. The registered manager commented that further work in this area still needed to be completed, for instance, changes to the layout of the building had been planned. Removal of the nursing stations situated around the service had been agreed. These had been highlighted as an area where a large percentage of incidents took place. The registered manager said, "Safeguarding is always high on the agenda, we keep this in the forefront of the minds of every member of staff and recognise how important it is that we get it right. We use team meetings to reflect on incidents and encourage ideas on how we can constantly improve and keep people safe".

Where people's behaviour placed others at risk staff understood people's needs. Staff knew those people who required gender specific staff to help keep them and staff safe. Behaviour charts were used to identify possible triggers that may lead to certain behaviours. Staff understood people's unique triggers. For example, one person became more agitated when their regular visitor left. Staff knew at these times the person's anxiety could be reduced by staff spending time with them. We observed one person walk towards a chair that they identified as theirs. Another person had unwittingly placed a walking aid in front of the chair. The person began to get agitated that their path had been blocked and directed their frustration towards the other person. Two staff members quickly intervened, one spoke with the person who wanted to sit down and the other moved the walking aid and assisted the other person to help ensure they were not distressed by the altercation. Both people were left to happily sit alongside each other as they wished. Staff explained risks were minimised by additional staff monitoring people's movements, and the use of pressure mats to alert staff when people had left their rooms. Staff described how they would use distraction techniques and their skills to diffuse potential situations. One staff member said "I give people space, I talk to them softly". A relative commented, "This is a very demanding environment for staff, yet there are no raised voices by staff, who are very patient and good at distraction techniques".

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff accurately talked us through the appropriate action they would take if they identified potential abuse had taken place. One staff member said, "When it comes to safeguarding, I would raise it with management straight away". Another staff member stated, "Safeguarding is taken very seriously here, we had a meeting recently dedicated to talking about safeguarding incidents that have happened, and what we could have done better. This was really good". Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service.

At the beginning of the inspection medicines were not being managed correctly. However, action had been taken to rectify this before the inspection had been completed. The original issues we found were that it could not be evidenced people had been given their medicine as prescribed safely. Medicines administration records (MAR) were all in place, but had not all been correctly completed. For example, gaps appeared on the MAR which meant we

Is the service safe?

could not be certain if people had or had not received their medicines as prescribed. Medicines were locked away as appropriate. However, where refrigeration was required, temperatures had not been logged consistently to evidence they fell within the guidelines that ensured quality of the medicines was maintained. Creams that were required to be applied to people's skin were not managed correctly. For example, labels were not all legible so it could not be evidenced people had received their personal topical medicine as prescribed. The registered manager had already taken action with regards some areas of safe management of medicines prior to our inspection. A medicine audit had also highlighted the majority of the issues we had found. Following the second day of our inspection, an action plan had been immediately put in place to address all the concerns raised and changes had been made. For example, topical medicines clearly displayed who the cream was for and had recorded on it, the exact date it had been opened to help ensure staff knew who it belonged too, and when to discontinue its use.

People's complex needs with regards to administration of medicines had been met in line with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Clear procedures for giving medicines were in place. Care records clearly detailed correct legal processes had been followed and informed staff how each medicine was to be administered. For example, best interests' decisions had been made by health care professionals for staff to administer some medicines covertly. Staff understood the need for this action to be taken, followed the correct procedure as outlined in people's care plans and completed MAR sheets appropriately.

People's behaviour was not controlled by excessive or inappropriate use of medicines. Records evidenced medicine prescribed 'as required' were not given regularly or without explanation. A nurse confirmed the use of medicine was not the first action they would take if people presented as distressed. They said, "We will try everything before using medicine, this will always be as a last resort. For example, when […] becomes distressed, distraction techniques can be very successful. They like to use the rummage boxes placed around the home, and staff will use these to make a positive improvement in their presentation." When medicine was used to manage behaviour this was recorded. If usage was noted to have increased for an individual, a doctor was consulted and asked to review their needs.

People were supported to take everyday risks. We observed people moved freely around the home. Where people were able, they made their own choices about how and where they spent their time.

Risk assessments were in place to maintain people's independence and keep them safe. For example, one person was at risk of falls but liked to dress independently. Staff maintained a close distance to ensure their safety and only assisted where required. This respected their right to take risks, promoted their freedom and helped keep them safe. Where people were less independent and there were risks relating to their health, for instance, falls, diet or pressure ulcers, risk assessments were in place to minimise risks and were clearly linked to people's care plans. For example, one person had been assessed as a high risk of skin damage. The risk assessment identified this and the person was moved frequently, had a special mattress and the care plans gave clear instructions for staff to observe skin changes such as bruising or discolouring when providing personal care. Another person was at a higher risk of falls when they woke up as they were disorientated for a period. Staff knew to remain close during these periods. Staff made decisions where required in people's best interests to keep them safe. For example, the use of safety rails. People's capacity and behaviour was considered to ensure they were safe to be used when needed.

People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure peoples individual needs were known to staff and to the fire service, so they could be supported in the correct way.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Staff files contained evidence to show, where necessary, staff belonged to the relevant professional body. For example, one file relating to a nurse, contained confirmation of their registration from the Nursing and

Requires improvement

Is the service safe?

Midwifery Council. We found some staff records did not hold a full employment history. We discussed the importance of obtaining this with the registered manager, they had put in place an action plan, to ensure this issue had been addressed in all records.

People and those who matter to them, told us they felt safe. Comments included; “This is a safe place to live”, “We feel mum is very safe”, “The security is excellent” and “The staff are constantly on alert”.

People and their relatives told us they felt there were enough staff to meet their needs and keep them safe. Staff confirmed there were sufficient numbers of staff on duty to support people. A staff member told us; “We have the right balance with the right amount of staff for the people we support right now”. The registered manager told us staffing levels were regularly reviewed and were flexible to help ensure they could meet the needs of people. They confirmed additional staff could be arranged at any time if the need arose. Staff did not appear rushed during our inspection and acted promptly to support people when requests were made. For example, we observed two staff members support a person who had asked to go to the bistro. The staff walked either side of the person singing a song. The person joined in and they all sang together as they walked at the person’s pace to reach their chosen destination.

Good

Is the service effective?

Our findings

Prior to the inspection concerns had been raised with us regarding whether staff had the right knowledge and skills to carry out their roles effectively, and whether people were supported to have sufficient amounts to drink in order to help prevent dehydration. We did not find any evidence to substantiate these concerns.

People and those who mattered to them felt staff were well trained, and effectively met their or their loved ones needs. Comments included, "The staff are excellent", "Yes I am really confident they look after mum really well", "Staff are well trained and of the right nature and personality" and "I have so much praise for the staff, they must be trained very well. They are tested to the absolute limit and all of them are able to stay so calm and support people".

Staff confirmed they received a comprehensive induction programme and on-going training and support to develop their knowledge and improve their skills. Staff felt this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. A new member of staff told us, "My induction has been really good so far, I've worked with really experienced staff and have shadowed a senior. I'm always being asked if I'm ok". The registered manager told us, staff could request additional training, a training board clearly indicated which training opportunities were upcoming, staff could put their name down to attend the course, and would be supported to achieve their desired learning needs. Staff confirmed this. For example, one staff member told us, "I brought up that I would like to do end of life care training; I was put on the six steps programme, which I'm really enjoying".

The registered manager told us and we saw evidence they kept up to date with new developments and guidance to promote best practice. They had conducted research using the skills for care website and confirmed, their newly designed four day induction programme included everything new members of staff required to complete the new care certificate. The registered manager also informed us how they supported staff to achieve nationally recognised qualifications. They sourced support and funding from an external agency. This enabled staff to complete diplomas in health and social care, designed to help them better their knowledge and provide a higher level of support to people. It also helped staff to develop a clear understanding of their specific role and responsibilities, and have their achievements acknowledged. One staff member said, "We are well supported when it comes to training. I've just completed my level 2 and I have already been discussing doing my level 3. It is definitely something I wish to do, anything to help me in my career"

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had been appropriately involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights. The registered manager had a good knowledge of their responsibilities under the legislation, was aware of the recent changes to the law regarding DoLS, and had close links with the local supervisory body. Capacity assessments were undertaken and recorded, individual best interests assessments occurred where appropriate and decisions and plans made were the least restrictive option to meet people's needs.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. For example, following an incident it had been identified that a person was at risk whilst in their bed. A best interests discussion had been held with the health professionals involved in their care, the person's family and staff who knew them well. A decision had been made to have the mattress on the floor to reduce the risk of the person suffering a repeat of this incident.

Good

Is the service effective?

People received effective care. People's health needs were known and care was provided accordingly. For example one person had a catheter in place to support their continence needs. Their care plan clearly documented the possible risks such as the person being a higher risk of infection. Their care plan reflected the need for a high fluid intake and stringent infection control practices. Another person had a health condition which could cause them discomfort at times. Their care plan recorded the signs and symptoms of the condition to enable staff to be vigilant of a reoccurrence of the condition.

Research was used to promote best practice. Staff used the Malnutrition Universal Screening Tool (MUST) to identify if a person was malnourished or at risk of malnutrition and the 'waterlow' pressure sore assessment, to assess the risk of an individual developing a pressure ulcer. For example, weight loss had been recorded as a concern for one person. The person's GP had been informed and their food and fluid intake was monitored closely.

People and their loved ones told us the meals were good, served at the right temperature, and of sufficient quantity. Comments included, "It is very good food here. The pureed food is in identifiable portions", "I have Sunday lunch here sometimes with my husband and it is very good" and "Mum certainly likes the food". People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed and listed what the service could do to help each person maintain a healthy balanced diet.

We observed people during lunch. People were relaxed and told us they had sufficient choice. We saw an extensive, wholesome menu offering three courses if people wished. We observed people having a leisurely lunch with support when required. People who needed assistance were given support and nobody appeared rushed. Staff encouraged people's independence where possible such as helping them to hold their cutlery so they were able to eat alone. Staff gave people time, made eye contact and spoke encouraging words to keep them alert and engaged during their meal. Staff were visible and attentive throughout lunch. They noticed people's bodily movements and expressions which indicated they did not want any more to eat and those who took longer with their meals were asked whether their food was still warm enough.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced an assessment had identified a potential choking risk. Staff sought advice and liaised with a speech and language therapist (SLT). A soft diet with thickened fluids had been advised to minimise the risk. The assessment had been regularly reviewed to help ensure it met the person's on going needs. A SLT confirmed that requests for their support were made promptly and that staff followed the advice given.

Care records showed and we observed it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced where a health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, a staff member reported to the nurse on duty that they were concerned somebody's mobility had deteriorated. A GP was immediately contacted and requested to assess the person's needs. The person's care record was promptly updated to note the changes in the persons presentation and the action that had been taken.

Good

Is the service caring?

Our findings

Prior to the inspection concerns had been raised with us regarding people's privacy and dignity not being respected. We did not find any evidence to substantiate these concerns. We had also received concern with regards how people were supported at the end of their life. The registered manager detailed what action had been taken prior to our inspection to address this, and we saw evidence that confirmed people's needs were met.

People nearing their end of life received compassionate and supportive care. The registered manager talked us through recent changes to practice that have enhanced the end of life care people received. The service made sure a member of staff was present in the person's room 24 hours a day to ensure their dignity and comfort was maintained. Two nurses were undertaking specific end of life training which they would then roll out to all members of staff, and people had been supported to make their end of life preferences known and recorded thoroughly, so that staff knew and respected their wishes.

People and those who mattered to them were consistently positive about the care they or their loved ones received. Comments included, "The staff are very caring and kind and sweet. No raising voices here", "They never speak out of turn, are remarkably patient and never shout" and "You can't fault the staff here they are wonderful; walking angels all of them".

People were cared for by staff who displayed a supportive manner and took practical action to relieve people's distress. For example, one person showed signs of distress whilst walking along a corridor. A staff member promptly assisted the person. They held the persons hand, gained eye contact and tried to ascertain what had caused the person to become upset. The staff member noted the person's trousers were wet and promptly supported the person to their room. Moments later the person was seen in a new set of clean clothes, and smiling as they walked arm in arm with two members of staff towards the lounge.

We observed staff interacting with people in a caring manner throughout the inspection. Staff knelt down to talk to people at their level and so they could hear them and a quiet tone was used so as not to startle them. We observed another staff member helping someone who was unsettled to walk around the home. This reduced their agitation and kept them company. Other staff we observed were polite and patient as one person repeated information to several staff over a prolonged period. Staff responded quickly and kindly with one person whose mood was interchangeable during lunch. They helped distract them when they were tearful and encouraged them when they were cheerful. Staff were thoughtful in their responses to people's questions about whether they were going home, this reassured people who sometimes forgot Waypoints was their home. One relative commented, "[…] used to always ask to go home, staff were so kind to take time to explain to him each time, that this was his home. I very rarely hear him ask anymore, so he must now feel settled".

People were supported by staff who had good knowledge of them and knew them well. Staff were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. For example, we read one person liked to nap after lunch with their curtains open. This reduced them feeling disorientated when they woke. We checked this person's room during their nap and saw the curtains opened and their wishes respected. A Staff member told us, "We have a good core staff team who know residents really well". A relative commented, "The staff have all been very nice, they just know everybody so well".

Care records demonstrated and our observations confirmed staff understood how to communicate with people who lived with dementia. People were treated as individuals. Staff gave clear, simple instructions and ensured people were looking at them and could hear them. Staff maintained positive, open body language and approached people calmly so they were not startled.

People's needs in terms of their sexuality, disability, race, religion or beliefs were understood and met by staff in a caring and compassionate way. One person we met was a roman catholic Sister. They were attending the church singing during our inspection. Their end of life care plan documented their wishes to receive their last rites and a blessing and their chosen place of burial. Another person could at times behave in a way others might see as sexually disinhibited. Staff were aware of how the behaviour might present and how they should respond to maintain the person's dignity and privacy.

People and their relatives told us they and their loved ones privacy and dignity were respected. Comments included, "The carers knock on the door. They close the curtains and

Good

Is the service caring?

the door" and "If my husband suffers incontinence, the staff act so quickly, within two minutes staff are changing […]" A relative confirmed staff were discrete, assisted people in the privacy of their own rooms and treated everybody the same. Staff talked us through ways they helped to ensure people's privacy and dignity was maintained. For example, one staff member commented how they would always make sure they were fully prepared to support people's needs, prior to commencing any personal care. This meant having everything required to support the person without the need for interruption or delay during the process.

People were supported to have those who matter to them visit at any time. The registered manager confirmed the service had an open door policy, which meant friends and relatives were able to visit without restriction. One relative said; "I am always welcomed with a smile, I can come and go as I please".

Requires improvement

Is the service responsive?

Our findings

Prior to the inspection concerns had been raised with us regarding how people were supported to have care plans that reflected how they would like to receive their care treatment and support. We did not find any evidence to substantiate these concerns. We had also received concern with regards how people were supported to engage in activities that reflected their hobbies, abilities and goals. The registered manager detailed what action had been taken prior to our inspection to address this. We saw evidence of plans that had been put in place to help ensure activities supported people to follow their interests.

People were not always supported to follow their interests. Activities did take place. However, individual preferences and disabilities were not always taken into account to help ensure they were personalised and meaningful. All staff were responsible for enabling people to take part in activities and staff felt due to time constraints and other tasks, this did not always happen as often as they would like. Comments included, "Activities could be better" and "If I could make one improvement it would be to have a designated member of staff that co-ordinated activities for people". Friends and relatives agreed that activities could be improved upon and felt people were given the majority of support in this area by themselves as opposed to being provided by staff. The registered manager agreed that improvements could and were being made with regards to activities being more personalised and meaningful for people. They were looking into purchasing an eight seated mini bus to increase the amount of community based activities the service could provide, and fed back improvements that had already been agreed, at a relative's forum we attended. This included a 12 seated cinema and a sensory room being installed within the home. The relatives, who attended, were very pleased with this news. Comments included, "This will be marvellous and will really help with keeping […] entertained and stimulated" and "Excellent, can't wait".

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. For example, the service had a lifetime membership for people to attend a local social club and links with a local school, where people could attend to play croquet. The registered manager confirmed they had used a local taxi service to offer people the opportunity to access areas of interest in the community. This included fish and chips at a local point of interest and trips to an aquarium.

People as much as they were able to or, where appropriate those acting on their behalf, were encouraged and supported to contribute to the initial assessment and on going planning of their care. The registered manager talked us through the newly implemented admissions process. Meetings were held with the person and where appropriate their family prior to admission. A fully comprehensive 'Getting to know me!' document, that had been designed in consultation with friends and family of people who lived at Waypoints, was completed to help ensure people's strengths; levels of independence and health were taken into account before they entered the service.

Care records contained detailed information about people's health and social care needs. They were written from the person's perspective and reflected how individuals wished to receive their care and support. Records were not always well organised and at times lacked specific guidance to staff on how best to support people's particular needs. Some people's records were recorded as having been reviewed but the information in the care plan was sometimes out of date. For example, one person was recorded to have a skin ulcer which they no longer had. Another person had lost a significant amount of weight but their diet and nutrition care plan did not reflect the care staff were providing. Individual preferences were documented. For example, people's preferred names, their faith, allergies and any health and social care professionals involved in their care. However, the information was not always easy to find or documented in the right part of the person's care plan. The registered manager was already aware of the problems regarding ease of locating information and updating care records to reflect how staff were currently supporting people's needs. They talked us through and demonstrated a new computer system that had been trialled at another one of their services, and as a result of its success was being implemented into Waypoints, to fully address the areas of concern we had raised.

People received personalised care that was responsive to their needs. Individual needs were regularly assessed and reviews were undertaken in partnership with external health and social care professionals involved in people's

Requires improvement

Is the service responsive?

care. For example, the local community mental health team. Care was planned to provide people with the support they needed, but ensured people still had elements of control and independence. For example, some people were supported to have one to one support. These people still had choice over who provided this support and chose where and how they wished to spend their day. The registered manager commented how one person in particular had very limited verbal communication. However, through their expressions and behaviours they clearly communicated, which members of staff they wanted to provide the support they needed. Staff made sure this was respected, the registered manager said, "having staff that […] has indicated that he is happy with, has had a really positive impact on his wellbeing; we monitor this closely".

People were able to maintain relationships with those who mattered to them. Several relatives and friends visited during our inspection and people, where possible, went out for the day with their families and friends. One relative said, "We like to get mum out when we can, the staff make sure mum is ready and we have everything we need". The registered manager confirmed, friends and relatives were invited to have lunch with their loved ones, private areas were made available and overnight accommodation could be provided if required. The registered manger also stated they used skype following research they undertook with a local university. This helped people keep in touch with those who mattered to them that lived far away.

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in several areas of the home. People or, where appropriate those acting on their behalf, knew who to contact if they needed to raise a concern or make a complaint. Relatives, who had raised concerns, had their issues dealt with straight away. Comments included; "We've been very impressed, each time I raise a concern, no matter how little, it gets actioned immediately and things improve" and "Anything I raise in the form of a concern, gets sorted; I can tell you that".

We looked at the written complaints made to the home in the last 12 months. Each complaint had been responded to in a timely manner and thoroughly investigated in line with Waypoints' own policy. Appropriate action had been taken and the outcome had been recorded and fed back. The registered manager told us and we saw evidence that they used complaints to improve their service and raise standards of care. For example, a complaint had been raised regarding the admission process within the home and lack of communication with family with regards how a person who lived with dementia used to live their life, including set routines that made them feel settled. Documents evidenced the service had changed their entire admissions process to reflect and incorporate the points highlighted within the complaint. The registered manager said, "Our new pre admission assessment meeting really helps us get to the heart of how people wish to be supported. This was changed as a direct result to a complaint we received".

Good

Is the service well-led?

Our findings

The registered manager and the head of care took an active role within the running of the home and had good knowledge of the staff and the people who lived at Waypoints. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. However, where areas of concern had been identified, changes had not always been made to help ensure quality of care was maintained. For example, a medicine audit highlighted that the temperature log for medicine that required refrigeration had not always been recorded. We found gaps still appeared on the temperature log during our inspection. The person responsible for actioning the changes had been fed back to, and dates had been set for when all the changes would be fully implemented. However, the registered manager or the head of care did not always follow this through to confirm it had been achieved. The registered manager accepted this should have been followed up. They had immediately set a date to complete a new medicines audit. They stated they would personally follow this up after one week, to ensure action had been taken and make sure quality of care was not compromised.

People, friends, family and staff all described the management of the home to be approachable, open and supportive. Relatives told us, "The management are so nice and easy to talk to, they know everyone so well and always have time for you" and "I've always found there to be someone senior available when I've needed them". Staff comments included; "The manager is very approachable, they work with you and are visible" and "The management are always contactable, I'm incredibly well supported". A healthcare professional stated, management were open and very co-operative.

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they were given plenty of opportunity through various means to voice and share their opinions and ideas they had. For example, a suggestion box situated in the staff room. Comments included, "I had an idea to give the bistro a 1940's diner look, I was asked to do some research into it by the manager. I produced a plan and it was put in place" and "I suggested doing a car wash at the fete we are holding on Saturday to raise funds for the home. This was agreed. I also do a monthly newspaper for the people of waypoints which was my idea".

The registered manager sought feedback from people and those who mattered to them in order to enhance their service. Questionnaires were conducted and forums were held, that encouraged people to be involved and raise ideas that could be implemented into practice. For example, a nurse had been put in charge of each unit within the service. People now had a direct point of reference. Relatives felt this meant strong relationships could be built and consistency of staff would help people who lived with dementia. Relatives told us they felt their views were respected and had noted positive changes based on their suggestions. A relative said, "I have suggested in the past that some carpets could do with replacing. I have just been told by the manager that the funding for this has been agreed, and the carpets will be changed very soon".

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken. Examples include, staff requested the purchase of a second set of weighing scales to speed up and aid practice. These had been bought and were in place and allocation sheets had been implemented into practice following a staffs idea. This provided each member of staff with a quick reference sheet of people's needs. One member of staff told us, "I felt one person would be better supported if they moved to another area of the home, I discussed this with the nurse in charge and they agreed. This was then discussed with the person and their family, and they agreed to the move, they are doing really well". If suggestions made could not be implemented, staff confirmed constructive feedback was provided as to why. Staff comments included, "We have team meetings every month, they are good. We are able to make suggestions, ask to try various things and we all sit around and talk about it" and "We talk about things that we have discussed at previous meetings and whether or not things we have tried have worked or can be improved further. We are given feedback but also asked to feedback ourselves"

Good

Is the service well-led?

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support. A health care professional commented that with such a large care environment it was very positive that things were not lost in translation, advice was followed, staff were receptive and communication was good.

The service inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included; "We have an employee of the month award. I have won it three times, a bit of praise goes along way and makes you want to improve even more", "I love my job to be honest, I love how I can give something back", and "In the past in other jobs I have dreaded going to work. Here I look forward to it; I do really like my job. It is a very friendly atmosphere and everybody gets on".

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately. One member of staff commented, "I went to the manager once about a colleague. I was told by […] that they were pleased I had come to see them. I was worried at first, but I was so well supported. I wouldn't hesitate to raise something again in the future, as I know I would be supported".

The service promoted a positive culture through strong links with the local community. The registered manager talked us through various research projects that they have undertaken with local schools and universities to provide a high quality service. These were mainly designed to focus on relieving people's distress and anxiety. Examples included, a talking picture frame, which combined photos of loved ones together with their voices. A robot skype programme, which used visual and verbal prompts from relatives to aid independence, and a song list for life project that used songs that had real meaning to individuals from their past, loaded onto an I-pod that can be easily transported to a person's room.

The service worked in partnership with Plymouth University to help support health and social care students. A social work student who had recently been supported by staff to complete their placement had been involved with producing new hospital passports for people. These contained vital information hospital staff would need to know about people in order to provide them with the care and support they needed. The registered manager said, "The work our recent social work student carried out was exceptional, students have lots of really good ideas and they are fully up to date with current best practice. They learn from us and we learn from them. We have just been approved to support mental health nurse students, this will be an excellent opportunity for us".