

Porthaven Care Homes Limited

Wiltshire Heights Care Home

Inspection report

Cottle Avenue
Off Berryfield Road
Bradford On Avon
Wiltshire
BA15 1FD

Tel: 01225435600

Date of inspection visit:
23 January 2019
24 January 2019

Date of publication:
10 April 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Wiltshire Heights is a care home which provides accommodation and nursing care for up to 63 older people, including people living with dementia. The home is arranged over three floors, Robin, Willow and Poppy. At the time of our inspection 54 people were living at the home.

People's experience of using this service:

People received an outstanding leisure and wellness service which catered to individual interests and abilities. People had a comprehensive and varied menu of activities to choose from and were involved in the development of clubs and programmes for the home.

People received outstanding end of life care which was compassionate, holistic and sensitive. Families were generously and respectfully supported during this time and were able to stay with their relative or visit around the clock.

People received an outstanding caring service. People told us they received very kind and respectful support from staff who promoted their abilities. Staff promoted people's privacy and dignity and enabled them to make choices and have as much control and independence as possible

The registered manager had made improvements since the last inspection to ensure people always received safe care and treatment. People told us they felt safe.

People benefited from the development of closer links to their local community which included intergenerational events.

People were cared for by well trained and skilled staff who knew their needs and how they liked to be supported. The whole staff group worked as a team to support people in a person centred way.

People had access to plenty of food and drink throughout the day and were served by a hostess. People told us the food was very good and there was plenty of choice. Meals were appetising and served in a calm and organised manner.

The service was well-led. The provider's quality assurance processes were effective and there was a focus on continuous improvement. The registered manager provided good support for staff to be able to do their job effectively.

More information is in Detailed Findings below.

Rating at last inspection:

Good overall, Requires Improvement in Safe (report published 6 July 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform when the next inspection should take place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service had improved to good in safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service had improved to outstanding in caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service had improved to outstanding in responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

Wiltshire Heights Care

Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The area of expertise for this expert by experience was in caring for older people and dementia care.

Service and service type:

Wiltshire Heights is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on 23 and 24 January 2019.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with eight people to gather their views about the care they received. We spoke with 11 relatives. We looked at records, which included seven people's care and medicines records. We also looked at a range of records about how the service was managed. We spoke with the registered manager, the deputy manager, the regional director, the clinical director, the clinical nurse lead, the training manager, the client services manager and the residential care manager. We also spoke with 14 members of staff including nurses, the leisure and wellness team, kitchen and housekeeping staff. We spoke with and received feedback from four professionals who visited the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- At the last inspection we found that the recording of some topical medicines was not completed consistently. At this inspection we found the provider had made improvements.
- The home had implemented an electronic medicines management system since the last inspection. We observed the system being used as part of the medicines administration round.
- The system alerted staff as to who was due their medicines and when, and this also included the application of topical prescriptions, such as creams and lotions. As staff administered the medicines, the running stock balance was automatically altered.
- In addition, nursing staff also completed medicine stock checks manually, to ensure they were present and correct. Staff told us this system had improved efficiency and accuracy when administering medicines.
- The home had appropriate protocols in place for managing 'as required' medicines and 'homely remedies', such as cough linctus. Dates were recorded on opened bottles and there were regular recordings of fridge temperatures.
- There were suitable arrangements for storing and recording medicines that required extra security and access to medicines was restricted to authorised staff.
- This meant medicines were managed, administered and stored safely.

Assessing risk, safety monitoring and management

- At the last inspection we found that staff were not completing risk assessments relating to malnutrition correctly. At this inspection we found the provider had made improvements. People were protected from risks.
- Care plans contained risk assessments for keeping people safe whilst also maximising their independence. We saw risk assessments for, amongst other areas, malnutrition, falls, moving and handling, skin integrity and bed rails. Risk assessments identified hazards and actions for staff to take to minimise those risks.
- People's care plans contained personal emergency evacuation plans and the directions for staff were clear and concise. All risk assessments were reviewed monthly.
- The home had a new software system to monitor that people had been 'seen' throughout the day. These were in place for people where risks had been assessed. The 'sighting chart' was recorded at regular intervals and was in the form of an unobtrusive visual check that the person was safe and well.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Wiltshire Heights.
- There were effective safeguarding systems in place. Staff were knowledgeable and had the confidence to identify safeguarding concerns and act on them to protect people. They told us they would report concerns to their team leader, the nursing staff, or the management team. One staff member said, "I would first report to a team leader. If I felt they were not acting appropriately I know I could go to a nurse, or straight to management."
- Staff knew who they could contact outside of the organisation and understood how to whistle-blow to CQC. Whistle-blowing is the process of speaking out and reporting poor practice.
- Appropriate referrals to the safeguarding authorities had been made by the registered manager. Staff were invited and attended safeguarding meetings relating to the person they were supporting, to aid and learn from the process.
- A relative told us, "I have absolutely no concerns about safety here whatsoever. The home is faultless."

Staffing and recruitment

- Robust pre-employment safety checks were completed.
- There were sufficient numbers of staff on duty to meet people's needs at every shift. The home used a dependency tool to identify appropriate numbers of staff and levels were consistently above the required amount.
- Staff told us there were plenty of them available which gave them the opportunity to spend quality time with people. The registered manager had introduced a 'twilight shift' which was fully staffed.
- A relative told us, "A good test of anywhere is staff attitude. The staff team here are consistent. They are happy to help. They want to do a good job for the people living here."

Preventing and controlling infection

- People were protected from the risks of infection. Staff told us they had training in infection control practices and we observed hand gels, paper towels and personal protective equipment (PPE) in place.
- The whole home was very clean and fresh, including sluice areas and bathrooms. People's rooms and communal areas were cleaned regularly.

Learning lessons when things go wrong

- Incidents were recorded on a new software system and were reviewed by the registered manager and the regional director before being closed. They could reflect on and review the quality of the actions and the findings were fed down to the staff group. Different actions included referrals to health and social care professionals, additional staff training and changes to people's care plans. The registered manager told us, "This system is more focussed and sophisticated."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed prior to moving to Wiltshire Heights and risk assessments were in place within the first 24 hours of admission.
- Care and support plans were reviewed monthly and each person was 'resident of the day' once a month. This meant their assessments, care, support plans, wishes and choices were re-visited and updated.
- Staff applied their learning effectively in line with best practice to deliver good quality care and support to people.
- The home had a daily morning meeting with all the senior staff to handover and keep updated on people's needs. A first aider and fire warden were appointed daily at this meeting and an activity champion for each floor of the home.
- The home had a call bell monitoring and software system in place from which the registered manager could determine if a person's care needs had increased from an increased frequency of calls. By assessing this information, the registered manager created a new 'twilight shift' to support people and night staff due to increased demand between 8pm and midnight.

Staff support: induction, training, skills and experience

- People benefited from staff who had a varied and comprehensive training programme.
- New staff followed a four-day induction programme which consisted of a mix of face to face and e-learning. They undertook a minimum of four shadow shifts which included a night shift. New night staff also shadowed during the day. This meant new staff knew how the home ran throughout a full 24-hour period which aided handover and team bonding.
- Competencies were observed and fed back to the training manager. They told us, "It is more person centred, if staff know how the resident is, day and night, they have a full picture."
- All staff including housekeeping, kitchen and care staff had training in, amongst others, health and safety, infection control and safeguarding. Again, the emphasis was on providing person centred care. The training manager told us, "The resident is in the middle, all staff have the same level of knowledge which makes them feel part of the team. We are all here to look after the resident."
- The training manager told us they were always looking for training to enhance specific roles within the staff group. For example, 'cleaning knowledge and skills' for housekeeping staff, 'enhancing the service user experience' for reception staff and 'tail lift training' for the minibuses for support staff. They added, "There is a constant rolling programme of training, if someone comes to me and says they want to do something, I will try and source it."
- The registered manager told us that they were keen to develop staff career opportunities and two team

leaders were being supported to undertake a degree apprenticeship in nursing.

- The matrix confirmed that staff training was 98% complete. The software system sent an alert to the training manager when training was due so they could plan it into the staff members rota.
- This meant that people were supported by staff who had the skills and knowledge to meet their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the meals provided and the food was of good quality and appetising.
- People had choice and access to sufficient food and drink throughout the day, meals were well presented.
- Where appropriate we saw food and fluid intake monitoring charts in peoples care records to improve nutrition and hydration. We saw that one person who was having their fluid intake monitored had achieved their fluid goal consistently for the week prior to the inspection.
- Where people required their food to be prepared differently, for example a soft or pureed diet to assist with swallowing, this was catered for.
- We observed sufficient numbers of staff to support people at mealtimes.
- Two people were supported to increase their appetite and improve nutrition by having culturally specific meals individually prepared by the chef.

Adapting service, design, decoration to meet people's needs

- The home was pleasantly decorated. Most rooms were large and spacious and had people's personal items to make them homelier.
- There were quiet lounges and TV lounges and the recent addition of a library lounge, following people's involvement and feedback. There were comfortable seating areas in the busy areas where people enjoyed watching the hustle and bustle of visitors and talking with staff.
- There was level access outside space which had recently been improved with planting, again following people's involvement and feedback.
- People on Willow had memory boxes and pictures near their room door to help them identify it.
- Corridors were wide and light with handrails along the full length to support people with their mobility.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare professionals such as the dentist, optician, chiropodist, community nurse, hospital and GP.
- Local GP's visited weekly and staff ensured people who required treatment were added to the GP visiting list. We spoke with two GP's who told us communication was good and staff followed medical instructions.
- Guidance from healthcare professionals and outcomes from appointments and treatment were documented in peoples care and support plans. One person required a change in their medicine for Parkinson's Disease, as staff had identified through their monitoring an increase in falls. Following an appointment with the specialist neurology services, the person's medicine administration times were adjusted. This resulted in steadier mobility and a reduction in the number of falls.
- People who required pressure relieving equipment to support their skin integrity, had specialist mattresses and chair cushions in place. These helped to reduce the likelihood of skin breakdown due to spending long periods of time sat down or in bed. Records showed that pressure relieving mattresses were checked daily to ensure they were on the optimum setting. Where people required assistance to reposition, records evidenced that this support was received in accordance with their assessed needs.
- The home had produced a local healthcare services directory in response to feedback from people and relatives who had requested information.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Where appropriate, mental capacity assessments had been robustly completed along with their corresponding best interest's decisions. In addition, where people had capacity to make their own decisions, this was also documented.
- The provider had made appropriate applications to the local authority for DoLS and had a tracker system in place to monitor progress. One had been authorised and we saw that the conditions were being met. Reviews were carried out regularly to monitor the appropriateness of restrictions in place.
- People had appropriate representatives in place to help them with consent and decision making, such as Lasting Powers of Attorney (LPoA) for both Finance and Affairs and Health and Welfare.
- The staff we spoke with were knowledgeable about the Act and how to apply this in their work with people. This meant the provider was fully compliant in meeting the lawful requirements of the Mental Capacity Act (2005).

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- People were always treated with kindness and provided with exceptional care by staff with a very caring attitude. People told us, "I've been very happy here, the staff are first class, excellent. The staff are kind, they have the attitude that nothing is too much trouble for them", "The staff are lovely, they look after me and if they know I'm on my own they come and help me more, they're very good" and "The staff are very kind, I'm as happy as I could be anywhere and I feel they're all doing their best."
- People and their families received extremely sensitive and compassionate support at emotionally difficult times. We saw highly appreciative communications from two relatives whose family members had appropriately 'journeyed through' the care home as their needs had increased to end of life care. Different members of staff had taken the time to visit people in their new rooms to support with their transition and unfamiliar environment. This helped to maintain relationships and demonstrated a dedication to the person's emotional welfare as their support needs had changed.
- Comments from relatives included, '[person] found it difficult once no longer able to walk...your staff supported us during [the move] to nursing care and were always kind and understanding' and 'we want to give a huge thank you to the nursing staff. They were so caring and really helped us all through those difficult days.'
- Staff told us they enjoyed their roles and took great pride in the support they provided. Comments from staff included, "It is a pleasure to come to work. I like caring for people and spending time with them" and "I like each individual resident, they like your help and it might be that they just want to have a chat, but it is like a friendship with each person here." We observed staff to be very kind and courteous when interacting with people.
- The home played an active part in the local dementia action alliance group and were instrumental in developing programmes to raise awareness of dementia. These included an inter-generational group of preschool children and people living at Wiltshire Heights using reading, craft and music.
- A 'virtual dementia tour' to better understand the sensory deprivation felt by people living with dementia was promoted to include other community organisations and care homes. As well as a matinee film club which provided a smaller, calmer experience when viewing big screen movies.
- The registered manager was actively involved in the 'Forget me Not' research project at Bristol University.

The focus was on gaining insight into personal experiences of a dementia diagnosis and the individual support required. Research information was relayed back to the staff team who reported they had more appreciation of how the diagnosis affected people and their families.

Supporting people to express their views and be involved in making decisions about their care

- Staff used effective practice and innovative ways of communication to support people. One person had verbal communication difficulties. The home developed a set of personalised flash cards with pictures of everyday items and instructions. These enabled the person to communicate decisions and choices about their care and support needs.
- People and their relatives were invited to a 'Makaton working group', to decide on words to learn signs for, which were specific to Wiltshire Heights. Makaton is a form of sign language. This was to aid communication and to be able to communicate more discretely using signs, if or when required.
- People were supported to use modern forms of electronic technology communication which enabled them to talk to and see their relative overseas. The home was fully compliant with the accessible information standard.
- The home pro-actively promoted equal access to and the sharing of information for people and their relatives. They supplied an information, advocacy and welcome pack to each person which was available in different formats including different languages, larger print, electronic and audio versions.
- Some staff had a specific interest in mediation and conflict resolution. The home had participated in a 'world summit' regarding the emerging area of 'elder mediation'. Skills learned would be offered in addition to care reviews, support meetings and advocacy. This meant people receiving support were listened to, alongside all parties expressing their views.
- Staff showed high levels of empathy for people's expressive emotional needs and mental health. One person's care plan explained that they may display behaviours that could be challenging. Staff were directed to offer the person plenty of time to talk through how they were feeling. A modern technology app which created soothing and calming sounds, was used to support people with anxiety and low mood.
- The home supported social needs for people living at Wiltshire Heights, which also built on strong links to the local community. For example, following consultation with people and the development of life histories, The Men's Shed, The Haven Café and The Tavern were created. These enabled people to build relationships with others around the home, reminisce about shared experiences and work on projects in a familiar setting.
- People and relatives were encouraged to add their views to a national care home review website. The feedback was very positive achieving a high 9.7 score. Comments included 'Wiltshire Heights exceeds our high expectations for our mum in care', 'The staff are exceptional' and 'A wonderful modern home which actually feels like home.'

Respecting and promoting people's privacy, dignity and independence

- The staff offered extraordinarily compassionate and caring support to people and their families to maintain connections and important relationships. Much of this support was highly individualised according to people's specific situations. For example, arranging a visit to a loved one's grave and enabling a couple to

have independent short drive's in the country.

- The registered manager facilitated couples to move into Wiltshire Heights together, to maintain their relationships, whilst receiving the individually assessed care they required. Rooms next door to each other were made available. Care planning included support to enjoy quality time together.
- A person with a physical disability was supported to be as independent as possible by making adaptations to their environment. They used electronic assistive technology to manage their TV, lights, curtains and call bell. In addition to a specialised piece of equipment which meant they could re-position themselves without the manual support from staff. This promoted their dignity as well as maintaining their independence.
- We saw numerous thank you cards and compliments from relatives of people. Comments included, 'A huge thank you for everything you all did, she felt very comfortable here and we knew she was being well looked after' and 'Thank you all so much for looking after our mother so well, she could not have had better care and she always looked so lovely, it was a joy to visit Wiltshire Heights with all the friendly staff.'
- Following team discussions around promoting dignity, the home had recently introduced the use of 'dignity screens'. Tri-fold decorative screens provided privacy when using moving and handling equipment in communal areas. This meant staff were conscious of how interventions would feel for people. Their solution meant people were treated with respect and dignity when being supported.
- Meals were served by staff wearing white cotton gloves and trays were laid with napkins. All tablecloths and bed linen were pressed white cotton. Peoples clothes were all hand ironed. The head of housekeeping took pride in this aspect of their role saying, "We want it to be nice for people and there's nothing better than going to bed in crisp cotton sheets."
- When people had birthdays, the kitchen staff made them a celebratory birthday cake. People and their relatives arranged their birthday party with the chef. One relative said, "To be able to share [person's birthday] with the residents and staff made it a very special occasion for her, not forgetting the superb birthday cake made by the chef and his team was a very kind gesture indeed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The home had an exceptional leisure, wellness and community engagement programme, which provided high quality experiences to increase people's well-being.
- The provider actively promoted the importance of social contact, companionship and person-centred activities to enable a good quality of life at Wiltshire Heights.
- There was a comprehensive, varied seven-day menu of inclusive opportunities for people which had been developed with people, based on their interests and ideas.
- We saw a photo album documenting some of the activities that had taken place throughout 2018. These included, chocolate tasting for Valentine's Day, a photography club, gentleman's club, and a pampering evening for Mother's Day.
- There was an activities team of three coordinators and areas of the home on different floors that could be used for activity sessions. This included, the music room on the second floor, where we were advised that karaoke, musical entertainers, and music therapy sessions took place.
- Mornings consisted of regular 'breakfast chats' and exercises specifically adapted to the abilities of people living in different areas of the home. A staff member told us, "exercises on all floors are tailored to their ability and their needs. Robin routine is around joints, Willow is musical orientated, one to one, a bit of movement using a shorter framework so their retention is good. Exercises on Poppy are geared to the movement they have, to build neck strength, arms, feet and knees. We never set them up to fail. We ensure they are doing something, achieving something, even very little movement."
- One person was complimentary that there were also intellectually stimulating activities such as, play reading and poetry. A 'modern world' club was developed in response to people's previous interests in lifelong learning through the university of the third age. The name 'modern world' was suggested by people and they were invited to conduct talks and contribute their knowledge. The 'play reading' club used modern technology by joining on line facilities to access appropriate scripts. Some residents performed their play at the Wiltshire Heights talent show.
- At the inspection, we saw that people were making bird feeders, as part of the National Bird Watch survey taking place the same week. The leisure and wellness coordinator explained that the feeders would be hung in the garden and that people could view these from the dining areas. They said that people could then count and name the types of birds observed and take part in the national survey.
- One person was supported to design, create and sell their own Christmas cards to raise funds for their chosen interest - to sponsor a donkey at a sanctuary.
- The home supported one person to maintain interests they shared with their son. A staff member enabled them to access a satellite TV station to watch a live football match of their favourite team.
- Another person's passion was golf but they had not been able to attend due to a decline in their physical

ability. The home facilitated the person and friends to attend the local golf club to socialise and rekindle their interest.

- During 'Commonwealth Week' people 'travelled around the world' as they experienced the food and culture of various commonwealth countries every day. These included, kangaroo from Australia and jerk chicken from Jamaica.
- People were also encouraged to be involved in everyday life activities with staff if they wanted to, i.e. helping with laundry tasks, using a carpet sweeper in their room and laying the lunch table. Staff told us "It is more meaningful to people who have done these things their whole lives."
- The home took a key role in the local community and was actively involved in building further links. Events included, hosting an information conference on care providers in the local area, facilitating dementia awareness sessions and experiences to aid local learning and taking part in Bradford in Bloom. The home competed against other private homes and community organisations. People living at Wiltshire Heights contributed by planting up flowers and making decisions about how to design the garden. The new outside space was opened by The Mayor of Bradford.
- People living at Wiltshire Heights took part in a live outside broadcast interview with a local primary school radio station. The interviews were recorded and uploaded onto a music media platform which was accessible to other people and visitors to listen to.
- People and their relatives expressed high levels of satisfaction with the quality and variety of activities. Some of the comments we received were, "I enjoy the visits from Alfie (the pet assisted therapy PAT dog) who comes in on Mondays. I look forward to it and the amazing thing is that after a fortnight he knows my room. I like to hold and stroke him", "If you're interested and you want to do things, there's enough variety. There's a minibus that takes us out to various places, and if I'm feeling alright I do like to go" and "I like to talk to the children. We had quite a chat about why I was living here, and they asked a lot of questions."
- One visitor said that staff had transformed their friend through the activities programme, "[person] hadn't been out for years and hadn't really spoken to many people, now they have so many friends and interests, and spends a lot of time sitting in discussion groups, and is always doing something. They've always given choice but have encouraged [person] to participate. They've improved their concentration through jigsaws and helping with crossword clues."
- Following feedback from people during a residents meeting, hand bells were placed on the garden tables and whistles which could be worn on the wrist or attached to their clothing, to gain attention when needed outside.
- Menu choices were discussed with people. The chef said, "I speak to the residents. We sometimes have a group meeting. Most days I try to have a chat with them as well. It is a good way to get ideas from them. I like to go and see residents as often as I can." The chef explained that they meet with people within the first three days of them moving into the home, to discuss their likes and dislikes.
- The chef was kept up to date about any nutritional and dietary requirements, by the nursing staff and through attending staff meetings. They explained that, where required, meals were fortified, to support people to maintain their weights. In the kitchen there was a large board, with each person's name, photograph, dietary requirements, any allergies, as well as their likes and dislikes.
- One person was assessed as requiring a soft or pureed diet to meet their swallowing needs following assessment by the speech and language therapist. We saw that the consistency of food and types of foods were clearly detailed in their care plans. We observed staff supporting the person with the correct food type provided by kitchen staff.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of the complaints procedure and that they could raise any concerns they had, with the management team. They told us they had total confidence that any issues raised would

be and have been dealt with. One relative said, "I haven't got any complaints but I'm confident there'd be a positive response if I did."

- Comments from people included, "I could talk to the staff or the manager, they would listen and take action if needed", "My TV broke down and it was sorted out very quickly", "My mattress wasn't working properly and that was dealt with straightaway" and "The patio upstairs had no shade and it was very hot, I spoke to [the home manager] and the next day, there was a risk assessment done and a table, chairs and sunshade in place, all within 24 hours."
- The service's software system ensured that each stage of responding to a complaint was completed before moving onto the next. All complaints were signed off by the registered and areas managers. At the time of the inspection no complaints had been received.

End of life care and support

- The clinical lead nurse was very passionate about providing a bespoke, sensitive and highly empathetic service to people and relatives, when receiving care towards the end of their lives.
- Relatives we spoke with confirmed that the quality of care was outstanding. One told us their father received the highest quality of care, "Nothing was too much trouble, anything he or we needed, they managed his pain. I came in every day and the staff made me feel very welcome, it felt like home", "They constantly reviewed and adapted his care plan. I was and he was incredibly lucky to find this place, they are very, very kind he loved it and was very happy."
- The staff had received training from the local hospice who had recommended Wiltshire Heights to relatives when there were no beds available due to their excellent standard of end of life care.
- End of life care plans were written with the person's involvement where possible, their wishes recorded and decisions made on the type of care they wished to receive. Plans were candid and informative but considerate and sensitively written. The clinical lead nurse told us, "You talk about it with people, without fear and in a positive way, to make it easier when the time comes."
- Staff checked if the person was aware of their condition. They detailed specific personal information about how much physical contact the person would be comfortable with, for example, would the person like to have someone sit with them, or hold their hand? One person had specifically recorded that they did not wish to die alone.
- We saw daily records which showed how caring and thoughtful the staff had been whilst providing care. The person was not well enough to receive full assistance but received gentle mouth care every two hours to 'maintain comfort and dignity' and was 'very comfortable and not in any distress'. Also using skilled clinical judgement to decide between maintaining the person's comfort and rest alongside the frequency of re-positioning, to protect their skin.
- The home generously and compassionately supported the families of people who received end of life care. A family member wanted to stay with their loved one during their final stages of care. The home made up a bed and moved it into the person's room, so they could be with them day and night. Other families were supported by having access to round the clock visits and providing meals and hot drinks.
- The home had a policy to promote privacy, dignity and respect for people receiving end of life care and their relatives. They used a small butterfly motif on the door and all staff were aware of its meaning. There was a heightened awareness to act appropriately and compassionately around these areas.
- The home offered different therapies to provide comfort such as aromatherapy and hand massage. They had strong links with local churches and a specialist Soul Care Doula (a complimentary therapy provider who facilitates a natural, peaceful and dignified passing). They supported people and their families through the end of life journey in a spiritual or secular manner.
- The home drew on the guidance used in the Gold Standards Framework for end of life care to provide best practice care and support. As part of their actions for development the home was making plans to work towards accreditation.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a clear vision for the service which prioritised person centred, high-quality, compassionate care. The registered manager had a good understanding of their responsibilities under the duty of candour and demonstrated a culture of openness and transparency. The registered manager told us, "My door is always open, the way staff support each other feels like it has knitted together."
- The registered manager and deputy had worked hard to implement new systems and to develop a senior team who shared their vision and were actively involved in the running and development of the service.
- A strength mentioned by several people was the friendliness of the staff and the approachability and responsiveness of the manager. Family and friends were enthusiastic in their praise and said they would, or had recommended the home to others.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff we spoke with were highly complementary about the management team at Wiltshire Heights and felt supported and fulfilled in their roles. Comments included, "It's always improving, she's a brilliant boss. We have very strong managers. It makes you feel safe, you can ask them anything", "[The registered manager] is lovely, she always says we can go to her if we have any problems, any concerns, we can go and speak to her. She is very approachable, and you know she will get things done" and "We see [the registered manager] every day, she always walks through each morning and says hello to us all and makes sure we are ok."
- There were several layers of checks in place for reviewing auditing and monitoring of the quality of the service and documentation. Senior management could access systems remotely to review information and carry out quality and monitoring checks.
- The registered manager had submitted notifications and referrals to safeguarding appropriately and was compliant in meeting the regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and the local community.

- The registered manager positively encouraged feedback and acted on it to continuously improve the service, involving people in reviewing concerns or incidents to prevent them happening again.
- The home produced their own quarterly newsletter which celebrated past celebrations and promoted new events. A resident profile (with permission) in each edition focussed on the individual expressing their opinions on what they liked most about living at Wiltshire Heights. In addition, the profile meant they were 'introduced' to the rest of the home.
- The registered manager was complimentary about her staff group saying, "I have an amazing team, most of us have worked together since 2003, there is a massive family feel amongst staff and residents and relatives."

Continuous learning and improving care

- Staff felt that changing to an electronic care planning and record keeping system had led to improvements in the quality of documentation. Their comments included, "It is so much more organised. I love the new systems, I can find everything I need", "Everything is easier, I know where to find things now" and "They are tidier and you can see at a glance what is going on, you can look back on the days before easily, it is really handy."
- The home was looking at ways to better utilise two unused bathrooms on Robin and Willow floors. Firstly, to improve the dining experience for people living with dementia on Willow. The registered manager told us the dining room was too small to comfortably sit all residents and staff who may need to assist people on a one to one basis. The room also became quite lively and noisy with chatter, conversation and visitors. It was recognised that people coming from a smaller, quieter dining space at home may find this experience distressing. "Protected dining on Willow will make it quieter, a calmer ambience to help people feel more relaxed to be able to eat independently without distractions." The bathroom conversion would provide extra dining space for people to choose from and have more opportunity to move between dining spaces during meal times, putting people in control of how they wanted to use the dining areas.
- People living on Robin were invited and encouraged to give their feedback on how they wanted to utilise the unused bathroom on their floor. Ideas generated ranged from a small cinema to a gym.

Working in partnership with others

- The home had made good links with their local area and were involved in many community projects. This supported people living at Wiltshire Heights to feel more integrated into their community and aimed to break down barriers between generational groups.
- They worked closely with health and social care professionals to deliver support which met people's needs.