Bupa Care Homes (AKW) Limited

Wingham Court Care Home

Inspection report

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Surrey
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Wingham Court Care Home is a BUPA care home which provides long-term nursing care and short stay care for up to 73 younger people. The house offers specialist support for those who have experienced a brain injury or for those who have challenging behaviour. At the time of the inspection there were 69 people at the service.

People's experience of using this service:
● There was a risk that people's rights were not protected because staff did not always act in accordance with the Mental Capacity Act 2005 (MCA). Where people's capacity was in question MCA assessments were not always taking place.
● Records at the service were not always robust and required improvements to ensure accurate information was available in relation to people's care. More appropriate terms were needed to describe some aspects of the service.
● The deployment of staff required some improvement in two areas of the service to ensure that people received care when it was needed. We have made a recommendation around this.
● People told us that they felt safe. There were appropriate systems in place to ensure that any risks associated with people's care was managed well by staff.
● The clinical care for people was effective. People were supported with their health needs where necessary.

● Staff were provided with training and supervision in their role and were encouraged and supported to progress.
● People told us that they enjoyed the food at the service. Where people were at risk of malnutrition and dehydration appropriate steps were taken to support them.
● The environment was adapted to suit the needs of people living there.
● People were treated in a caring and dignified way. They were involved in decisions about their care.
● Staff knew people well and provided care that was reflective of their needs. Care plans had detail about the best way to deliver their care.
● End of life care was discussed with people and recorded to reflect their wishes.
● There were sufficient activities for people around their interests and hobbies.
● Complaints were recorded, investigated and responded to appropriately.
● There were systems in place to review the quality of the care being provided that included audits, meetings and feedback questionnaires.
● People, relatives, health care professionals and staff were complimentary about the leadership of the service.
● Where appropriate notifications were sent to the CQC by the registered manager.

Rating at last inspection:

● At the last inspection the service was rated Good (the report was published on the 13 October 2016)

Why we inspected:
● This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
● We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

Please see the 'action we have told the provider to take' section towards the end of the report.

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 was not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Wingham Court 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:

● Our inspection was completed by three inspectors, a nurse specialist and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge about personal care of adults using this type of service.

Service and service type:

●This service is a care home that provides nursing and personal care to people some of whom have an acquired brain injury and those who have a mental health diagnosis.

●On the day of the inspection the registered manager was present at the 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:

● Our inspection was unannounced.

● The inspection took place on the 7 February 2019.

What we did:

●Our inspection was informed by information we already held about the service including notifications that the service sent us. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House.

● We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make.

● We spoke with nine people who used the service.

● We spoke with the registered manager and 12 members of staff. We also spoke with one visiting health care professional who was visiting the service on the day of the inspection.

● We reviewed nine people's care records, medicine records, audits and other records about the management of the service.

● We requested additional evidence to be sent to us after our inspection that related to training and quality assurance. This was received and the information was used as part of our inspection.

● After the inspection we received feedback from one relative and four health and social care professionals.

Requires Improvement

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. However improvements were required around the deployment of staff.

Staffing and recruitment:

- On the day of the inspection we identified that the deployment of staff required improvement. This was specific to two of the four units at the service and in the afternoons when staff were taking their breaks or being busy providing care to other people.
- There were mixed response from people about whether they felt there were enough staff. One told us, "They are often short staff" whilst another told us, "I use a call bell and staff will come quite quickly."
- In one lounge people had very little interaction from staff for a period of 90 minutes. This was due to staff being busy elsewhere. On another unit, in the afternoon, a person that was unable to verbally communicate was sat in the lounge. The person was having problems making the television work and they were unable to gain the attention of staff for over ten minutes. This was because staff were busy elsewhere and had not seen the person trying to raise their attention.
- Staff fed back that at times there were not always appropriate levels of staff on each unit.
- Health care professionals also fed back to us that improvements were required around the deployment of staff.

We recommend that the provider ensures that there are always suitable numbers of staff deployed across the service.

- In all other areas of the service there were sufficient staff to support people. One person said, "The staff levels here are very good."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people. We saw that nurse's professional registration was in date.

Systems and processes to safeguard people from the risk of abuse:

- People we spoke with told us that they felt safe living at the service. One person said, "There is a button in my room if I need help." A relative told us, "I know he [their family member] is safe. I am never worried about staff are going to treat him."
- Staff understood what they needed to do if they suspected abuse. One member of staff said, "I would report it to the nurse immediately." Staff received safeguarding training and there was a whistleblowing policy that staff could access.

Assessing risk, safety monitoring and management:

● Hazards to people's health and safety had been assessed. Care plans contained risk assessments that detailed the steps staff should take to minimise the risk of harm. These included the risk of falls, risk of dehydration and nutrition, moving and handling, risk of choking and safe evacuation procedures. One member of staff said, "If the fire alarm goes, the doors automatically close and we go straight to a symbol to meet."
● Call bells were placed in reach of people when they were in their rooms. There was guidance in people's care plans to ensure that staff were aware of where the call bell needed to be placed. For example, one care plan stated, "Call bell to be placed by right hand." We saw that this was in place.
● If people in their rooms were unable to use a call bell due to the disability or cognition that there plans in place to ensure that staff checked on the person regularly.
● Detailed guidance was in place for people that required all meals to be given via a PEG (a medical procedure in which a tube is passed into a person to provide a means of giving food and drink). Staff were aware of the risks associated and actions to take to reduce risks.
● Staff used hoists and sliding sheets to transfer and reposition people. Each person was assessed by the physiotherapist to ensure that they had the correct slings and each person had their own slings.

Using medicines safely:
● People told us that they received their medicines when needed.
● There were appropriate systems in place to ensure the safe storage and administration of medicines.
● People's medicines were recorded in all the Medicine Administration Record (MAR) with an up to date picture of the person. Details of allergies, and other appropriate information for example if the person had swallowing difficulties was also included. We saw examples of medicines being given in yoghurt as this was easier for the person to swallow.
● There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use. Staff followed safe procedures when giving people their medicines. For example, we saw staff checked peoples blood sugar levels before their medicine was given.
●The medicine audit was undertaken regularly and all of the nurses had been competency assessed to ensure that they had the skills required to administer medicines.

Preventing and controlling infection:
● People were protected against the spread of infection within the service. Throughout the inspection we saw staff cleaning all areas of the service. We heard a staff member giving instructions about checking bathrooms and rooms for hand cleaning equipment.
● There was appropriate hand gels, gloves and aprons around for staff and visitors to use. One member of staff told us, "We disinfect and make things nice and clean. We use gloves."

Learning lessons when things go wrong:
● Incidents and accidents were recorded with action taken to reduce the risks of incidents reoccurring.
● We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. For example, one person was knocked over in their wheelchair whilst accessing the main drive. Although the person was not seriously injured to reduce further risks speed ramps were built to slow the traffic down.
● We saw that learning from incidents was shared across the service to ensure that staff were aware of any actions. For example, one person had an accident whilst receiving physio therapy in the gym. A full investigation was undertaken and staff were informed of all new processes to avoid reoccurrence. This included staff to never leave a person unattended whilst in the gym and closer working with internal and external health care professionals.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- There was a risk that people's rights were not protected because staff did not always act in accordance with the Mental Capacity Act 2005 (MCA).
- MCA capacity assessments were not always taking place where particular decisions needed to be made and the person's capacity was in doubt. For example, one person required bed rails. There was evidence that a best interest meeting had taken place in relation to the use of bed rails but there was no MCA assessment that related to the person's capacity or any evidence that the less restrictive options had been discussed.
- One person was resistant to personal care. Staff had drawn up an informal contract with the person (that the person had signed). However, there was no capacity assessment in place to ensure that the person understood this contract.
- We saw staff restricting a person's freedom. During lunch one person was repeatedly asked to sit back down when they stood up from the dining table. A member of staff held the person's arms as a prompt not to move. The person was only allowed to leave the table once their meal had been finished. A member of staff told us that they place a table in front of the person when they were seated, "We put the table there so [the person] can't get up or [the person] would roam around." This was restricting the person's movements without any MCA capacity assessment, best interest decision or DoLS application being in place that related to this decision making.

As care and treatment was not always provided with the appropriate consent this is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did see instances where MCA capacity assessments were taking place in relation to people's care. These were supported with best interest meetings and appropriate DoLS application. For example, in relation to lap belts on wheelchairs and the locked door on one of the units.
- People that we spoke with told us that staff asked them for consent before care was delivered. One told

us, "Yes they always ask unless we have an on-going agreement."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● Information about people's choices and needs had been obtained through pre-admission assessments. This was to ensure that they knew the service could meet their needs before they moved in.
●The pre-admission assessments included information about their medical history, communication, social, psychical, physical and personal care needs. This included what support people needed with their care.
● Information from the pre-admission assessment was then used to develop care plans for people.

Staff support: induction, training, skills and experience:
● People told us that they felt staff were competent in their role. One told us, "Definitely been trained to do their job, they are always doing classes [training]." A relative told us, "Staff are very aware of any changes in my husbands health."
● Staff displayed a good understanding of the care required for people living with an acquired brain injury. For example, there were people that required specialist equipment [including breathing equipment] in relation to their care safety and staff were fully trained and knowledgeable around this. One member of staff said, "We had all day training to learn about spinal and brain injury. It was really interesting and I learned a lot."
● The registered manager looked at ways of increasing staff knowledge when assisting people with behaviours that were challenging. We saw that additional training was being arranged. One member of staff told us, "We have physical [face to face] training so we know how to handle behaviours."
● Staff had appropriate training and development for the role. Staff demonstrated a good knowledge of subjects they had received training in and told us they were supported to obtain further qualifications if they wished. We checked the training matrix and found that staff had access to wide range of training including moving and handling and infection control. One member of staff told us, "The training prepared us. We have an induction and shadowing and refresher training too."
● Staff received appropriate support that promoted their professional development. Regular one to one meetings took place with the staff and their manager. Nursing staff had one to one and group meetings with the clinical lead nurse to provide them with additional clinical support.

Supporting people to eat and drink enough to maintain a balanced diet
● People and relatives told us that they were happy with the food and drinks that were provided at the service. Comments included, "It [food] is very good, it is a good selection too", "It is ok, nice simple food" and another person said that snack were available at night. They said, "Sandwiches and red melon which they know I particularly like. They place them in the fridge here in my room so I can eat it throughout the night." One relative told us, "They are always encouraging him to drink. He always has a cup of tea."
● During meal times people were offered a choice of food and drink. If people did not want the main meal choice they were offered alternatives. The chef was aware of people's cultural needs and preferences. Where people needed to have a restricted diet for example a soft diet they were also provided with a choice of meal.
● Staff monitored people's weight and if they were losing or gaining weight they were supported with this. For example, if a person was losing weight staff regularly weighed the person, recorded what they had eaten and drunk and where necessary referred them to health care professionals for advice. One member of staff told us, "If someone refuses food we will report it to the nurse and they may refer them to a dietician or the SaLT [speech and language therapist] team."

Staff working with other agencies to provide consistent, effective, timely care:
● Staff worked well as a team to provide effective care to people. The regularly discussed people's care. One

member of staff said, "It is easy to ask anyone or management. We have good team work."
● There was a handover with nurse and care staff at the end of each shift is to ensure efficient transfer of care. One member of staff told us, "If you have been on leave its useful to have the handover so that you can find out if there are any changes [in care]."

Supporting people to live healthier lives, access healthcare services and support:
● People told us that they received health care support when needed. One person told us, "I see the GP quite often." Another person fed back, "I have loved working with the therapists who made me feel like a normal person again. It feels like a miracle to have come so far in such a short time."
● People's care records showed relevant health and social care professionals were involved with their care. Records showed involvement of the in house physiotherapists, GP, specialist hospitals, psychologist, diabetic nurse, dietician and the Speech and Language Therapist (SaLT). Care records showed that people had regular annual eye checks, regular involvement of the chiropodist. Staff followed the guidance provided the health care professionals.
● Health care professionals fed back positively about the service. Comments included, "I believe that the level of care is excellent" and "The clinical management team have been particularly supportive with care planning."

Adapting service, design, decoration to meet people's needs:
● The environment was set up to meet the needs of people. The environment was clear, well lit, the corridors wide and were fitted with rails to aid with mobility. The flooring was in good state of repair and free from obstructions. People had walking aids and wheels chairs to assist them. One person told us, "I can get around really well when I'm in my chair."
● People had adapted wheel chairs and counter tops in the dining rooms were raised for people that were using raised wheelchairs. People's ensuite bathrooms were adapted and to support people's independence.
● There was a purpose built gym at the service that people could use. One relative fed back, "The recent renovation has made the gym spacious and nice."

Good

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

Ensuring people are well treated and supported; equality and diversity:
● People told us that they felt staff were caring. One told us, "They stop and cheer me up when I feel low." Another told us, "They do their best to be kind." One relative fed back, "Myself and my husband have found staff demonstrate great patience and a caring attitude towards her [their family member]." Another told us, "Stall always have a smile on their faces."
● On the day of the inspection we observed some genuine and caring interactions between the staff and people. During on activity we saw the member of staff chatting with people. People were trying to think of jokes to share and this caused laughter. Staff knew people and developed good relationships with them. During the activity the member of staff congratulated people on how well they had done, giving out certificates and people clapped.
● We observed other examples of where people and staff had developed caring relationships with each other. For example, one staff member gave someone a high five when they called over to them. The person was telling the staff member they loved them.
● Staff understood how best to communicate with people that were unable to verbally communicate. One staff member used a hand sign (tapping on the palm of the person's hand) to gain their consent to go through for lunch.
● People were supported to practice their faith. People were taken to their local place of worship and regular in house church services were being organised.

Supporting people to express their views and be involved in making decisions about their care:
● People told us that they were involved in their planning of care. One person said, "This is my home it is like a family and I am very settled. I just love it here. They try to understand me."
● Throughout the inspection staff involved people in decisions around their care. For example, we heard staff speaking discreetly to people explaining what they were about to do before taking them out of the lounge. One person was asked if they wished to join the activity which they declined. Staff chatted to them briefly but respected their wish to be alone
● There were people that had assisted technology. Staff were patient when people used the technology and ensured that they had time to respond to how they wanted their care to be delivered.

Respecting and promoting people's privacy, dignity and independence:
● People told us that they were treated with respect and dignity. One person said, "I make music and they want to listen to it and they give me their honest opinion, which is what I want." Another told us, "They [staff] are always asking me if I need anything." A relative said, "They always treat him [their family member] respectfully. They always knock on his door before going in."
● All personal care was delivered with the doors closed. We observed staff knocking on bedroom doors and introducing themselves before entering.
● Staff we spoke with genuinely cared for people and knew them well. On one occasion a staff member took

time to sit and chat with a person who was looking out of the window. They talked about the wildlife outside.

● People were supported to remain as independent as possible. Where appropriate people had facilities to make their own drinks. One person told us, "I can make my own coffee when I want one. I make my own choice of when I get up and go to bed."

● Families and visitors were welcome to the service to maintain relationships with people. We saw visitors throughout the inspection. One relative told us, "We feel like part of the family there. All my family are always made to feel welcome."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

● People and relatives were positive about the range of activities on offer at the service. One person said, "I get encouraged to paint and I am supported to do so." Another person said, "We are 'Session Cooking' once a week and I like that. I like to cook Arabic Food." A third said, "There are a lot of activities and I get involved. I like Art Galleries. We went to Tate Modern recently."
● We saw examples of where staff took time to ensure that people took part in outings that were important to them. For example, staff took a person to go and see their favourite football team play. Their relatives fed back, "He [their family member] had a really wonderful time and is talking about it all the time."
● We saw a variety of activities taking place on the day of the inspection. People were encouraged to participate in a game of croquet. The member of staff explained the game and that certificates would be given out. The activity was interactive and there was a clear drive by staff to include people and involve them. Other activities involved quizzes, cooking, sports, music, art, documentary evenings, social events and trips out.
● Staff took into account people's interests and wishes and wants when arranging activities and trips. One person had a passion for playing darts. A weekly darts competition was arranged for people to participate in. Each week the winning person would be given the, "Wingers Winners" trophy. There was also a computer room at the service for people to use where they could listen to music, play computer games or access the internet.
● In good weather people were able to access the gardens and tennis courts where a variety of sports activities took place including tennis and bowls. One social care professional fed back to the service, "Clients always appear happy and content with lots of activities."
● Although there were records that required updating there were care plans that contained detailed information about people's care needs and actions required in order to provide safe and effective care. Care plans contained information about people's medical needs, background and things that were important to them. For example, one care plan stated that the person, "Likes to face window when in wheelchair and watch a film after lunch. We saw that this took place. Another person had behaviours that were challenging. There was a detailed behaviour support plan in place that provided guidance for staff on how best to provide care.

End of life care and support:
● People were consulted about their wishes at the end of their life. This included where they wanted to be and family they wanted to there with them.
● In one end of life care plan the person had requested that they wanted people that were important to be around them and wanted to visit the Tate Modern. This had been arranged with them by staff.
● If people did not wish to discuss their wishes at the end of their lives this was clearly recorded in their care

plans.

Improving care quality in response to complaints or concerns:
● People and relatives told us that they knew how to complain and would not hesitate if they needed to. One person said that they would speak to the registered manager. They said, "Her door is always open." A relative told us, "I raise things straight away with the manager. I voice any concerns and they are addressed straight away."
● People's concerns and complaints were listened and responded to and used to improve the quality of care. We reviewed the complaints records and saw that they had been investigated and responded to. For example, one person had raised a complaint that related to their family member being given the incorrect medication. This was investigated by the registered manager and learning outcomes were shared with the staff.
● Complaints were also reviewed and analysed to look for trends.

Requires Improvement

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

Service management and leadership required some improvement around the support and the delivery of high-quality, person-centred care.

● Improvements were required that related to accurate and up to date information in people's care plans. Although staff understood the care that needed to be delivered, care plans we looked at had conflicting information about what the person's needs were. For example, one care plan stated that the person had full cognition and that their eyesight was good. However, there was other information in the care plan that suggested that the person's sight had deteriorated and they had short term memory loss.
● In another person's support plan, it stated what the person's preferred choice of carer was. Although the registered manager told us that this was just to reflect the person's choice and that this choice was not appropriate or recommended this was not explicitly clear to staff in the support plan that this should be the last resort.
● There was not always detailed guidance in place to ensure that people received the most appropriate care. In one person's care plan it stated that they had depression. Staff were able to tell us how they supported the person however there was no care plan in place for any new staff providing care. The care plan just stated each month, "Mental health stable."
● Daily notes were not detailed and lacked meaningful information. For example, daily notes for one person described the person, "shouting and being agitated" but lacked detail on how staff responded to allow an analysis of how best to support them. There were also hourly records completed by the agency staff. These were repetitive and showed the person had frequent anxiety but lacked information on what staff did about this. The registered manager told us that after the inspection that the agency staff provided more detailed daily notes to the CCG that were funding the person's care. In order to fully understand the care being provided and the triggers associated with the person's behaviours the member of agency staff providing the one to one should have been providing the service with a copy of these detailed notes.
● Staff told us that the care plans required some improvements. One told us, "People's needs change and the care plans need updating. I do ask a lot of questions though."
● We saw from the providers audit in November 2018 that "Care plans are not updated to reflect the current needs following external visits." We saw that this had been given 'High' priority. However, on our inspection we found that this was still a concern and had not been fully addressed.
● The provider notified us after the inspection that they were reviewing and updating care plans to ensure that they reflected the most appropriate care for people. The registered manager has also provided an action plan to address the shortfalls that we identified on the inspection. We will check this at our next inspection.

As records were not always accurate, complete and contemporaneous in relation to people's care delivery this is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● People and relatives were positive about the leadership of the service. One person told us, "The manager is always about and you can chat to her. I don't think there is anything they could improve." Another person told us, "[Registered manager] is very good." A relative said, "I would say it's very well led. There is a commitment to residents." Another said, "She is very approachable. I see her walking around the home all the time."

● Staff were equally as complimentary about the leadership at the service. One told us, "The manager is absolutely great. I feel really supported by her."

● There were quality assurance systems in place to monitor the quality of care being delivered and the running of the service. The provider's quality team and staff at the service undertook regular audits that looked at all aspects of care including clinical care, care planning, meal times, staff training, activities, the environment and cleanliness. Each audit included an action of things that required improvement and time scales for these improvements.

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

● Improvements were required to ensure that there was a positive approach to care being delivered. This particularly related to people that had behaviours that challenged. Senior management staff frequently referred to the unit where these people lived as the, "Challenging behaviour unit which was also referred as a, "A secure unit" by the registered manager and staff. This use of language contributed to this unit having more of a hospital feel where people were being 'detained.'

● We fed this back to the registered manager who told us that they would consider their approach to terminology used to describe this unit.

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

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

● People and relatives confirmed they attended regular meetings and were asked their views on the running of the service. One relative told us, "I have been to a meeting. It was very interesting and informative."

● We saw from the minutes of the meetings that people had fed back ideas for improvements in the service. Examples of this included one person requesting only female staff and another person asking for a mirror to be placed in the communal bathroom. We saw this had all taken place.

● People were asked to feedback what their dreams for Wingham would be. As each dream was accomplished a pink blossom was added to the 'Dream tree' which was painted onto the wall at Wingham.

● Surveys were sent out each year to people, relatives and staff and actions taken as a result.

● Staff told us that they felt supported and were encouraged to progress within the service. One told us that they were in the process of applying for their nurses' registration and that this had been supported by management at the service.

● The provider supported trainee nursing staff to undertake work experience at the service and undertook a 'Senior Care enrolment programme' to help staff progress. Staff achievements were celebrated and shared across the service. Reward schemes were in place for staff to highlight good practice.

● One health care professional told us, "Management seem to know clients and families well. They make efforts to maintain good relationships with staff, families, funders and clients."

Continuous learning and improving care

● Staff attended regular meetings to feedback on how improvements could be made at the service. One member of staff told us that they had suggested how they could improve on activities. They told us that this had been taken on board and actioned.
● Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. There was detailed information around how the incident was followed up and what steps had been taken.
● Clinical reviews of people's care took place regularly between the nursing staff and any themes and trends were discussed.

Working in partnership with others
● Steps were taken by the provider to drive improvements and they worked with external organisations to help with this. The service worked with other organisations including the 'Elbridge Community Link.' They helped to develop the Boccia League (a game played by competitors who have a physical disability that requires the use of a wheelchair.) People at the service took part in this competition. One person fed back, "I like the competitive element" and another said, "It's the highlight of my week."
● Staff worked with the local community on events that took part at the service. For example, a Halloween party had been arranged where people from the community attended.
● Volunteers from the local college also attended the service to undertake work experience.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not always ensured that people's capacity to consent to care was undertaken

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always ensured that records were up to date and accurate to reflect people's needs.