Saffron Healthcare Limited

Stanley Wilson Lodge

Inspection report

Four Acres
Saffron Walden
Essex
CB11 3JD

Tel: 01799529189

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31 January 2017

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 31 January 2017 and was unannounced. We last inspected this service on the 20 July 2016 and rated the service as Requires Improvement in every key line of enquiry with a number of breaches of regulation. Following the inspection we met with the manager, regional manager and provider. They provided us with a robust action plan and with clear timescales for implementation. We re-inspected the service on the 31 January.. At this inspection we found the service had made significant improvements and there were elements of outstanding practice. There were systems in place to ensure that the improvements would be sustained.

The service provides accommodation on three floors. Each floor accommodates people with a different level of need with the ground floor being predominantly residential, the first floor providing dementia care and the second floor nursing care. The service can accommodate up to 75 people and was full at the time of our inspection

There was a registered manager at the time of our inspection. 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.

During our inspection we found a well-run service which operated in the interest of people using it. People received safe care by well trained staff who were familiar with people's needs. Documentation told us what people's needs were and how care should be delivered and identified any risks to people's safety. Staff worked in conjunction with other professionals to minimise risk and promote safe care.

Staffing levels had increased since our last inspection and reflected the needs of the people using the service. This helped to ensure that people got timely, appropriate care. The environment was spacious and free from immediate hazards.

Staff knew how to recognise and manage concerns people might have. Safeguarding concerns were effectively managed to ensure the person's safety was paramount and to prevent any additional harm.

Medication was administered by qualified staff. People received their medicines as required. Medicines were regularly audited to identify any shortfalls and ensure that if any had occurred they would be dealt with the urgency that was required.

Staff were well supported in their role and were helped to develop in confidence and the skills they required for their role. There were opportunities for staff support and we saw effective teams at work. Staff were happy and motivated with good communication across shifts.

People were supported to eat and drink in sufficient quantities for their needs and staff knew what their

dietary needs were. Staff monitored this to ensure people's health was promoted. The service had good links with other health care professionals and staff had the skills to know when they needed to contact the GP. They monitored people's health care needs well.

Staff had a good understanding of legislation relating to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards. (DoLS) The MCA ensures that where people have been assessed as lacking capacity to make decisions for themselves, decisions are made in their best interest according to a structured process. DoLs ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation.

We observed staff who were kind and caring and familiar with people's needs. The environment and the staffing contributed to people having a good standard of care. We received many compliments and saw that the service involved and consulted with people and took into account people's feedback in the way the service was managed.

People had an assessment of their needs before admission and this resulted in a plan of care being devised. These were kept under regular review to ensure they were still current and reflected people's needs. The plans took into account people's wishes and back ground.

Activities were provided to help keep people alert and to promote their well-being. They were based around their specific needs and were inclusive.

The service was calm and staff were focused on the needs of people using the service. Everyone felt the manager was supportive and visible in the service. The service was continuously developing and being shaped by people's experiences and feedback. Audits helped ensure the staff knew what was working well and what needed to improve. The service worked in consultation with people, their families and the wider community to help ensure people had the support they needed. The improvements in the service were clearly notable and staff were motivated and committed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to deliver safe effective care.

People received their medicines safety and as required.

Risks were well managed and staff knew enough about people's needs and how to meet them safely..

Staff were able to tell us how they would recognise and respond to any allegations of abuse and harm and what steps they would take to protect the person.

Staff recruitment was effective and helped ensure only suitable staff were employed.

Is the service effective?

Good

The service was safe.

There were enough staff to deliver safe effective care.

People received their medicines safety and as required.

Risks were well managed and staff knew enough about people's needs and how to meet them safely..

Staff were able to tell us how they would recognise and respond to any allegations of abuse and harm and what steps they would take to protect the person.

Staff recruitment was effective and helped ensure only suitable staff were employed.

Is the service caring?

Good

The service was caring.

Staff were caring and supportive of people using the service. Care was provided in a way which was respectful and upheld people's independence and dignity.

Staff took into account people's wishes and feelings and this informed the care provided.

Is the service responsive?

Good

The Service was responsive.

The environment was conducive to people's needs.

There were activities planned and opportunities for people to socialise and engage which helped promote their well -being.

Care plans were easy to follow and showed what care was required and provided.

The service took into account feedback including complaints and compliments. These meant alterations could be made based on feedback.

Is the service well-led?

Good

The service was well led.

The manager was knowledgeable and visible in the service. They were continuously trying to support/motivate staff and make improvements in how the service was delivered. They developed themselves professionally and ensued staff had sufficient opportunity for professional development and growth. They were well supported by the head of care who had complimentary skills.

Audits were in place and helped to demonstrate how risks to people's health and safety were effectively managed and how the service was planned, managed and delivered in the interest of people using it.

The service did not operate in isolation but worked closely with families, the community and different health care professionals. It was inclusive and engaged with other services and managers to share ideas and best practice.

Stanley Wilson Lodge

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 checked 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 inspection took place on the 31 January 2017 and was unannounced. It was planned to follow up compliance actions from the last inspection and to note the improvements the provider told us they had made.

The inspection was carried out by two inspectors. There was also a specialist advisor who was a registered nurse and an expert by experience who had experience of supporting older people with dementia.

As part of this inspection we looked at information we already held about the service including previous inspections, notifications which are events affecting the well-being and safety of the people using the service, share your experience forms and feedback from and about the service.

The provider had 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.

Throughout the day we carried out informal observations of care, spoke with twelve people, ten staff including care staff, nurses, activity staff, catering staff, the manager and head of care. We spoke with five visitors, and the district nurse. We viewed five care plans and other care records. We did a medication audit and reviewed records relating to the recruitment, supervision and training of staff. We looked at other records relating to the management of the business.

Good

Is the service safe?

Our findings

At the last inspection ewe found that improvements were needed to how the service kept people safe. At this inspection we found that improvements had been made. There were enough staff to meet people's needs and deliver effective care. Staff were observed to be working at a steady pace without rushing. Calls bells were answered in a timely way and staff were mostly visible all of the time which helped ensure people were effectively supervised to help promote their safety. The manager told us staffing ratios on each shift had increased as a result of feedback from the last inspection, from staff, relatives and people using the service. In addition to care staff there were hostesses who helped encourage people to eat and drink sufficient to their needs and they were employed across the morning from 8.00 am to help with breakfast until 11.00 am six days a week. Activity staff were also employed across the day.

The manager said they had no vacancies for staff and when they knew a staff member was going to be leaving they would advertise and try and fill the post straight away so no vacancies occurred. This reduced the need for agency staff although we were told they were occasionally used.

The service had a dependency tool which they used to assess people's care needs and determine how many hours support they required. This was kept under review. The head of care also undertook observations of care in order to update the tool based on people's experiences of care and staffs feedback. They told us they intended to increase staffing further based on the outcome of these observations.

There were safe systems in place to manage medication and ensure people received their medicines as prescribed. We observed a trained member of staff both at lunchtime and morning administering medicines, this was undertaken using the correct procedure, checking the date of the drug expiry, the amount the person had, and the route it should be given. Cream administration was also documented and signed for on the prescription chart.

People had photographs on their medication records so they could be easily identified as well as other information pertinent to their needs such as any allergies. We observed staff writing on the back of the individual prescription chart the reason of why prescribed when necessary medication was required (in this instance paracetamol for back pain) This was good practice. No one had their medicines covertly (hidden) although there was a policy for this as well as self-administration. We case tracked one person who took some of their medicines independently. There was a risk assessment in place and this had been subject to review. This ensured that the person had the mental and physical capacity to self-medicate.

Within the treatment room /drugs fridge were clean and tidy and there was a weekly cleaning rota which was logged as being clean on the last entry The room and fridge temperature was checked daily (and documented) and these records evidenced that they were within the acceptable range.

Within the treatment room there is a cupboard for Homely Remedies and we saw that they had been regularly audited to check that they were being stored correctly and being administered as per the policy.

We also read the Control Drugs Record book and noted that this is checked twice daily. The medication stock was checked three times a day and documented

The external Pharmacy undertook a full audit recently and the Community pharmacist was due to audit the service in the near future plus regular audits from the service. The nurses were familiar with the processes or ordering, reordering and returning stock as well as the process for reporting missed medications. The systems were robust. Any unused medication/creams was discarded and put in a yellow container and disposed of by specialist.

People's safety was promoted. Information was visible around the service informing people and relatives what was going on in the service and included information such as how to complain or how to raise a safeguarding concern. Details of other organisations as well as internal contacts were provided. Staff received training and understood how to recognise and respond appropriately should they suspect a person to be at risk of harm, or abuse.

The service had responded appropriately to concerns about the service and we saw that they had learnt lessons from adverse events. We reviewed a recent safeguarding concern. The manager cooperated fully with the safeguarding team and completed an investigation as required. This was comprehensive and considered if there were areas on which they could improve. We reviewed another safeguarding concern which involved an altercation between people using the service. The records told us how staff immediately tried to keep people safe and who they had engaged to help manage the situation A review of people's needs was undertaken. This helped ensure they were appropriately supported and any concerns about a person's behaviour was understood and managed effectively. A third safeguard reviewed looked at a medication error. The person received no ill effects but the incident resulted in retraining and support for the staff to help ensure similar mistakes did not occur.

Risks to people's safety were well managed with effective risk assessments which identified any equipment needed or follow up by another health care professionals. We observed people receiving care in a safe environment, there were no hazards observed and items such as cleaning materials were stored securely. The doors on the dementia wing were keypad controlled, as were the doors leading to the car park and gardens. The building was light and airy and clean. People told us that they felt safe in the home, and relatives that we spoke to agreed that they were content that the service provided a safe and secure home for their loved ones. We noted there appeared to be more than enough staff on duty and call bell alarms when sounded appeared to be answered and silenced within a couple of minutes.

We case tracked a number of individuals who had specific health care needs to see how these were being managed. We also spoke with staff who were knowledgeable about people's needs and level of risk. Pressure care was being appropriately managed. Waterlow scores were recorded correctly. This is an assessment tool designed to assess the level of risk the person had as to developing pressure sores. Moving people who were confined to bed was undertaken with the correct equipment in a safe manner. People had their own moving and handling slings in their rooms, the size was determined by weight of the person and the type of sling used. People also had their own individual slide sheets. The Moving and Handling in-house trainer was not on duty so could not be interviewed but we did interview the Clinical Manager regarding this issue, who confirmed the individualised slide sheets and Moving and Handling slings had been implemented since the last CQC visit. We checked that the air flow mattresses were on the correct settings and staff were clear about how this was calculated. Staff checked the setting daily to ensure that they were correct and working effectively. .

We also spoke with the services designated Infection Control Nurse regarding the recent outbreak of chest

infections within the service and what measures were taken to ensure that the infection was contained. They told us ' It was reported to the HPU(Health Protection Unit) , swabs were taken from people to check for the type of infection, the domestic staff disinfected the communal areas and the service was closed to visitors. This told us the service was well managed.

Some people had bed rails. Consent for these had been sought appropriately as well as the rationale for their use. We saw effective management of people with respiratory issues. We also reviewed a person with a small moisture lesion and this was being managed effectively and body maps and risk assessments were in place and updated. We looked at catheter care and again found good documentation and staff knowledge. Nursing staff told us they had regular Continuous Professional Development including Moving and Handling, Medicine Management, Understanding Dementia and this was in part online. The service had an arrangement with the Local University, and facilitated student nurse placements; they had access to training at the University including mentorship and diabetic management. Nurses showed a good awareness of Diabetic management and where necessary contacted the specialist nurses.

We looked at staff recruitment processes and found the service had robust recruitment processes. The staff files we audited showed staff were only employed after the service received confirmation of their address, personal identification and right to work in the UK. In addition they took up work references, a completed application with checkable work history. A disclosure and barring check was required to show the person had not committed an offence which might make them unsuitable to work in care. There were records of the interview to test staffs ability, skills and attitude. The manager said prospective staff were shown around and this helped them gauge staffs reactions and interactions with people using the service. Audits on staff files were regularly completed to ensure they conformed to company policy.

Good

Is the service effective?

Our findings

At the last inspection we found that the service was not consistently effective. At this inspection we found improvements had been made. Staff had the necessary skills to deliver effective care. We spoke with staff who were able to tell us about the training they had received and how they were able to implement it in the workplace. For example one staff member was able to list the statutory training they had completed. They told us they had also done dementia care, pressure care and managing diabetes. They were able to tell us how they supported people with diabetes and what to watch out for. We spoke with another member of staff who told us, "The manual handling training is really good. " They said they have the training they require, which included eLearning for updates and some practical training for some areas of care.

The service tried to promote staffs confidence and skills and there were opportunities for 'champions.' This was an area of interest which staff could take a lead role for. They would then support staff and try to promote good practice in this area. For example the service had dementia champions, dignity champions and first aid champions.

New staff told us they had an induction when first starting work and this had been sufficient to support them with their role. One staff said," I was supernumerary and my practice observed for at least two weeks." Another staff told us, "I had an induction and was shadowed. I have also done the care certificate and now signed up to do an NVQ, (National Vocational Qualification.)

A number of staff working on the dementia care unit told us they had completed courses in dementia care but not at this service. We spoke with the manager about this who assured us some training was provided to all staff but they did look at staff skills when rostering staff.

Staff were well supported with regular supervision planned in advance which included direct observation of staffs practice. Staff also had an annual appraisal of their performance .There were coaching opportunities for people and group supervision when staff had opportunities to reflect on their practices and see what could be improved upon. Separate meeting with head of department and nurses meetings were also held.

People were supported to eat and drink enough for their needs and staff monitored this for people considered at risk of unplanned weight loss and, or dehydration.

We spoke with a person during lunch they said the 'food was good, but the pastry on my pie is soggy today.' A relative said about their family member, "They have put on weight since a change in their medication." They told us their concerns were sometimes the soup was cold. They also told us because there were no records kept in people's rooms they could not always see how much their relative was drinking throughout the day. This was a concern to them because of fluid retention and infection. We were assured by their records that staff were regularly encouraging people to drink throughout the day. At lunch time the food service was managed efficiently and staff checked the food temperatures before serving. In the main dining rooms people were offered appropriate choices and assisted according to their needs. For people in their

rooms the service was slower and we observed people going back to sleep before they were assisted. Staff were observed to be upbeat and attentive to people's needs but sometimes chatted exclusively amongst themselves. The service carried out its own dining room audits which meant they were identifying ways to improve people's experience through their observations.

We asked staff about people's nutrition and hydration and they explained who was on weekly weights and monthly weights as defined by risk. Some people's fluid was monitored and people had individually agreed targets which staff used to guide them if they were drinking what they should. Records were monitored by staff leading the shift and the clinical lead. Staff were able to tell us about people's diets and any one at risk of aspiration, (where food gets into the airway) and how this was managed. Some staff had completed training on nutrition but not all.

We observed lunch on the dementia care floor. We saw people were given appropriate choices but noted picture menus were not used, (although available) Some people were unable to comprehend the choices staff were offering them and it was agreed with the manager that this would be reviewed. Staff did however ask people about portion size and managed skilfully to encourage people to eat when they had first initially refused. Food was served hot and was tasty. After lunch the chef was visible and asked people for their feedback about the food. One person was observed as not eating anything. Staff told us there appetite varied and when they were prepared to eat the staff provided plenty of food and said there was always finger foods and snacks available to people.

On the nursing floor most people ate in the dining room; others who wished not to eat in the dining room were offered alternatives such as their own rooms or sitting room. The care staff ensured food was within reach for those that could manage themselves and sat beside people who needed assistance with their meals, using mostly a spoon although one care staff did use a folk which could have potentially harmed the persons gums. An option of drinks were offered, apple/orange/blackcurrant juice.

We spoke with the chef. There were two chefs and kitchen assistant to ensure food could be prepared across the day. The chef we spoke with was knowledgeable about food and the needs of people using the service. They told us they received regular feedback about the food and tried to accommodate people's individual needs and preferences and able to give examples of how they did this. They told us carers went round the day before to ask people for their choice the next day. This would not be appropriate for people unable to remember from one day to the next. However the chef said menus were around the service and people could change their mind although we did not see this in practice. The chef confirmed that fresh fruit, finger foods such as sausage rolls and cheese puffs were always available. They showed us a list of people's preferences, likes, dislikes any allergies or special dietary requirements. They told us they added calories to food to boost people's calorie intake and this included making home- made milkshakes.

Staff supported people lawfully and in line with The Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards.(DOLs) Staff had received training but care staff had some understanding but not in any great depth. However the nurses and management were involved in best interest decisions where people lacked capacity. We noted that a high percentage of people were subject to a deprivation of liberty safeguards because it would be unsafe for the person to leave unsupervised. They were therefore effectively detained for their own safety. The Dols acted as a safeguard to ensure people were detained lawfully and was managed and monitored by the Local Authority. Some applications were awaiting approval and the manager agreed to liaise with the Local Authority regarding this.

There was information in people's care records if people had capacity and what their preferred choices were. Where people lacked capacity best interest meetings and decisions had been recorded and were

subject to review. The least restrictive options were recorded. Staff were observed offering choice and flexible care based on people's needs.

People had their health care needs met. Staff shared information about changes in people's needs and the GP who was called when required. They also made weekly visits to the service as did district nurses. The manager monitored infection rates and repeat use of antibiotics. Everyone had health care plans particularly where they had long term conditions. The plan showed how these should be managed. Some staff had received training on some of the long term conditions and staff demonstrated their knowledge about people's needs.

We spoke with a district nurse who was complimentary about the service. They told us staff appeared knowledgeable about people's needs, made referrals to the district nurses as and when required and had information about their needs to hand. They felt staff were growing in confidence and said this was visible in their practices.

Good

Is the service caring?

Our findings

At the last inspection we found that caring was not consistently good but at this inspection we found improvements had been made The staff were observed to be attentive and caring of people. They knew people well and engaged with them regularly. Several of the ladies had dolls or small, soft toys. Staff acknowledged them and encouraged people to hold these which we observed increased people's well-being. On one unit we observed people chatting, listening to music and staff were at hand. One relative told us, "I can't speak highly enough of the care and compassion shown."

Staff spoke positively about their role. One staff member told us about the training they had in dementia care which had taught them how they should approach people, encourage them with personal care and how they could try different strategies to engage people. They told us they had time to spend with people and if people did not want to cooperate they would go away and come back and try again.

Last wishes of people using the service were often discussed and known by staff when the time was right to ask. Staff told us it was an important part of their role to support the person and their wider circles of support and family at the end of a person's life. Staff were encouraged to pay their last respects and attend the person's funeral if they wished. Support to families was extended beyond the persons passing.

People were complimentary about the service and we observed strong relationships between staff and people they were supporting. Staff were observed to be familiar with people's needs and knew about people's lives and relationships. This helped keep people in touch with their pasts and strengthened the relationship between staff and individuals. We heard one staff say to a person about their previous occupation and then later about their family and when they could expect a visit. The gentleman was pleased and said to staff, "Oh you know my son. " That's good. This was reassuring to him. We observed a person being collected by their son for a visit to the coffee shop in the local supermarket, this was encouraged by the staff and the interactions we observed were warm and professional.

We received and have seen letters complimenting staff on their approach and care. One such letter was published in the local newspaper and was entitled,' Salute to unsung heroes in a challenging environment. 'The article written by a person living at the service who was in media and still took a keen interest in how news was reported on. They commented in their article about the bad press care homes received and continued by praising the care himself and his late wife had received since becoming residents. In the article they named a number of carers who in their opinion had provided excellent care. We saw compliments from the family thanking staff for their care and attention and making people's lives as comfortable as possible. We viewed another letter which thanked staff. The person said, "Thank you for the quite exceptional Christmas party. Everything about it was wonderful. The food was excellent as was the attention of all of the staff and the professionalism of the entertainer."

Staff promoted people's independence. We observed some good interactions at lunch time on the dementia care unit where people received the support they needed but were encouraged to eat independently and had aids to assist them where required. Just before lunch one person spilt their juice down their top. Staff

assisted the person to mobilise, back to their room to get changed before entering the dining room again. Staff offered them a protective apron. The person needed a lot of support with their mobility and staff were very patient and helped ensure the person's dignity was maintained and their limited mobility encouraged. On the nursing floor we observed two members of staff assist a person from their wheelchair into a lounge chair. The person could weight bear so staff helped them use a walker to stand and then "shuffle" round until they could sit safely. This was well done and staff clearly and patiently instructing the person until the manoeuvre was complete.

Staff treated people in a dignified way. Dignity was observed when staff assisted people with their personal care, doors were shut and staff waited to be invited in before entering rooms. Staff ensured dirty soiled linen was discreetly taken from the room in a plastic shopping bag rather than a linen bag, thus ensuring dignity. The staff listened to people's views even when the person was 'confused in speech' they were not condescending or patronising treating each person as an individual. When the staff were questioned they said they would they be happy for their relative to be cared for in the service.

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People were involved and consulted about the service they were provided with. There were individual care reviews and 'resident of the day.' When a person's needs were discussed and care plans were reviewed. In addition resident/relative meetings were held and there were minutes for these. The minutes included any actions and how should take them forward and when by. This demonstrated how the service was acting on feedback received from people. One example was a person requesting a visit from a PAT dog, this was arranged.

Good

Is the service responsive?

Our findings

At the last inspection we found that the service was not consistently responsive but at this inspection we found that improvements had been made. We saw people generally in a state of well-being and that they had opportunities for socialisation and access to planned activities throughout the day. Relatives were welcome at any time by arrangement with the person. The environment was conducive to people's well-being. We found it to be clean, stimulating and spacious. A number of people were looking through magazines, pursuing their own interests and listening to music. The environment of the service had been designed with the interests of the people living in the service, in that there were pictures on the walls of the unit reflecting their interests. This enabled people to reminisce and stimulate conversation. However some people did not have their names on their bedroom doors and the personal boxes were not complete. This might make it difficult for some people to orientate themselves and find their rooms. The music played on the radio in the lounge again was appropriate to the age group. . All the staff appeared to understand about person centred care and gave good examples culminating in the phrase 'individuals needs'.

People and their relatives were complimentary about the service. We spoke with one family whose relative had recently moved to the service. The family told us they had the opportunity to look round, ask any questions and participate in putting together the care plans. The family had checked on progress over the weekend and were assured that their relative was settling in well. The family had brought in personal possessions in to make their room feel more like home.
Another family told us their relative had stood unaided for the first time in four years, and felt this was due to the level of care they had received. A person using the service echoed what the relatives said and told us they had coffee in the reception area every day with other residents and put the world to rights. One person told us when asked what do you do, "Oh lots of things" and then consulted their diary to tell us what was planned for the next week.

The activities person was not visible for some of the day because they were providing one to one time for people who might not otherwise be able to join in with group activities. The service allocated 55 hours for the provision of activities which did not include volunteer hours. There were staff at hand to assist with activities and the idea of the hostesses was to support care staff and prioritise helping people to eat and drink enough for their needs. One hostess told us, It means people can have breakfast when they want."

We saw a plan of activities and spoke with staff about some of the things that took place. Staff said some people accessed the town and they were able to us 'book a ride.' There had been a poetry group come in, clothing sales, open days/fetes and involvement of the wider community. Staff said there was a dignity for all day coming up and there were regular plans events as well as some of the activities which happened more often such as bingo and quizzes. We spoke with one of the activities coordinator. They told us about some of the things they were doing including spending time with new people helping them to settle in and learning more about them, particularly about their interests and life story. They told us about the work they had done with a person who was visually impaired. They had created a beach with sand, a bag of shells representing the sea for a sensory session.. They saw their role as providing occupational therapy and provided us with examples where they had been able to generate a competitive spirit and organise group

activities. They were able to distinguish between what worked well for groups of people and some of the individual activities they provided for people with cognitive, sensory impairments. For example they had developed music bingo which they said people living with dementia found easier to follow. They published activity schedules and people had copies of these.

Information about people's needs was disseminated effectively. There were handovers at the change of shifts, involving all staff and were both written and verbal. At 11 am heads of department meetings were held which was an opportunity to discuss what was happening for the day and any immediate risks. We sat in on this meeting and the staff discussed anyone currently with an infection who might need increased monitoring, any new admissions/hospital admissions. This meant senior staff and management were aware of what was happening in all parts of the service.

Care staff told us they had time to read people's notes/ care plans and said they found these informative. Systems were in place to help ensure people's needs were reviewed as required. The service had a resident of the day on each unit. This meant each day one person's records and care were reviewed to ensure the plan of care remained appropriate to their needs. The manager and clinical lead carried out audits and reviews of every care plan monthly and a tracker showed what if anything was missing from the record or required an update.

On admission to the service people had a social/physical assessment which was comprehensive and detailed including the likes and dislikes of the person. Most parts of the care plans were kept electronically which allowed access to the care support workers and the Registered General Nurses. Levels of access were controlled on a need to know basis, ensuring people's privacy.

Care plans Were informative .They also included information about what the person required support with and what they could do for themselves even if this fluctuated. This helped staff to meet people's needs consistently and provide care based on the persons wishes. Records enabled us to see what actions had been taken in response to changing needs .Records were personalised and included information about emotional well- being and about how a person wished to live their lives and what support they needed to do so.

The service had an established complaints procedure and took into account people's feedback which was responded to appropriately. The manager was very hands and tried to address concerns as and when they raised so it did not result in a complaint. People spoken with told us they did feel comfortable in raising concerns, though none had felt they needed to. However they knew and liked the manager and the staff and said they would not be worried about talking to any one of them.

Good

Is the service well-led?

Our findings

At the last inspection we found that the service was not consistently well led however at this inspection we found that improvements had been made. We saw that the manager and staff have worked very hard to improve the service people receive. We found the nursing unit in particular has seen some significant changes and these were very positive. The staff were a very stable workforce and cared for people using the service and each other. The manager have been responsive to feedback about their service and developed robust action plans which were audited regularly to ensure improvements were not only made but sustained over a period of time. The team has grown in confidence and this was reflected in the care people received. Since the last inspection the manager has continued to keep us updated on the changes they have been implementing and what people and their visitors were saying about the service.

Staff spoken with across the day of our inspection were positive and told us the service had improved. One staff member told us, "The manager's brilliant, very approachable, good team work." Another staff member said, "This is a happy home we all get on well." Another staff member told us, "It's a person centred environment, Management are understanding and supportive. " Another staff told us how they felt truly appreciated. We spoke with a relative who previously had some concerns. They told us things had improved and there was now an additional member of staff. They had some concerns but in the main felt the care was good.

The manager knew people and the staff well and told us they walked round the service each day, sitting in staff handovers and attending the daily meetings. This enabled them to keep abreast of what was happening in the service. It also enabled them to observe staff practice and address any shortfalls. They told us they had an open door policy and everyone we spoke with felt the manager was accessible.

The service was an equal opportunity employer and employed people who needed additional assistance with their role. This was provided appropriately to help staff be successful and perform to the best of their ability. The service supported and developed its staff. It had close linked with one of the local universities which supported staff through continuous professional development. Many staff held professional qualifications and senior staff held a minimum of NVQ 4. In addition a range person specific training was being offered to staff such as diabetes and dementia care. Some staff had signed up to do a virtual dementia tour which was designed in a way for staff to experience what it might feel like to live with cognitive/sensory impairments. This aimed to help staff put themselves in someone else's shoes and inform their care practices.

The manager and head of care had been involved in 'My home-life' which is a Local Authority Initiative which supports managers to work together to share and promote good practice within their services, by sharing resources, ideas and support for each other. Staff, (team leaders and head of care) had also been involved in the prosper project which stands for Promoting safer provision of care for elderly resident. The aim of the project was to reduce numbers of hospital admissions by reducing falls and infection and to encourage services to manage these more effectively to reduce the risk. The service was also member of 'FANS'- friends and neighbours scheme which put people in the community in touch with people in care homes with similar

interests/ hobbies. The manager told us about a few initiatives/volunteers they had at the service but not directly recruited from FANS.

Recent external audits of the service had been positive. The service was awarded five stars from the environmental health agency. It had a recent inspection from the Local Authority and scored highly. It also completed its own audits and had its own quality assurance staff who were there to assess and monitor the quality of the service and support the manager in managing a good service. We looked at a sample of audits. One related to managing cleanliness and infection control. The service had recently had an infection outbreak but this had been managed well and was quickly contained. Audits based on standards used by the CQC were completed by managers who audited each other's services and reported on the quality of care and people's experiences. We saw that the Manager followed the persons care journey, talking to the person, staff and visitors about their care. The manager said they produced daily, weekly and monthly audits reporting on risks and potential threats. These reports went to the Regional manager so there was oversight of what was happening at the service for example if there was high staff sickness which might impact on the care being provided.

We saw audits reporting on risk affecting people's safety and well -being such as infection rates, accidents/incidents/near misses and weight. This was collated, and reviewed to ensure staff were taking appropriate actions to minimise risk. The manager also did some trends analysis to look for themes and patterns which might be contributing to an increased likelihood of accidents/incidents/falls. For example the falls tracker showed month on month how many falls there had been. By analysing the data they aimed to identify the time of fall, place of fall and who was falling. This would help the service to adapt and adjust potential risk factors. Falls were considered and reviewed in line with other personal factors such as medication people were taking, any cognitive impairments and hydration. Initiatives such as personalising walking frames helped people remember to use their frame and pink dots identified those as risk of not drinking enough and gave staff a visual reminder to encourage more fluids.

The manager told us there was a staff allocation sheet, the named staff was responsible for updating the daily care record which were checked by the shift leader and head of care. Any concerns/changes were reported to the community matron as require or the GP. The community matron was at the service twice a week and helped to ensure risks were being effectively managed. This was overseen by the manager. There were weekly meetings with the matron and senior staff to help ensure important information was correctly disseminated.

The service completed a quality review every six months when it sent out surveys to people using the service, relatives, and friends and visiting professionals. These were helpful in indicating what the service did well and what if anything could be improved upon based on the person's personal experiences. Results were collated and an action plan developed. We saw results were very positive but the form did not tell us what percentage of people had been spoken with or how many respondents there were so we could not see how proportionate the results were.

We have been sent several newspaper articles highlighting some of the more positive aspects of care. One was from a gentleman who was resident at Stanley Wilson lodge and was 94 years old. He had raised over £200 for the UK's leading dementia research charity. The person was known for their entertaining fundraising – in March they also raised over £1,200 while dressing up as an Easter Bunny. They decided to go ahead with their quirky fundraisers after reading another "depressing" article in a national newspaper which suggested "life is over" once you're in a care home. As well as raising money for research they said their aim was to raise awareness for all the "wonderful" care homes, including Stanley Wilson Lodge in Saffron Walden, which they says they have had a great experience with over the last few years.