

The Orders Of St. John Care Trust

Hayward Care Centre

Inspection report

Corn Croft Lane
Off Horton Road
Devizes
Wiltshire
SN10 2JJ

Tel: 01380722623
Website: www.osjct.co.uk

Date of inspection visit:
02 April 2019
03 April 2019

Date of publication:
14 May 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service:

Hayward Care Centre is registered to provide accommodation for up to 80 persons who require nursing or personal care. The service is arranged over four units and provided specialist dementia care in two ground floor units. People were accommodated in all units.

People's experience of using this service:

- ☐ Some people, relatives and staff told us there were shortages of staff. We saw this had been raised at residents' meetings and by relatives through surveys. When we carried out observations of interactions with people we saw that staff were not always visible. When staff were present they engaged with people and we saw signs this interaction was enjoyed.
- ☐ While medicines were well managed there were areas that needed to improve. Medicines prescribed to be taken 'when required' (PRN) lacked detail and for some people were not personalised. Although protocols described how people might present when agitated, they did not inform staff of steps they should take to relieve the anxiety before resorting to the use of medicines. For some people their PRN protocols for pain relief were not personalised because there was no detail on how individual people would express pain and what 'body language' people might display.
- ☐ People told us they felt safe living at the home. The registered manager made referrals to the local authority safeguarding team as required. The staff we spoke with were knowledgeable about the procedures for safeguarding people from abuse. They knew the types of abuse and the reporting of abuse.
- ☐ Risk assessments were in place. The care plans reflected the risk and gave staff guidance on minimising the risk. Where people's behaviour was triggered by anxiety and frustration care plans gave staff guidance on managing these situations. We observed staff following this guidance.
- ☐ People told us the types of decisions they made and who supported them with more complicated decisions. Staff were knowledgeable about the principles of the Mental Capacity Act (2005). Records were in place to demonstrate the decision makers. Deprivation of Liberty Safeguards (DoLS) conditions were followed.
- ☐ The performance of staff was monitored, and their skills developed. There was a system for supporting staff's performance. Staff feedback about the quality of the training was variable.
- ☐ We saw good interaction between people and staff and with relatives. There was good support for relatives to have meaningful time with their families. We saw people were not rushed.
- ☐ Care planning systems had improved. Guidance to staff was more detailed and included people's

preferences. Staff knew people well and where there was input from healthcare professionals this was part of the care plan.

- ☐ Quality Assurance systems were in place. There was a consolidated action plan in place. Staff said improvements had taken place. There was learning from accidents and incidents. There was a reflection meeting and input from health and social care professionals. Records were kept secure.

Rating at last inspection:

At the last inspection dated 21 and 22 March 2018 the Hayward Care Centre was rated Requires Improvement. This report was published on 20 June 2018.

Why we inspected:

We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Requires Improvement rating. At the inspection dated March 2018 we imposed conditions on the provider. The provider was required to develop the service and make improvements. We monitored the monthly action plans submitted.

Follow up:

We recommended the provider ensures the Duty of Candour guidance was followed.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective

Details are in our Effective findings below

Good 

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 well-led

Details are in our Well-Led findings below.

Good 

Hayward Care Centre

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 for this inspection included four inspectors 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.

Service and service type:

Hayward Care Centre is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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:

This inspection took place on 2 and 3 April 2019. The second day of the visit was announced.

What we did:

Before the inspection we reviewed information, we held about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the Provider Information Return (PIR) dated 2018. 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 made attempts before the inspection to contact community professionals with regular contact with

people at the home and staff.

We spoke with five people and used the short observational framework inspection (SOFI) to observe interactions. We also spoke with two relatives.

We spoke with seven staff including seniors. The bursar and dementia lead also gave feedback about working at the home. Feedback from the chef and two maintenance staff was gathered. The registered manager, the peripatetic manager, area manager and head of care were also present at various times during the inspection.

We reviewed records related to 13 care plans in detail. We looked at other records that included daily report, recruitment files, staffing rotas and quality assurance system. Records that related to the safety and suitability of the service were also reviewed. We looked around the property.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

At the last inspection on March 2018 we asked the provider to take action to make improvements (for example to staffing levels), and this action has been completed.

Assessing risk, safety monitoring and management

- ☐ Systems were in place to assess and monitor risk. Care plans were devised on how staff were to manage situations when people used behaviours to express anxiety and frustrations. Daily reports for one person showed they often declined assistance with personal care. However, the guidance lacked detail on how staff were to gain acceptance with personal care. For example, how staff should "encourage" and the simple instructions the staff were to use to gain acceptance with personal care.
- ☐ Daily reports described the direct care delivered by staff. When the person declined personal care, the staff recorded they will "try later." There was no evidence that they were successful in providing personal care or how they gained the person's acceptance to have personal care. The evaluation of the care plan did not include the effectiveness of the care plan and if the guidance was to be updated. This meant some people received inconsistent care.
- ☐ Risk to people's safety had been identified and assessed. These included the risk of falls and moving and handling. Risks were assessed against factors that may increase the potential of the person falling. For example, medicines, cognitive abilities and mobility needs. Action plans were then devised on how to lower the level of risk identified.
- ☐ A monthly falls analysis was completed. We reviewed falls analysis from January 2019, which evidenced that 30 falls had been recorded across the whole home. The quality of information recorded varied between the different units in the home. The deputy manager told us that recent changes in the format of falls analysis meant senior staff were now required to submit their analysis to the registered manager for review. They said that the aim of the change in the process was to improve the quality of falls monitoring and analysis. This meant the information being gathered across units may be inconsistent.
- ☐ Some people had been assessed as having a high risk of developing pressure ulcers. In these cases, the plans detailed any pressure relieving equipment in use and how often staff needed to change people's positions. Position change charts we looked at, had been completed in full and in the main showed that people had their positions changed in accordance with care plan guidance. When staff had not changed people's position on time, they had documented the reasons why. For example, on one person's chart, staff

had written, "[late] due to other residents ringing."

- ☐ The emotional care plans for another person described their personality and then the signs when the person became unsettled. The guidance was for staff to use distraction such as talking about the horses, sport and reading the papers with him. When this person became anxious we saw staff distracted the person.
- ☐ Personal Emergency Evacuation Plans (PEEP) were devised on how people were to be supported to leave the property in the event of fire.
- ☐ Safety of the environment was monitored and managed by a maintenance team. There were three operatives and they completed regular checks of gas, water, and fire systems. Maintenance operatives checks also included fire exits and alarm systems, emergency lighting, water temperatures, and wheelchair safety. There were up to date certificates for safety checks completed by contractors, including checks for legionella.

Staffing and recruitment

- ☐ People we spoke with, staff and relatives told us there were staff shortages. Their comments included "My only complaint is that at night and first thing in the morning they could do with another member of staff. I always get up early, and I sometimes have to wait", "They are a bit short staffed at times, but it can depend on what they are doing." Relatives we spoke with also felt there were staff shortages. One relative said, "Sometimes it can appear as if they are short staffed but it's usually because they are helping others."
- ☐ The minutes of the 'residents meeting' held in February 2019 included the feedback from people about shortages of staff. It was recorded, "all residents present stated they were noticing and feeling when the households are short staffed." Surveys showed that 25% of family and friends disagreed there was enough staff to meet the needs of people. The registered manager said the staffing levels were above the organisation's assessment of dependency. This registered manager said that when changes occurred dependency levels was re-assessed.
- ☐ The majority of staff told us they felt there was not enough staff on duty. Although they said people's needs were being met with the current staffing levels, one member of staff said, "We normally have five [staff]. It used to be six. It's to do with the dependencies, but six does make a difference. Like today, there was an activity for a community group. They come at 10.45 am which suits the visitors, but it meant some people this morning weren't ready in time to see them." Another member of staff said, "There's not enough [staff]. They say our dependency says we need five, but I think we could do with an extra. People have to wait because we can't get to them."
- ☐ The registered manager told us staff recruitment was ongoing. This registered manager said the organisation was taking positive steps to recruit staff. Requests for applications to work at the home were being made and interviews were completed daily.
- ☐ The providers recruitment policy was followed when seeking references. One staff member stated in their cover letter that they worked for a care company as their most recent job. An employment reference was not in the personnel file kept in the home. The area manager explained these documents were held at the head office and copies had not been provided for the home records. Copies of references were provided during the inspection.

- ☐ Guidance from the Disclosure and Barring Service (DBS) were consistently followed. The DBS help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

Using medicines safely

- ☐ Some people told us the staff administered their medicines while others self-administered their medicines.
- ☐ Medicines were managed safely. Medicines were stored in locked cupboards in people's rooms. The temperature of the cupboards was not being monitored which meant staff could not be assured that the medicines were being kept at the manufacturers recommended temperatures. The provider's medicines policy stated, 'For best practice, resident's individual medicines cabinets may also be monitored using [document] (kept in individual cabinets). In particular, for residents who choose to have their room warm, careful monitoring is advised.' We discussed this with the head of care who informed us that thermometers for cabinets were being purchased.
- ☐ Some people had been prescribed additional medicines on an 'as required' (PRN) basis. Although there were protocols in place, these were not always personalised and did not always inform staff of when and why people might require them. For example, some people were prescribed medicines for when they were agitated. However, although the protocols described how people might present when agitated, they did not inform staff of steps they should take to relieve the anxiety before resorting to the use of medicines. Some people were prescribed pain relief on a PRN basis. Some of these protocols were detailed and explained where people tended to experience pain. For example, staff had documented in one protocol, '[Person's name] has painful shoulders and knees and right hip'. However, we also saw on Keevil unit, five protocols where staff had written, 'To be given when [person's name] expresses/displays pain due to discomfort, [they] express this through body language and changes in mood'. These protocols were not personalised because there was no detail on how individual people would express pain and what 'body language' people might display.
- ☐ Staff were trained to administer medicines. Refresher training took place and staff competencies were checked.
- ☐ We observed part of a medicines round. The staff member administering the medicines didn't rush people, they informed people what the medicines were and waited to ensure they had swallowed them before signing the medicine administration record (MAR). All of the MAR's we looked at had been signed in full.
- ☐ Regular medicine audits took place. When issues were noted, action took place to rectify these. For example, there was a process in place whereby staff checked the MAR sheets each day to ensure all medicines had been signed for. We also looked at the latest pharmacist advice visit.
- ☐ When medicine incidents occurred, these were reported. There was an open culture for this to happen and we saw that when incidents had taken place, there was a process in place for staff to reflect on what had happened and the reasons why. Learning from these incidents was shared with staff to prevent recurrence.

Systems and processes to safeguard people from the risk of abuse

- ☐ People we spoke with said they felt safe living at the home and they would approach the registered

manager and staff where there were concerns about their safety. The registered manager had made safeguarding referrals where there were allegations of abuse.

- Staff had been trained to protect people from harm. One member of staff said, "I would report any incidents to my senior and document it." Staff were also familiar with the term whistleblowing. One member of staff said, "If I was concerned about poor care, I'd speak to my senior. If nothing was done, I'd go to management, or go via the company whistleblowing policy."

Preventing and controlling infection

- A bursar was employed, and part of their role included housekeeping and shared responsibility for maintenance. The bursar told us a head housekeeper was recruited and a start date would be set once all recruitment checks had taken place. The bursar said steps were being taken to build the team. Daily audits were introduced to ensure hygiene standards were maintained. Where gaps were identified from the audits the housekeeping staff were given feedback on improving standards of cleanliness.

- Infection control audits were completed. In the most recent audit, there were no areas identified that required action to be taken.

- Strong odours were noted in the morning and were cleared later in the day. The home was mostly clean throughout and there were housekeeping staff assigned to each floor of the home. There were some areas for improvement in ensuring effective infection control. These included some items of dirty cutlery laid at the table for lunch, and there was no bin available in the Rowde unit bathroom until requested from a member of staff. Prior to the bin being put in place, one person had disposed of their paper towel on the floor.

Learning lessons when things go wrong

- The registered manager said accidents and incidents were monitored. Incidents were assessed to identify the nature of the event and the triggers. For example, a medical cause. Support was sought from behavioural and mental healthcare professionals where incidents related to behaviours deemed to be challenging. The registered manager told us, "We look at the risk to the person and to others we put actions in place to reduce the risk. It's about prevention. There is reflective practice. We need to learn from what is happening."

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.

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

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. 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.

"At the last inspection on March 2018, we asked the provider to take action to make improvements in the assessments of mental capacity and best interest decisions this action has been completed.

• ☐ People told us the day to day decisions they made and who helped them make more difficult decisions.

- Mental capacity assessments were completed in relation to people's decision to live at the home, when needed, and were kept in the person's care records. For some people it was difficult to determine the best interest decision. When we looked at the document it was evident that pages were missing from the assessment. The dementia lead confirmed that the assessment forms will in future include all relevant pages to ensure the legal framework was in place.

- Where people lacked capacity and there were restrictions imposed, DoLS applications were in place. DoLS applications were made for people to live at the property and included the staff to administer their medicines, staffing on duty at all times and restrictions on people's freedom.

- In Rowde unit, however, where people had restrictions in place such as sensor mats, these were not recorded on their DoLS application. There were two examples where sensor mats had been put in place, but there were no assessments to show that this was the least restrictive option.

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

- There was a dementia lead at the home. The lead worked in both dementia units and assisted people,

joined in with activities, as well as completing assessments and care plans.

Staff support: induction, training, skills and experience

- The staff were supported with their performance and with their personal development. The record of support which staff received showed there were six monthly reviews, two trust conversations per year and group meetings such as staff and reflective meetings.
- One to one meeting with the line manager were known as trust conversations. Records of trust conversations were based on the staff's roles and to offer support with development. Staff feedback about their role was documented. One record showed that the staff member felt they enjoyed their role and would be keen to progress.
- The training matrix provided showed staff were attending training the provider had set as mandatory. This training included safeguarding of adults at risk, moving and handling and first aid. We noted that not all staff had attended mandatory training. For example, 84.3 % had attended moving and handling and 75% had attended health and safety awareness.
- ☐ Staff gave mixed feedback about eLearning. Some staff said the IT system was not always easy to access. One member of staff said, "The eLearning is so hard to get on to. IT problems make it hard, but the actual 1:1 training is really good." The staff found the session from Care home liaison "was really good, very useful."

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

- ☐ People's comments about the food were variable. Their comments included, "I don't think the food is that good in here. There isn't always something on the menu that I like but I have food in my room if I want it" and "I think the food is very good here and there is always a choice available."
- Catering staff told us the menus reflected a balance diet and were based on people's likes and their dietary requirements. The chef told us the menus were being reassessed to ensure where there was a heavy lunchtime meal the teatime meal was lighter. People's feedback on menus was sought whenever new menus were devised.
- The chef told us one person was a flexible vegetarian and menus included a vegetarian option for when this person was on a vegetarian diet. There were people served with textured diets and with fortified meals. For example, people lower in weight were offered smoothies.
- The eating and drinking care plan for one person confirmed comments from staff including catering staff. Guidance on textured diets from the Speech and Language Therapist (SaLT) were part of the care plan. Reports showed the staff had identified this person was also losing weight and they were following Malnutrition Universal Screening Tool (MUST) risk guidance.
- Staff knew people's preferences. We observed people being offered drinks and snacks throughout the day. There were jugs of squash, water dispensers, and drink making facilities available in the communal areas. We saw as one person arrived in the kitchen area for breakfast, the staff member quickly said they would go and collect some brown bread. The person was grateful for this, as it was their preference and the staff member knew the person would want toast for breakfast.

Staff working with other agencies to provide consistent, effective, timely care

- Prior to admission, people's care needs, and choices were assessed. Intermediate/Respite care plans were devised for people that were receiving short term care at the home

- Completed transfer documents were kept people's care records. This information gave detailed guidance on how medical staff were to care for the person in the event of a hospital admission.

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

- At the time of the inspection we saw that there were refurbishments taking place to the property. Although signage was limited the imminent refurbishments will improve the environment for people living with dementia.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs. People told us there were GP visits which the staff organised. A relative we spoke with told us, "The doctor has been called by staff today as my husband is chesty. They are good at picking up on these things". Another relative told us, "Staff always ring and let me know as soon as possible."
- There were visiting healthcare professionals, who assessed people at the home. These included the GP and the optician. Visits from external healthcare professionals were recorded. For one person, staff had requested referrals from the mental health team for specialist input. The staff then worked in partnership with the mental health team to gain the most suitable option to gain the desired outcome for the person.
- People who were at risk of skin breakdown, had care plans in place regarding their skin care. For one person who was cared for mostly in bed, their care plan stated the type of equipment that should be in place. We also saw that people had specialist mattresses in place to reduce the likelihood of skin breakdown and pressure areas occurring.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People told us the staff knew their preferences. Their comments included, "I would say the staff know me well. They know I enjoy having my feet massaged when they have time. "Yes, they do, and I have some banter and fun with them."

- ☐ Relatives told us they were made to feel welcome by the staff whenever they visited. A relative told us, "My husband has gone beyond speech now but even so, staff still chat to him and tell him what they are doing."

- ☐ When staff engaged with people, they were kind and patient and their interactions were happily received by people who enjoyed speaking with staff. While we observed staff taking prompt action when there were triggers of frustration and anxiety we didn't see the same interaction with people who didn't first engage with staff.

- ☐ The housekeeping staff were cheerful and knew people's preferred names. They greeted people as they entered the room and offered people drinks or assistance.

- ☐ At Christmas there was a remembrance tree of all those people that were no longer living at the home. Each person had a Christmas decoration on the tree. A picture of the tree and the decoration was sent to the family. Some relatives thanked the staff for remembering their relative during this period.

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

- ☐ People told us meetings were held to discuss the facilities and services offered at the home. "There are meetings and all kinds of things are discussed like the menu and if there is anything we would like to change" and "I think there are always things that could be improved I just can't think of any." A relative told us the registered manager was visible around the home.

- ☐ The dementia lead said, "Everyday, is different. Training is getting better [for us] to support the staff with the delivery of care to people." They said there were workshops and scenarios used to deliver training. For example, life story workshops.

- ☐ Support groups for relatives were introduced and there was a session on dementia which the specialist nurse delivered. This session was to increase relative's awareness of their family member's diagnosis, the various types of dementia and how this affected the brain. There was a previous session on life stories for relatives to understand the importance of staff knowing the person. The dementia lead said that since then

relatives have been bringing in photographs. This support was helping relatives have more meaningful visits with their families.

- ☐ Residents and relative meetings were taking place. Copies of the minutes showed suggestions were made which were acted upon. For example, changes of menus and activities.

Respecting and promoting people's privacy, dignity and independence

- ☐ People told us their privacy was respected. One person told us, "They pull the curtains over and close the door. Other comments from people included, "I just go to my room if I want to be on my own" and "There are lots of different areas I can go to if I want some peace and quiet."
- One person visited the local supermarket to do their own shopping. They had a regular routine, visiting their preferred shop, using a trusted taxi company to travel there. While the person's independence was promoted, staff provided support to help the person know what items they already had lots of, to help reduce their tendency to overstock.
- The doors between units on each floor were open and this allowed people more space to spend time in different areas of the home and to see different people.
- We saw people using the lift and accessing the garden. Those who smoked could do so with access to the smoking area.
- People were supported to be involved in aspects of maintaining the home, if they wished to be. One person's care plan explained that they liked to support the staff and they liked to keep busy. We saw the person engaging in organising the snack baskets, and assisting a staff member with collecting the laundry, by pushing the laundry trolley. The person was thoroughly engaged with the staff member and the activity.
- ☐ Staff understood how to respect people's privacy and dignity. Staff knocked on bedroom doors before entering. One member of staff said, "I always make sure doors are closed, and during personal care, do it one bit at a time. I keep people covered with a towel, talk to people and don't ever talk over them."
- ☐ People's spiritual needs were met. For example, in one person's plan it was written, "Used to attend church and would like to again. [They] are told about church services and can choose if [they] want to attend."

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Good

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

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

At the last inspection on March 2018, we asked the provider to take action to make improvements in care planning and this action has been completed.

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

• ☐ People told us there were discussions with staff about their needs. One person told us, "When I first came in, I sat down with staff and discussed things" and "There is always someone to talk to."

• ☐ Care plans were person centred and detailed people's choices and preferences for how they wanted to be supported by staff. Documents were in place which listed what was important to people, and how best to support them. Personal hygiene plans included information such as what clothes people preferred to wear and how much they could do for themselves with staff support.

• ☐ Each person's care plan had an 'About Me' document. This included details of their life history, such as their career, where they had lived, and family information. People's hobbies and interests were also documented. We saw that some of these documents had been completed to include a lot of information and detail. However, for some people the information was sparse and had not been developed.

• ☐ People's communication needs were assessed and recorded as required by the Accessible Information Standard (AIS). AIS was introduced to make sure that people with a disability or sensory loss were given information in a way they can understand. We saw menus were in pictures and words and staff used visual choices of meals.

• ☐ For one person the communication care plan gave guidance for staff on how to communicate with them when they were experiencing 'low mood'. The guidance was for staff to support the person to express choices during these periods. For example, simple sentences and visual options of clothing and of meals. The action plans lacked detail on the 'simple sentences' the staff were to use for the person to understand the conversations. For another person the communication care plan stated they were able to express himself verbally. Staff were to give visual prompts with picture menus and visual choices of clothes.

• ☐ Staff knew people well. Staff told us they read the care plans and staff handover systems enabled them to keep up to date with any changes in people's needs. One member of staff said, "I find out about people by asking them. I read the care plans and if I see something in their plan, I might mention it. Like one person used to be a driving instructor, and I'm just about to start driving so we talk about that." Another member of staff said, "It depends on the person, but everyone likes things done differently, so we do things the way they

like to do it. When we get to know them, we can make it about them."

- ☐ People told us there was a range of activities. People's comments included, "I enjoy going out on the bus and taking part in bingo and the quizzes." I enjoy taking part in all kinds of different activities that they offer here."
- ☐ There was a schedule of annual events and regular day to day activities. Where there were gaps in the activities programme suggestions were gathered from people. Group activities were well attended. During the inspection there were singing groups and a baking activity with a local community group.

Improving care quality in response to complaints or concerns

- ☐ People told us they spoke to staff about their concerns. Relatives told us they approached the staff with concerns or complaints.
- ☐ The log of complaints listed four complaints investigated by the registered manager since the last inspection. The registered manager responded in writing to the complainants about their concerns raised. While the registered manager described the actions taken there was no evidence an apology was given for shortfalls in care delivery. This would be expected under the Duty of Candour.

We recommend that the provider ensures the Duty of Candour guidance was followed.

End of life care and support

- ☐ Advanced decisions plans were in place. Some of these were more detailed than others, but we saw that people had been asked for their involvement in these.

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.

Following the last inspection, we imposed conditions on the providers registration. We asked the provider to complete an action plan to show what they would do and by when to improve Well Led. The provider submitted monthly action plans showing the completed action and any ongoing actions. We will remove the conditions from the providers registration.

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

- People told us they would recommend the home. One person told us, "I would definitely recommend it as I am very happy here."

- ☐ Staff said the service had improved since the last inspection. One member of staff said, "Staff have had more training. They understand what person-centred care is; they interact with residents more, we have better activities, and we've worked really hard on the care plans."

- ☐ Staff said morale was, "good" and, "a lot better." Staff spoke highly of the registered manager and said they were, "accessible", "supportive" and, "proactive."

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

- ☐ A registered manager was in post. The registered manager told us they were approachable and stated, "I would hope the staff can come to me. I get involved I see the staff when I walk around. It's my job to enable staff. Enabling staff to do their job well."

- ☐ Seniors were responsible for completing audits of their unit and giving these to the registered manager for their overview. There was analysis of weights, call bell response times and an audit of health and safety. For example, the risk audit had identified one person had four falls in one month. The actions included staff undertaking observations for signs of head injury, the care plan was updated, and the staff reflected on the incidents. Relatives were informed about the fall and GP's were involved. Where people had lost weight, they were monitored, and referrals made for specialist input.

- ☐ The registered manager said, "We look at the risk to the person and to others we put actions in place to reduce the risk. It's about prevention. We review risk assessments. We are looking at a risk pack. We need to learn from what is happening."

- The homes improvement plan reflected the findings of this inspection. There were areas identified for improvement which included six monthly reviews of people's needs. There were visits from the senior managers and their reports showed service delivery was monitored by the provider. At the most recent visit the area manager assessed accidents and incidents and reviewed risk analysis. Observations of practice occurred during their visits and they gained feedback from relatives at the home during their visit.

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

- The views of people were gathered. The registered manager told us the surveys were to be analysed but generally the feedback was good.

- The survey showed that five people and 20 relatives and friends responded. With the exception of staffing levels and meals, the feedback received was good in Caring, Responsive and Effective. These headings were consistent with CQC Key Lines of Enquires (KLOE).

- The staff received feedback from managers which enabled them to take the actions needed. Since December 2018 there were two meetings which included night staff meetings. At these meetings staffing rotas and the routines of the home were discussed. There were reminders for staff to document observations.

- Staff said they had regular team meetings. One member of staff said, "We had a staff meeting recently, (we call them workers reflection meetings now) and [registered manager] asked staff what they thought they did well. It matched what CQC had highlighted for improvement at the last inspection. We know we've improved." Another member of staff said, "We have better communication now and care plans are more up to date. It seems more like a home now where before it didn't. We try and do more activities with residents. It's better than it was, but it is still a work in progress."

Continuous learning and improving care

- The registered manager told us that sustainability was an area for development. The registered manager stated that maintaining standards was important, "We do audits to monitor that we are on the right line, so we maintain improvements. We are moving into developing the service. Every day we stop and have tea with residents. We are part of Devizes health and well-being group. Getting us out into the community and us helping in the community. It's about quality time with residents its telling staff its ok to sit with residents. We are all going to sit down together and spend time with the residents."

Working in partnership with others

- There was a lot of support from the community. A local supermarket supplied the plants for the garden.