Akari Care Limited

Wordsworth House

Inspection report

Clayton Road
Jesmond
Newcastle upon Tyne
Tyne and Wear
NE2 1TL

Tel: 01912121888

Date of inspection visit:
25 February 2016
29 February 2016

Date of publication:
26 April 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 25 and 29 February 2016. The first day of the inspection was unannounced.

This service was last inspected in January 2014, and it was meeting all the legal requirements in place at that time.

Wordsworth House is a care home which provides accommodation and personal care to older people, some of whom have a dementia-related condition. It provides nursing care. It has 78 beds, and at the time of this inspection there were 69 people living in the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt they were safe in the service. They said that staff listened and responded to any concerns they had. Systems were in place to protect people living in the home from harm. Staff had been given training in how to recognise and respond appropriately to any suspicion of abuse. They were fully aware of their responsibility to keep people safe. Risks to people had been assessed and actions taken to reduce the likelihood of them being harmed. Improved systems had been introduced for the safe management of people's medicines.

The service had enough staff on duty to allow them to meet people's care and treatment needs promptly. We saw staff had the time to talk to people, as well as meet their needs. New staff had been carefully checked to make sure they were suitable to work with vulnerable people.

The staff team were experienced and skilled, and had been given the training they needed to meet people's care needs. They received appropriate support to carry out their roles by means of supervision and appraisal. Staff morale was high, and they felt involved in the development of the service.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place. The registered manager was familiar with the processes involved in the application for a DoLS, and had made the necessary applications to the authorising authority.

People's routine health needs were carefully monitored and they had full access to the normal range of health care available in the community. Any specialist needs identified were quickly referred to the appropriate services. People were offered a nutritious and varied diet. Any individual dietary needs were assessed and met, following the advice of the relevant professionals.

People and their relatives spoke very highly of the quality of the care they received. They told us they were treated as individuals and that the staff approach was affectionate and considerate. People told us they were treated with respect at all times. They said their privacy and dignity were protected by the staff team, and they were encouraged to be as independent as they able to be. We found staff took an imaginative, innovative and person-centred approach to people's care, and took great pains to protect and enhance people's well-being.

People's needs were assessed and their wishes and views were taken into account in decisions about how those needs should be met. People's care plans were kept under constant review and updated where necessary. People were asked to give their views about their care and the running of the home in residents' meetings and in their individual care reviews. There were regular surveys of the views of people and their relatives, and the registered manager acted on their feedback. Complaints were taken seriously and responded to appropriately.

There was an open, positive and inclusive culture in the service. The registered manager was visible around the home and fully engaged with people and their visitors. The registered manager demonstrated good values and set high standards for the staff team. Staff told us they were well-managed; were treated with respect; and were listened to.

A range of systems were in place to monitor the quality of the service, and the registered manager took positive action to address any shortfalls. Feedback from people, relatives and staff was encouraged and welcomed as an opportunity to improve the service.

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.

People said they felt protected by the staff, who had been trained to recognise and report any abuse.

There were enough staff to meet people's needs in an unhurried way. All staff had been carefully checked to ensure they were suitable to work with vulnerable people.

Risks to people in the service were assessed and appropriate actions taken to minimise any harm to people.

Systems were in place for the safe administration of people's medicines.

Is the service effective?

Good

The service was effective.

Staff had the necessary skills and experience to meet people's needs effectively. Staff were given the training, support and supervision they needed to carry out their roles.

People's rights were protected under the Mental Capacity Act 2005 and no one was being deprived of their liberty unlawfully.

People's health needs were assessed and met. People were offered a varied and nutritious diet and told us they enjoyed their meals.

Is the service caring?

Outstanding ☆

The service was caring.

People and their relatives spoke highly of the kindness and attentiveness of the staff, and of the caring ethos of the service.

Staff paid particular attention to enhancing people's well-being and sense of worth and were imaginative in their approach.

People told us they were encouraged to be as independent as possible and that staff respected their privacy and dignity at all times.

Is the service responsive?

Good

The service was responsive.

The views of people and their relatives were fully incorporated into the planning of their care. Staff delivered care in a person-centred way.

Any complaints received were taken seriously and responded to professionally.

People were offered a wide range of suitable individual and group activities and social stimulation.

Is the service well-led?

Good

The service was well-led.

The registered manager set clear goals for the service and led by example.

Staff told us they were well-managed and were treated with respect.

Systems were in place to monitor the quality of the service provided, and there was a culture of continuous improvement.

Wordsworth House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

This inspection took place on 25 and 29 February 2016. The first day of the inspection was unannounced.

The inspection team was made up of one adult social care inspector and a specialist nurse advisor.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities to gain their experiences of the service. We received no information of concern from these agencies.

During the inspection we talked with 14 people using the service and five relatives. We spoke with 12 staff, including the registered manager, the service's line manager, nurses, care and ancillary staff. We 'pathway tracked' the care of four people by looking at their care records, talking with them and with staff about their care. We reviewed a sample of four staff personnel files; and other records relating to the management of the service, including medicines, recruitment, staff supervision and appraisal, accidents and quality monitoring systems.

Good

Is the service safe?

Our findings

People told us they felt safe and protected in the service. One person said, "I'm fine here. I have nothing to worry about." A second person told us, "I'm a bit wary of one resident, but generally I have no significant concerns about living here." (We reported this person's concern to the registered manager.) A third person commented, "I do feel safe here. I am treated with respect."

Systems were in place to recognise and respond to any actual or potential abuse of people living in the home. All staff members had received training in the safeguarding of vulnerable adults. Staff we spoke with told us they were fully aware of their responsibilities in this area, and said they would have no hesitation in reporting any abuse or bad practice. Clear records were kept of all safeguarding issues, and these showed all such incidents were reported to the local authority safeguarding team and to the Care Quality Commission.

The registered manager and senior staff were fully aware of the Duty of Candour placed on services under recent legislation. This duty requires registered people to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. The registered manager was able to give an example of having fulfilled this duty following a recent medicines error.

The registered manager told us the service supported most people in the home by holding small amounts of money for their personal use. The administrator showed us the computerised accounting system used to record money held, and any expenditure made on behalf of people. This was robust, with weekly updates, monthly internal audits and bank reconciliations and unannounced audits by line managers. Receipts were kept and two signatures held for every transaction. This meant people were protected against the risk of financial abuse.

Other risks to people were also regularly assessed. Areas covered included generic risks such as building safety; and risks specific to the person. These included assessing the risk of falls, choking, moving and handling, medicines and tissue damage. Each risk was assessed with regard to its likelihood, frequency and seriousness; and to the control measures required to mitigate the risk. For example, a person with swallowing difficulty had control measure such as, "Modify the consistency of food… (details were given); ensure staff supervision" recorded in a personalised dysphasia care plan. Risks were reassessed on a monthly basis to ensure they reflected the current levels of risk. The service had a 'responsible risk taking' policy that sought to balance assessed risks against the person's right to independent thoughts and actions, so that their independence was not unnecessarily restricted.

We noted the service did not provide staff with specific Human Rights training, but enquiries with training providers showed that human rights were included as significant sections in other training given to staff, including safeguarding, Mental Capacity and confidentiality and data protection courses. Staff told us they were fully aware of the importance of people's rights and confirmed this was embedded in their training and daily work with people.

The safety of staff was enhanced by providing them with appropriate personal protective equipment such as

disposable gloves and aprons, arm and shoe covers; and by risks assessments of equipment they used. Individual risk assessments were carried out where, for example a staff member had a medical condition or was pregnant. We saw health and safety was a regular agenda item for staff meetings and in staff supervision.

Regular checks were carried out on the safety of the premises. These included weekly tests of fire safety systems and monthly checks of, for example, the staff call system, window restrictors, water quality and temperatures, and bed rails. Records showed that any faults discovered were logged and addressed promptly.

We asked to see the arrangements in place for responding to emergencies. We were shown the service's 'business continuity plan'. This was comprehensive and detailed. It addressed situations including the disruption or failure of gas, electricity and water services; severe weather; failure of IT services; and breakdown of the lift. Plans for the evacuation and relocation of people in the service in an emergency were kept in the entrance to the service.

Records showed all accidents, including near misses and other events not causing injury, were logged in the accident book. The registered manager told us they checked this log daily to see if any further actions were necessary to keep people safe. Examples given were carrying out blood pressure, urine and medicines checks; increased observations; and referral to outside professionals such the GP, falls team, social worker or behavioural management team. For example, we saw one person who was prone to falls had been put on hourly recorded observations.

We asked the registered manager how staffing levels were determined. They told us they carried out a monthly assessment of the dependency levels of people on each floor of the building, and used a recognised tool to calculate the staff hours needed to meet people's needs. We saw, in practice, the service was staffed significantly above the hours specified in the dependency assessment tool. The regional manager told us this was a reflection of the provider's commitment to providing personalised care, and also the size of the building.

Staff told us they felt there were enough staff to meet people's needs in a timely manner. People told us they thought there were generally enough staff. One person said staff were a bit slow at responding, sometimes. We checked this by activating the person's nurse call: on this occasion, it was answered by a staff member who attended the person within 30 seconds.

We reviewed the recruitment and personnel files of four members of staff. These were well-organised and demonstrated a robust approach to ensuring only suitable applicants were employed. Checks undertaken included asking for proof of identity; taking up references from previous employers; contacting the Disclosure and Barring Service regarding any previous convictions; and checks of professional qualifications and the right to work in the UK.

We looked at the arrangements for the safe and effective management of people's medicines. We found the service had recently worked with the supplying pharmacy to introduce a computerised system for the recording of medicines received, administered and returned. This integrated the records held by the pharmacy and the service, and included automatic signals that warned if staff attempted to give the wrong medicine, wrong dose or to the wrong person by the use of a bar code scanner. We spoke with the supplying pharmacist who told us the system was very effective and had significantly reduced the possibility of human error. We also talked with two nurses who described the workings of the new system to us, and told us they were enthusiastic about the improvements it made to protecting people from the risks of medicines errors.

Good

Is the service effective?

Our findings

People and their relatives told us the service was very effective in meeting people's needs. In a recent internal survey of people's views, 25 of the 26 people who responded said they felt staff were suitably trained and competent to meet their needs. People we asked could not identify any obvious gaps in staff training, and felt they were receiving an effective service from skilled staff. One person told us, "The training the staff get seems okay." A second person commented, "All the staff are trained well."

Relatives told us they were very satisfied with effectiveness of the service. One relative told us, "I came to visit, unannounced. I was impressed with the care staff's knowledge; they could answer all my questions." We also noted, in the 'compliments' file, comments from relatives including, "You should be justly proud of your staff team for the wonderful work that they do"; and, "We can hardly believe the improvements since our relative came here from hospital two months ago."

Our observations, discussions with nursing and care staff, and documentation confirmed that staff had the necessary skills and knowledge. We found evidence of good practice in, for example, bowel care, infection management, nutrition and wound care.

We looked at how staff were inducted into the service, and how they were subsequently trained. We saw the initial induction process for new staff lasted for two weeks, and included learning about people and their needs; becoming familiar with the building; studying policies and procedures; and undergoing a range of health and safety training. The registered manager showed us the documentation that was in place to prepare staff for the introduction of the Care Certificate, which is a standardised approach to training for new staff working in health and social care. This was due to be introduced in the month after this inspection.

We looked at the staff training matrix. The registered manager told us that recent changes in the provider's expectations for staff training had led to some staff, previously up to date with training, to now need further training. We were shown evidence that all such staff had been booked onto relevant courses over the following six weeks.

We spoke with an independent trainer who worked regularly into the service, and was conducting training on the days of inspection. This person told us, "They keep me busy, giving training here. They have a remarkable commitment to training, and they make sure staff being trained have protected time to do this, by bringing extra staff to cover them. The manager and deputy attend a lot of the training, which sets the right example to staff." This person also told us the staff team had the skills and knowledge they needed, and said this was confirmed by the competency tests carried out at the end of training sessions. We were told the registered manager did not wait for big groups of staff to need refresher training, but arranged training as needed for small groups.

In addition to the mandatory training, staff were encouraged to develop their personal skills and knowledge. The registered manager gave us examples of having given individual staff members extra responsibilities,

with the required support, as Dementia and infection-control champions; and as lead workers for assessment, care planning and reviewing people's care. The registered manager told us this increased staff self-esteem and developed their professional careers.

The provider's policy on the supervision of staff stated they should receive a minimum of five individual sessions each year with a senior member of staff. The staff supervision matrix showed that this target was being met, with all staff either up to date or with a supervision session planned in the near future. The registered manager told us they actively enjoyed the supervision process: "I love to have one-to-ones with my staff, get to know what makes them tick, and find out what makes them happy or unhappy at work." They told us staff responded really well and participated fully. Minutes of meetings showed they were wide-ranging, and addressed performance, training, personal development policies and procedures and meeting people's needs. In addition, all staff received an annual appraisal of their work, which set personal goals for the year ahead.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw, where a person lacked capacity to consent to their care and treatment, the service acted in line with the MCA. A formal assessment of capacity had been completed and appropriate decisions had been reached and recorded in the person's best interests.

We looked at the provider's policy on 'consent for treatment'. We found it was poorly focussed and did not clearly instruct staff on how to obtain and record such consent, for people who had the capacity to give consent. For example, it did not tell staff to ask for verbal consent for day-to-day interventions. Documentation included specific forms asking the person to consent have their photograph taken for identification purposes and for agreeing to accept vaccinations, but not for consenting to their care and treatment. We discussed this with the registered manager and the line manager, who accepted the point and said they would raise it with the provider.

We saw that, in practice, staff made a point of asking people's permission before making any interventions, and respected it when a person refused their consent. One staff member told us, "If a person has capacity, they have the right to refuse and we respect it." The registered manager told us the senior staff kept a close eye on matters of consent, and were happy there were no day-to-day issues.

We observed staff took time and care to make sure they were able to communicate effectively with people, getting down to the person's level, speaking slowly, where appropriate, and listening carefully. People's individual communication needs were assessed and met. We saw, in the care plan of a person who had significant communication difficulties, staff were advised to reduce background noise before attempting to talk to the person; ensure good lighting, to see the person's face clearly; use short sentences and closed questions; and give the person time to process the information and respond.

Staff communicated well, both verbally and through the use of daily progress sheets, completed periodically

throughout the day. These informed other staff about staff interventions, updates on the person's progress and mood, and any other relevant information.

People's nutritional needs were assessed using the Malnutrition Universal Screening Tool, which is a screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan. We found evidence of appropriate referrals to dieticians and speech and language therapists, and saw the advice of professionals was incorporated into people's nutritional care plans. These care plans described and special dietary needs. Where necessary, food and fluid intake charts were used effectively to monitor people's diet. We saw evidence that people with low body mass index were gaining weight.

The service operated a 'protected meal times' policy, whereby visitors were requested to avoid coming at mealtimes, to allow people to concentrate on their meals. We saw a recent survey of people's satisfaction with the catering in the home. This indicated a high degree of approval of the variety of the menus, individual choice, tastiness, portion size and presentation of the meals. The survey also confirmed people got any support they needed with eating their meals, were happy with the seating arrangements, and were provided with snacks and drinks when they wished. One person told us, "I have different meals from the others. They cater to individual tastes."

People's routine health needs were assessed and they were encouraged to have regular check-ups with dentists and opticians, and have hearing tests. Care plans included entries such as, "Ensure I have visits from the chiropodist and dentist regularly." Detailed records were kept of all visits to or from health professionals. Any advice given was included in the person's care plan; for example, "Observe the recommendations of the speech therapist re modified diet (details given)." We saw evidence of the appropriate referral to more specialist services, such as psychology and neurology, where required.

Outstanding ☆

Is the service caring?

Our findings

People told us they were happy with the caring nature of the whole staff team, and said they were always treated with great respect, care and affection. One person commented, "There's a very caring culture, here. Lots of staff will do that little bit extra, like offering to go to the shops for me." A second person told us, "The staff are kind, generous and helpful." Relatives' comments included, "The care here is absolutely superb"; and, "The TLC is really excellent."

We saw many similar comments in the service's 'compliments file'. One relative had written, "We are extremely grateful and appreciative of the excellent care given to (name). The nursing and personal care was second to none." A visiting professional had commented, "Very pleasantly surprised at the homeliness and friendliness of staff. I go into a lot of care homes and none have ever met this standard. I would certainly consider this home for my family members."

The home had a welcoming and comfortable ambience. The large entrance foyer had well-upholstered armchairs and sofas, a piano and grandfather clock, and there were newspapers and magazines for people to browse. Homely touches in other areas included a large display of novelty tea pots, and china tea sets in a 'tea room', used for visitors and tea parties.

We observed staff interacting positively with people throughout the inspection. All the staff seemed to smile, and people responded in kind, obviously enjoying the company of staff. The registered manager and staff had time to sit and chat with people, and there was good eye contact, regular laughter and relaxed conversations. Staff treated people with respect and consideration, and listened attentively, giving people time to make their contributions.

We saw lots of appropriate physical contact, with people and staff walking arm-in-arm, or sitting holding hands. We heard one staff member tell the registered manager, "(Name) wants to come down and have their hug." The registered manager smiled and told us this person requested, and received, a hug every morning.

The registered manager told us they were proud of their staff. They said the staff were: "Very caring, very professional. They offer people choices and are very attentive: they pick up anyone's discomfort."

Staff had a good awareness of equality and diversity issues. They told us they tried to treat everyone as an individual, and made sure no-one was discriminated against. Where a person had particular needs, every effort was made to meet them. We were given the example of one person, who was from an ethnic minority and did not speak English. Contact was made with the person's local ethnic community and a member of staff who spoke the person's language was employed specifically to engage with the person. We were told the benefits of this had been dramatic, with a major increase in the person's feelings of well-being and self-esteem.

People's well-being was enhanced in other imaginative ways. These included the use of 'bubble therapy' for

people with dementia who were nursed in bed. This was combined with music to provide visual, aural and physical stimulation. The therapeutic use of animals was understood, and the service arranged for regular visits from handlers with ponies, rabbits, snakes and spiders. Individual 'pamper' sessions were offered, with beauty treatments, massage and hairstyling. The registered manager explained the 'anywhere, anytime' approach the staff took to keep people engaged and stimulated. This might take the form of a spontaneous episode of 'balloon tennis'; inviting someone to dance in the corridor; or giving a hand massage in the course of a conversation. We saw, in the course of the inspection a staff member moving between areas of the home who paused to play the piano for people sitting in the area. This approach was reported to be particularly beneficial with people who did not usually join in organised activities.

People's spiritual needs were also recognised as important to many people's feelings of well-being, and appropriate support was given to meet such needs, with regular religious services held. The service had its own 'residents' choir', which rehearsed regularly in the home and gave concerts at special times such as Christmas. The registered manager told us this choir had energised many people and that it allowed people to 'give back' to the staff, their families and other visitors, as well as taking a pride in performance.

People were actively encouraged to take an interest in the running of the home. People who wished were given roles such as 'door person' (to meet and greet visitors); a 'post master' who handed out the post; and a 'manager's assistant', who helped in the office and answered the phone. Other people helped with chores such as helping fold towels in the laundry. People so involved were given induction and a name badge. We were told these roles increased people's sense of worth and value, and helped them avoid being passive recipients of care.

The registered manager told us of the regular monthly 'residents and relatives' meetings, which attracted a core of regular attenders. "We tell them it's their meeting; they can set the agenda and decide what we discuss." The registered manager said they were in the process of setting up a residents/relatives' committee, to formalise this involvement. We were also told people had informal involvement in staff recruitment. Applicants met with people in the service, and the registered manager took notice of the feedback people gave them about their impressions.

People and visitors were provided with relevant and useful information. This was mainly in the entrance to the service as, the registered manager told us, "People told us they did not want lots of notice boards around their home." Information available included the service's statement of purpose and service user guide; advocacy contact numbers; complaints procedure; and activities and events. We were given evidence of the current use of both Independent Mental Capacity Assessors and Independent Mental Health Advocates to support people with their important decision-making.

Staff were regularly reminded in staff meetings of the importance of keeping people's personal information confidential. The registered manager said, "I tell staff 'walls have ears', and that information is to be passed only on a genuine 'need to know' basis." They told us this included sharing sensitive information with relatives, and said they were guided by the person's wishes, where they had capacity.

The service had a pro-active 'dignity champion', who was highly committed to the role, led by example, and challenged any staff actions that might diminish a person's dignity in any way. Staff were also given frequent reminders of the need to preserve people's privacy and dignity. They were able to give us examples of ways of protecting people's dignity, such as covering the person with a towel when undressing for a bath, and closing doors and curtains to maintain privacy when giving personal care. The registered manager commented, "We won't have the 'every bedroom door open' approach you see in some homes." People we spoke with confirmed they were never put in undignified situations by the staff.

People were encouraged to be as independent as they were able to be. One person told us, "I have the key to my door." People were supported to take time away from the service if they wished, with one person having regular weekends away with their spouse. Staff helped with travel and medicines arrangements, where necessary, to enable this. We were given many examples of people becoming more active and independent since coming into the service, such as one person writing their memoirs; and another socially very isolated person who now took part in activities, went to local shops and handled their own finances.

People's end of life care wishes, including funeral arrangements and spiritual needs, were sensitively assessed. The registered manager ensured the involvement of relevant professionals, including MacMillan nurses, and gave every support to the person and their relatives, including providing accommodation where needed. Staff were given training in this important area, and took their responsibilities seriously. When a person left the home for the last time, it was through the front door, with staff respectfully lining the corridors.

Good

Is the service responsive?

Our findings

People told us staff knew them well and were responsive to their changing needs. They said staff attended them promptly when they needed assistance. Comments included, "It's very good, here, on the whole. It's very comfortable"; "The manager is very good. She listens and responds"; and, "They come quickly when I press the buzzer, usually."

A comprehensive pre-admission assessment was carried out by the registered manager to ensure the service could meet all of the person's needs. This process included assessing people's physical and mental health needs; social and leisure preferences; and specific needs such as continence care, skin integrity, falls and nutrition. Where available, the written guidance of health and social care professionals already involved in the person's care and treatment were sought and used in the assessment. People and their families took an active part in the assessment process. One person told us, "I was fully involved in my assessment. I direct my own care, on the whole." As well as formal assessments, staff were in the process of drawing up pen pictures to give a more personalised snap shot of each person, their family history, achievements, interests and habits.

Areas of need identified in people's assessments were described in detail in individual care plans. These were highly individualised and person-centred, and gave clear guidance to staff about how best to meet those needs. The care plans included people's wishes and preferences about how their care should be given, and were written in the first person, as in "I wish staff to…." This helped staff concentrate on the person rather than the task involved. Night profiles were developed, giving staff information about the person's sleep preferences, including when to rise and retire; preferred nightwear; number of pillows; and whether to be checked during the night. Records showed people's care plans were evaluated at least monthly and updated where necessary.

Formal reviews of each person's care took place, six weeks after admission then every six months, with the person, their representatives and any involved professionals. These reviews checked the continuing suitability of the placement, charted the person's progress against the care plan goals, and looked to see if any changes were needed to the care plan.

A wide range of social activities and leisure opportunities was offered. Group activities included quizzes, music therapy and pet therapy sessions, floor games, bingo, exercise and art classes. Singers and entertainers were regularly booked and occasional clothes sales were held. People were also encouraged to pursue their own individual hobbies and interests, such as knitting or writing.

The activities co-ordinator impressed by their imagination, energy and complete commitment to maintaining people's dignity and well-being, as well as providing a stimulating programme of social activities. Staff told us they had time to support the activities programme. One staff member told us, "People get out quite regularly, to the cinema, theatres, parks and for personal shopping. Lots of staff come in on their days off to take people out or to church on a Sunday." The registered manager told us staff were sometimes rostered in specifically to facilitate activities.

The registered manager and the activities co-ordinator told us staff went to great lengths to make sure no person in the home became socially isolated. People were reminded regularly of upcoming activities and supported to attend. Those did not wish to join the group activities were targeted for more one-to-one attention. The registered manager told us of the 'talk and listen' staff role that was being introduced to the service, after a success trial in another of the provider's services, This staff member had no care duties, but would be able to concentrate solely on engaging with people, listening and responding to whatever they wished to talk about.

Staff told us people were free to move around their home and were supported to visit friends on different floors. People could order in takeaway food, have purchases made and delivered, decide on their bedroom décor and have their own phone lines. People confirmed they were given plenty of choices in their daily lives and were encouraged to make decisions about everything. One person told us, "If you ask for something, you get it. I've asked to change rooms and change floors, and they have accommodated me." Another person commented, "I do what I want. If I want to go out, I just tell the staff. I can sleep in till midday, and I do, sometimes." We overheard staff offering people choices. For example, we heard one person being asked, "Would you like your coffee now, or later?" A second person was asked where they would like to sit after their meal.

A 'concerns and complaints' register was kept. This gave details of all concerns raised and the steps taken to investigate them, along with the findings and outcome. The complainant's degree of satisfaction with the outcome was recorded. A detailed written response was given to each complainant, with apologies expressed where appropriate, and an outline of the steps taken to prevent a repeat of the issue in question.

Where a person required admission to hospital, they were accompanied with written information about their medical history; currently prescribed medicines; allergies; nutritional needs; mental state; and risk of falls. If the person was transferring to another service, the registered manager liaised with the service in question, shared relevant care records, and assisted their pre-admission assessment process. The registered manager told us the person and their family would be fully involved in this process. Staff supported people visiting the person in their new care setting, where possible.

Good

Is the service well-led?

Our findings

The service had a registered manager in post, who had been registered since January 2016. They were fully aware of their responsibility to notify the Care Quality Commission of all significant events in the service. The registered manager and the staff team co-operated fully with this inspection.

People told us they were very satisfied with how the service was run. A typical comment was, "It's a well-managed home: very good, on the whole."

The culture in the service was clearly one of openness, transparency and inclusiveness. Visitors were met with smiles, made welcome and put at their ease by staff. A relative commented, "My (relative) has settled in well, here. It's a tribute to the atmosphere – it's relaxed, not uptight, and the staff are good-humoured."

There was a clear management structure in place. The registered manager told us they got excellent support from their line manager, and were able to contact senior managers directly with requests and suggestions. They told us the managing director and other directors visited quite regularly and took an interest in people and the staff team.

The registered manager described their managerial approach as being 'firm but fair: open approachable and down to earth'. Staff we spoke with confirmed this style and spoke very highly of the registered manager as a person and as a leader. One staff member told us, "You couldn't have a better manager. I've been very impressed. And we get the resources we need." A second staff member commented, "The manager treats everyone with respect. She has an open door to everybody and she listens." Another stated, "The manager is fine, very nice, I've got a lot of respect for her, she's very fair."

We asked the registered manager to articulate their vision for the service. They told us, "We want this to be a real flagship home. We want the dementia care to be outstanding: a community where people really embrace life - a new beginning, not an end." They said their role was to act as a voice for the people who lived in the home.

We saw the registered manager was a constant presence on the floor and, when not assisting with the inspection process, was often found sitting talking with people and their visitors. Staff confirmed this was normal practice. One told us, "The manager is very visible: she knows every single person in the building and gives everyone her time." We noted the registered manager worked a night shift every month, to support and monitor the night staff; and also made early morning and evening spot checks, to ensure quality was being maintained at all times.

The registered manager told us they accepted full accountability for the service. They told us they had high expectations of the staff team, and would always address an individual's failure to meet those standards. However, the approach they described was to analyse what had gone wrong, and what could be don't to prevent a repetition of the failure, rather than to apportion blame. They told us, "If a member of the staff team has failed, then I have failed."

A range of systems were in place to monitor the quality of the service. The registered manager conducted monthly checks of areas such as infection control, catering, care plans and health and safety. The registered manager drew up a monthly 'home overview' report for their line manager. This gave feedback on the views of people, complaints, accidents, health issues, safeguarding and care practices. The service's line manager also conducted a monthly audit of the service, checking all the internal audits and sampling a wide range of other records regarding the safe and effective management of the service. Any areas requiring improvement identified in these varied quality checks were added to the 'home development plan'. This was comprehensive, detailed and kept regularly updated to show progress or achievement of the goals set.

Each year there was an unannounced audit of every area of the service conducted by a regional manager that was independent from Wordsworth House. We were told this was comprehensive and took up to three days.

The results of the most recent annual surveys of the views of people, their relatives, staff and visiting professionals were displayed in the entrance to the service. These showed high levels of satisfaction by all parties, and showed no significant areas for improvement. The registered manager told us the surveys were due to be repeated in May this year. People and visitors were also able to make their views known between surveys, using the 'suggestion cards' and visitors' feedback questionnaires available in the foyer of the service.

The registered manager told us they were committed to continual development of the service. They said they encouraged the staff team to share this commitment, to be thoughtful about their own practice, and to question any practices that they felt were not in people's best interests. Staff meeting minutes confirmed that staff were able to challenge the status quo and were encouraged to suggest ways to improve the service. One staff member told us, "Staff meetings are an open forum, and the manager listens to ideas." A second staff member commented, "The manager asks for our views and asks for suggestions." The registered manager took note of staff views and gave examples of implementing suggestions such as increased staffing levels to better meet people's changing needs; and giving extra training and responsibilities to the senior staff team. They told us these changes had improved the service and increased accountability in the staff team.

The registered manager described the links the service had built up with its local and wider communities. These included local schools, with visits by school choirs and supervised student volunteers, and local churches. Other volunteers were made welcome, following appropriate checks of their suitability, and the registered manager told us the service was preparing to take on some young apprentices soon.