

Amesbury Abbey Limited

Winton Care Home

Inspection report

Wallop House
Nether Wallop
Stockbridge
Hampshire
SO20 8HE

Tel: 01264781366

Website: www.amesburyabbey.com

Date of inspection visit:

11 January 2018

15 January 2018

Date of publication:

15 February 2018

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

This inspection took place on the 11 and 15 January 2018.

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

Winton Care Home accommodates 36 people in one adapted building. Accommodation at the home is provided over three floors over two distinct areas in a period building, the main house and the wing. The wing provided additional support to those living with dementia. There are large gardens and patio areas which provide a safe and secure private leisure area for people living at the home. At the time of the inspection 28 people were using the service.

There was a registered manager in place. 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 and associated Regulations about how the service is run.

At our previous inspection on 17 and 19 November 2015, we identified a breach of regulations. Recruitment procedures were not fully completed to protect people from the employment of unsuitable care staff. The provider sent us an action plan detailing the steps they would take to become compliant with the regulations. At this inspection we found action had been taken and recruitment procedures were now safe.

There were arrangements in place for managing medicines. However further work was required on the recording of the administration of 'when required' (PRN) medicines.

Individual risks to people were not always managed appropriately. Additional measures to keep people safe were not always documented and staff were unclear where disposable clinical equipment was stored to keep people safe.

People felt safe living at Winton Care Home. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of 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?

The service remains Requires Improvement.

Safe recruitment practices were now being followed and pre-employment checks were being completed.

Suitable arrangements were in place to manage medicines safely, although further work was required on the recording of the administration of PRN medicines.

Most risks associated with people's needs were in place. However we found risks for some medicines and oxygen were not always managed effectively.

Infection control procedures were in place, but further checks were required to easily identify potential areas of concern.

People felt safe at the home and staff knew how to identify, prevent and report abuse. There were enough staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Winton Care Home

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.'

This comprehensive inspection took place on 11 and 15 January 2018 and was unannounced. The inspection team consisted of two 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 kind of service.

We spoke with eight people who used the service and seven relatives, and a visiting external training assessor. We also spoke with the registered manager, deputy manager, three registered nurses, one laundry assistant, one assistant chef and five care staff. We looked at a range of records which included the care records for nine people, medicines records and recruitment records for five care workers. We also looked at a range of records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection we also received feedback from four external healthcare professionals.

We last inspected the home in November 2015 where we found concerns in safe concerning staff recruitment files. The home was rated as good overall.

Is the service safe?

Our findings

At our previous inspection in November 2015, we identified that the provider did not follow safe recruitment procedures. The provider had not obtained full employment histories from care staff before commencing employment. We asked the provider to tell us what action they were taking and they sent us an action plan stating they would be meeting the requirements of the regulations by January 2016. At this inspection we found action had been taken and recruitment procedures were now safe.

People told us, "I know they look after me; of course I am safe". Another person said, "I think the staff here are marvellous; they know what they are doing, and I have every confidence in them they look after me beautifully". A family member said, "There is a nominated member of staff that does a medicine round several times a day, it is all taken care of for all of us. If anyone is unwell there is no better place than this".

Medicine administration records (MAR) and care plans contained supporting information about a person's medicines needs, such as allergies, ability to communicate and how people liked to take their medicines. Where people had been prescribed medicines to be given 'when required' (PRN) some care records gave clear information on when these were required; however, this was not consistent. We spoke with the deputy manager who addressed this matter immediately to ensure all medicines which could be given PRN had suitable protocols in place. These protocols give additional guidance to staff about when these medicines might be needed. Some clarity was required in medicine administration records as to the administration and effectiveness of these medicines.

We recommend the registered provider take further reputable guidance on the recording of the administration of PRN medicines.

The home was holding medicines that required stricter controls called controlled drugs. A spot check of these drugs showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given in line with current legislation. Homely remedies were available for people if these were required. These are medicines which can be bought over the counter at pharmacies and include medicines for pain relief, constipation and indigestion.

Care records showed one person needed to receive their medicines covertly. Covert medicines are those given in a disguised form, for example in food or drink, where a person is refusing treatment due to their mental health condition. Staff had ensured families and health care professionals had been fully involved in a best interests' decision making process about the administration of these medicines. This was in line with the Mental Capacity Act 2005 to ensure the safety and welfare of the person.

Most risks associated with people's care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for; maintenance of skin integrity, choking, falls, nutrition, mobility and moving and handling. However the risks associated with some medicines which people received had not been identified to inform plans of care. One person received an anticoagulant medicine. These medicines thin the blood and people who take them are at increased risk of bleeding or clotting if the

medicines are not managed appropriately. The risks associated with this medicine had not been identified and plans of care had not been put in place to mitigate these risks. For another person who required the administration of oxygen to maintain their health and wellbeing, the risks associated with this substance had not been assessed for this person. Care plans were not informed of these risks. The deputy manager told us these would be addressed. On the second day of our inspection we saw these were updated and the risks identified.

Clinical equipment was not always checked for efficiency and safety before staff used this. For example, a suction machine was available for staff to use in the event of an emergency. This equipment was not clean and had been checked for safety in February 2017; there were no further records of this having been checked by staff. A registered nurse told us this had been used on two occasions they knew of however, the equipment was not checked regularly for cleanliness or efficiency. They were also unclear where disposable equipment, required to be used with the machine, was kept. For people who required the use of an air mattress to reduce the risk of skin damage when in bed, care records did not always clearly identify the setting for this equipment was accurate. We spoke with the deputy manager who addressed these matters immediately. They ensured us they had put in systems to maintain all equipment such as suction machines and syringe drivers were checked weekly for cleanliness and efficiency. A system was put in place to ensure air mattresses were correctly set at therapeutic levels for people to reduce the risk of skin damage.

We noted there was Personal Emergency Evacuation Plans (PEEP) in place to provide information on how people would need to be supported in the event of an emergency in the home. These were held in a file in the registered manager's office and the deputy manager told us these were updated when care plans were reviewed. However, we saw these were not always up to date nor were they stored where staff could view these and familiarise themselves with the document. The deputy manager took action to update these PEEP forms and ensure they were held with other care records. A colour coded system of discs displayed outside bedroom doors was used to help staff and emergency personnel identify the level of support a person would need in the event of an emergency.

There were sufficient staff to meet people's care needs. People and their families told us there were enough staff. A family member said, "I visit every day and I know what my husband's needs are, he has significant mobility problems. The staff are absolutely fantastic in all respects". Staff rotas were planned in advance and reflected the target staffing ratio we observed during the inspection. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs.

Robust recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service.

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. A safeguarding policy was in place and support staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse. Information were displayed around the home informing staff and people about what to do if they had any safeguarding concerns for them or someone else.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "Whistle blowing policy in place. To be fair [managers name], if I had a concern will address it". Another staff member said, "Whistle blow if needed go up the ladder and make sure everyone is safe in the meantime".

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. However, parts of the home are in need of a refurbishment and presented an infection control risk. On the first day of our inspection we observed badly stained seating in a couple of chairs in empty rooms. We also observed some rubbish bins without self-closing lids as recommended by the department of health infection control guidelines. We spoke with the registered manager and deputy manager who immediately disposed of the chairs and sought new bins throughout the home with self-closing lids.

Some of the upstairs carpets were worn and stained in places. We spoke with the deputy manager who showed us the plan of development in place to gradually replace worn carpets and that they were working their way around the home to remove and provide new flooring. Infection control audits were carried out regularly and included, hand hygiene, kitchens areas, spillages, disposal of waste, mattress checks and personal protective clothing. However after our findings the deputy manager informed us they were going to include checking furniture and pulling out cushions. The deputy manager told us, they had spoken to the infection control lead for the local authority and they were booked in to visit in the next couple of weeks to see if they can make any further improvements to the home and infection control.

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

The service acted in an open and transparent way and shared lessons from learning to make sure people were safe and improvements were implemented. A health professional told us how they had been working closely with the deputy manager to improve any processes which were not working well. They gave us an example on how together they had improved medicines procedures. They told us, "We have recently changed the way in which our dispensary work with the care home. We now print out the MAR charts for the home and stick drug labels on them which match the drug labels on the medication boxes. Previously the MAR charts were written by the home and the instructions were copied onto the MAR chart from the directions on the drug label. We were concerned about potential errors occurring so changed the protocol".

Is the service effective?

Our findings

People and their families felt well cared for by staff that were well trained and understood their needs. A family member said, "I am confident in their ability to ensure my mother's needs are met. I was involved in the preparation of the care plan and I have regular contact with [deputy manager's name] on how things are going. My mother receives care from the same staff each day, they know her well". A health professional told us, "I am always impressed by the knowledge the nurses and carers have about each individual patient and their care plans".

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Before providing care, they sought verbal consent from people and gave them time to respond.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLS. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People's mental capacity had been assessed where this was appropriate and had been incorporated into their care plans. This gave clear information for staff on how to ensure they received consent from people before supporting them. For example, each care plan identified whether a person was able to participate in the decisions about an aspect of their care and how staff should support them with this. Where people were unable to provide this consent, staff had completed decision specific best interests' assessment involving relatives and representatives of the person as appropriate. A health professional told us, "I have attended two best interest meetings within the last six months with [deputy's manager name] and relatives to discuss patients". They also told us, "For example, a patient with multiple falls was discussed with me several times regarding cot sides and her best interests. The old age psychiatrist was involved as well as occupational therapy in order to make the right decision for the patient. This was all instigated by Winton".

We looked at the care records of people with complex physical and mental health needs or advanced dementia. Their physical, mental health and social needs had been holistically assessed to ensure the care they received was in line with their individual needs. A pre admission assessment had been completed for each person and contained detailed information on people's likes, dislikes and preferences. Clear family history details were available and records identified those who were important to the person as well as legal

representatives such as power of attorney.

Technology was used in the home to effectively support the safety and welfare of people. For example, pressure mats and sensor beams were in use in the home to reduce the risk of falls for people. People had consented to the use of this equipment or it was used in the best interests of people as staff had ensured families and health care professionals had been fully involved in a best interests' decision making about this. This was in line with the Mental Capacity Act 2005 to ensure the safety and welfare of the person.

People were effectively supported to eat and drink enough to meet their needs. One person told us, "The present cook is brilliant. As it stands I cannot fault the catering service". Each person had a detailed eating and drinking support plan based on their requirements and preferences. Staff we spoke with had a good knowledge of people's support needs and provided people with different food options. Staff were attentive to people, and were encouraged to eat. We observed person having difficulty using their cutlery. A staff member spotted this and immediately came over to assist. They asked quietly before intervening, and then left the moment the person could manage themselves.

There was a choice of two meal options and one vegetarian option. If people did not want the choice on the menu they could chose an alternative. The chef was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food. Staff were aware of the risks of malnutrition and dehydration and these were effectively managed. People's weights were monitored regularly and records showed that professional advice was sought promptly in the event of sudden or unexplained weight loss. People on specialist diets were identified. A family member told us, "The food here is excellent; the soft diet is served in properly presented separate servings. They [staff] go to great lengths to make it appetising. It really is superb". A health professional told us, "I am advised about any significant changes in weight and behaviour. For example, patients with weight loss will usually have had a fortified diet before I am approached".

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. For example, through supervisions (one to one meetings) with their line manager. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I have regular supervisions which are helpful as get feedback as well and what we can improve on".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. In addition, a high proportion of staff had completed or were undertaking vocational qualifications in Health and Social Care. We spoke to a visiting external trainer who assesses staff at the home every six to eight weeks who are completing their NVQ 2, 3 and 5. They told us, "Very good at professional development at the home. Staff are prepared and committed. Staff demonstrate good practices and brilliant infection control procedures. Also very person centred care plan understanding is good."

New staff to Winton Care Home completed an induction programme. Arrangements were in place for staff who were new to care to complete The Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. Registered nurses were supported to develop skills and ensure they were up to date with practice to meet the requirements of their registration with the Nursing and Midwifery Council (NMC).

Staff worked closely with health and social care professionals to ensure people received effective care in line with their needs. Care records showed people had access to a regular GP round at the home, specialist nurses and speech and language therapists when required. Clear records of all communications with health and social care professionals were kept and informed plans of care for people. For example, when one person had complex dietary and swallowing needs and were at high risk of choking staff had ensured information from a speech and language therapist was clearly included in the person's care plan. Staff had a good understanding of this need. A health professional told us, "They appear to refer promptly and contact our department for advice regarding safe eating and drinking prior to our assessment". Another health professional said, "When managing a number of patients they have followed guidance and recommendations and achieved some excellent results in terms of tissue viability and the patient's wellbeing".

Staff worked closely with health and social care professionals to ensure people received effective care in line with their needs. The deputy manager told us how they were supporting registered nurses to use the National Early Warning Score (NEWS) to communicate concerns with other health care professionals including GP's. This is a nationally recognised scoring system to monitor and review acute illness in people and allow health care professionals to clearly and effectively communicate signs and symptoms of illness and enhance the management of these. For example, registered nurses ensured basic clinical observations such as blood pressure and temperature as well as more acute clinical signs and symptoms of respiratory or urinary infections were documented to be clearly identified to the GP when liaising with them.

The building was a grade two listed manor house and did not always support the needs of people living with dementia or those with visual perception difficulties. Doors to people's rooms were not personalised to make it easy for people to find their rooms. All doors and door frames were painted in a similar pale colour to that of the adjacent walls, so did not help people to navigate their way around the home. We spoke with the deputy manager who told us, "People and their relatives don't want it to look like a nursing home and that it part of the charm. We have it looking like a manor house home in which a lot of people living here would recognize it as home".

People's rooms were not always arranged in the most suitable way. We found some rooms you could walk through to another room or shared bathrooms. The deputy manager said this was due to the style and layout of the building and for fire evacuation procedures. However we saw no fire signs denoting a fire exit at these doorways to show this was the case and meant people could easily wander into people's bedrooms which might cause alarm and distress. We spoke with the management who advised they had invited the fire risk assessment company in again to look at our concerns. They also told us, when people have stayed in these rooms they have locked the doors to prevent people coming through, or assessed who is next door and their needs. A family member told us, "[person's name] room shares a bathroom. But the lady she shares the bathroom with is cared for in bed, so wouldn't use the bathroom so very considerate".

Is the service caring?

Our findings

People were treated with kindness and compassion. One person told us, "The staff are quite simply charming". Another person said, "The staff are marvellous, it is like being amongst friends, they will do anything for me, it is just like being in a hotel. I love it here". A third person told us, "My daughter visits me often and she tells me that she is very impressed by the place, and I suppose I am too, they always seem willing to go the extra mile in what they do". A family member told us, "My mother was here as I knew she would get the best care." Another family member said, "[Person's name] loved everyone here. Within a year of moving in the home they were really enjoying life".

Health professionals felt people were cared for with kindness from all of the staff. One health professional told us, "Winton nursing home delivers fantastic care. I will be booking a place for myself! I have experienced many nursing and care homes and Winton is undoubtedly the best. It is always clean, the patients are always clean, well fed and well looked after. The carers are incredible and show so much respect for their patients. They are excellent at giving their patients tender loving care, which is exactly what they need. They treat Winton as the patient's home and do everything possible to make them comfortable. All in all, my (and my colleagues) experience of Winton is outstanding. I love working there."

People's families told us the home was homely and they were always made to feel welcome. One family member told us, "Staff told us don't forget it's your mother's home, come and go as you please". A health professional said, "Not only do the staff look after their patients, they also look after the relatives. Dementia is a very difficult disease for the relatives of the patient and the staff at Winton are always sensitive to this and I haven't met any unhappy relatives yet".

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. Staff would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. Staff hung a picture of a goose on the outside of the door to indicate that personal care was taking place, so staff were aware not to enter to protect people's privacy and dignity.

When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received. One family member told us, "At the outset we had a detailed discussion about his needs and preferences, covering every aspect of his day to day life, furthermore, we hold follow up meetings on a regular basis to ensure the standard of service is met. They take the most detailed account of every aspect of the service package. As an example, they found out that he missed his dog, so they suggested that I bring him in every day, so I do just that. It's caring enough about things like that, and being proactive about it that makes all the difference".

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. All the interactions we observed between people and staff were positive and

friendly. For example, one person became distressed when they realised they had tipped a drink over and made a mess. Staff calmly and discreetly cleared away the spillage and reassured the person. Staff told us one person used to get really anxious around meal times as they presumed they had to have cash to pay for them. Staff gave them a meal ticket for the day, to show that their meal had been paid for, which had reduced their anxieties and were able to relax around mealtimes.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard. The service had links with a local advocacy service and details were provided in the reception area of the home.

Is the service responsive?

Our findings

People received individualised care from staff who understood and met their needs. One person told us, "They [staff] asked us what we would like to do to occupy ourselves; I told them that I missed working in the garden at home. So they created my own garden area outside my window, I grow heathers and a whole range of plants mainly flowers. They use them on the tables in the dining room. It gives me a great deal of satisfaction". A family member said, "If she didn't get five star services she would have complained. Well looked after". A health professional told us, "The Nursing Home staff are very responsive and caring and follow up concerns in a timely manner".

People experienced care that was personalised and care plans contained detailed daily routines specific to each person. Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. They held clear information on people's personal history, preferences, likes and dislikes and staff had a very good understanding of these. However, whilst care plans were individualised and person centred, they were not always up to date. Staff had a good understanding of how to meet people's needs, however, care plans did not reflect the change in needs of the person. We spoke with the deputy manager about this discrepancy and this was addressed immediately and all care plans were updated to reflect people's current needs.

Winton Care Home 'aims to provide high quality end of life care, by employees who demonstrate dignity and compassion for those who are dying.' Care staff demonstrated an empathetic, kind and thoughtful approach to care of people as they approached the end of their life. Families were encouraged to be involved in the care of their loved one and were supported at this difficult time. A health professional told us, "End of life care is managed superbly with close supervision by myself".

Care plans were in place to provide staff with guidance on people's preferences, wishes and specific instructions including religious, cultural and spiritual needs in place in the event they required end of life care. These had been discussed with them and their family or representative where appropriate. These gave clear information on how people wanted to be supported as they moved towards the end of their life. This included information about when people did not want to be admitted to hospital for the treatment of their ill health, who they wanted to be present with them if they were unwell and what arrangements were in place, if any, in the event of their death.

The deputy manager told us how they planned to implement a formal model of care planning for end of life care based on best practice guidelines. They were working with the local hospice to complete training on this and implement this in the home. Feedback the registered manager had received from families who had been bereaved showed the high level of care people received at the end of their life. One family wrote, 'People who had not visited [the home] before all said that they realised why we were so certain we had found the best place for my father to be in his last declining years. I will always be grateful for your care of him and for the dignity and kindness with which he was treated. Professional care is a given but for it to be

handled with such kindness is special and reflects the dedication of the wonderful staff you have at Winton.'

Staff were aware of people's interests and how people liked to spend their time. One person told us, "We each have dedicated members of staff who look after us, and get to know us individually, and generally speaking we all get what we need and ask for. I can honestly say that there is not one member of permanent staff here that I would not employ myself. I suggested that we start a knitting group. The staff arranged for a small group of us to get together in my room, and now we are oversubscribed, we are even teaching the staff to knit, it's wonderful, and we all look forward to it (especially with a small glass of sherry)".

Organised activities took place Monday to Friday. These included Singing, dog therapy, cake decorating, flower arranging, games, film watching, reminiscence, music quizzes, dancing, professional singers, communion, ball games and sofa exercises. When we visited the home, the activities coordinator was not at the home due to absence. On the second day of our inspection a member of staff had been brought in to cover activities. The deputy manager told us, "We have regular performers coming in to the home as well who sing and dance. We have a sensory music lady coming in again who uses various shakers and scratch boards with the residents". They also told us, they had appointed another activity coordinator so activities would be covered over seven days and had planned outings in the spring and summer. However the activities information displayed in the home did not support people living with dementia to be aware of what activities they could participate in.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the deputy manager about how they ensured information was accessible for all people living at the home. They told us, an example where they were in the process of making the complaints procedure available in fifty different languages to include brail. At the time of inspection they were waiting for this to be available

People knew how to make comments about the service and the complaints procedure was prominently displayed. One family member told us, "No complaints lots of over and above". Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy.

Is the service well-led?

Our findings

People and their families felt the service was well led. One family member told us, "We are both very impressed with the management of this home. We are very satisfied and believe the standards of governance and professionalism are managed to a high standard. I have an eye for detail, I am well aware of the problems that can be found in some homes. I am here every day, and I have never had reason for a moment of concern about my husband's care or wellbeing". Another family member said, "The management and staff are committed to providing the highest standards of care and service. The training and attention to detail is excellent. It is no accident that the standards are as high as they are, it is because the business model is designed for it to be that way". A health professional told us, "It does appear that the care home is well led".

We received a notification from the provider to inform us the registered manager would be away from the service for a while and the deputy manager would be involved in the day to day running of the service. At the time of our inspection the registered manager had just returned back to the service.

Staff were positive about the support they received from the management. Staff felt they could raise concerns, make suggestions on improvements and would be listened to. One staff member told us, "Management have been really supportive to me, huge amounts of support". Another staff member said, "Never worked with such nice people or management". A registered nurse told us, "We could not ask for better support than [registered manager] and [deputy manager]. They are fantastic, great support and we are a good team." Another registered nurse said, they [registered manager and deputy] are all about the residents, they are excellent." A health professional told us, "[deputy manager's name] has been great to work with. Has lots of good ideas and is very approachable. He will discuss potential areas of improvement and we are able to work together to ensure our processes remain safe. He is very responsive to any suggestions".

Staff meetings were held monthly for registered nurses, care staff, kitchen and domestic staff. A registered nurse told us, "It's a really supportive meeting. Nice to get together and talk through any concerns and we can have training then too." Staff meetings were used to discuss concerns about people who used the service and to share best practice. Minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. One staff member told us, "Staff meetings get a chance to put ideas forward. I always read minutes which are to hand". Another staff member said, "Always trying to improve, keep us up to date on what improvements to make".

The deputy manager told us how they involved staff at the meetings and said, "We also have a locked letter box in the office, so if staff don't feel they can raise a concern or put ideas forward in a meeting, they can pop there concerns in the box confidentially to be looked at".

The management and other senior staff working in the home used a system of audits to monitor and assess the quality of the service provided. These included medicines, infection control, health and safety, care

plans, skin integrity, dignity, complaints and staff files. Records showed that any issues were identified and implemented where needed. The registered manager and deputy manager maintained a visible presence in the home and had regular discussions with the staff team about any improvements or changes that may be needed.

There were processes in place to enable the service to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The service sought feedback from family members through the use of a quality assurance survey questionnaire which was sent out yearly. Results showed people and their families were happy with the service.

The deputy manager was completing their NVQ 5 and as part of this they completing research about mood and stimulation. The service has built a link with the local school and a small group of children are just starting to visit the home and interacting with people. As part of their research project they are completing before and after mood assessments as well as the following day to see if the children visiting will have a positive impact on people.