Bupa Care Homes (CFHCare) Limited

Waverley Grange Nursing and Residential Home

Inspection report

43 Waverley Lane
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Surrey
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Tel: 01252759164

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection was carried out on 12 August 2016. Waverley Grange Nursing and Residential Home provides residential, nursing and respite care for older people. It is registered to accommodate up to 52 people. On the day of our inspection 47 people lived at the service.

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

People said that they felt safe. One person said, "Staff are contactable if you have any problem and that makes you feel very safe." There were sufficient staff around the service to meet people's needs. Staff had knowledge of safeguarding adults procedures and what to do in the event of abuse occurring.

Risk assessment guidance for people was detailed and being followed by staff. Staff understood people's risks. In the event of an emergency there was a service contingency plan which detailed how staff needed to protect people and make them safe.

Medicines were stored appropriately and audits of all medicines took place. Medicines Administrations Records (MARs) charts for people were signed for appropriately and all medicine was administered, stored and disposed of safely by staff who were trained to do so.

People's rights were met under the Mental Capacity Act 2005 (MCA). The manager told us that further detailed assessments would be taking place that ensured people were being protected. DoLS applications had been submitted to the local authority.

People received care from staff who had received appropriate training. Supervisions and appraisals for staff had been undertaken.

People were very complementary about the food at the service. One person said, "There is a good selection of food". People at risk of dehydration and malnutrition had their needs met and people were supported to remain healthy and had involvement with health care professionals where needed.

Staff treated people in a caring and attentive way. One person said, "Couldn't find better carers, If you need anything it is done, home from home." Staff treated people with dignity and respect. People and relatives were involved in the planning of their care and care was provided around people's preferences.

Care plans for people were detailed around their needs with clear guidance for staff that ensured the appropriate care was provided. Staff understood the care that people needed.

People had access to person centred and meaningful activities and outings. People in their rooms had one to one meaningful social interaction with staff.

There was a complaints procedure and complaints were recorded appropriately with information around how there were responded to.

There were effective systems in place to assess and monitor the quality of the service. Audits and surveys had been undertaken with people and staff and had been used to improve the quality of care for people. Incidents and accidents were recorded and there was evidence of any learning from these.

People's records were kept securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. There were incidents that had not been sent to the CQC however the manager assured us that this would be done. All other events had been informed to the CQC.

People and staff said that the management of the service had improved and said that they felt supported, valued and listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff that were deployed effectively around the service to meet people's needs. Risks of harm to people were being managed.

People told us they felt safe and staff understood their responsibilities in relation to abuse and reporting this to the safeguarding authority.

People were receiving their medicines in a safe way and medicines were stored safely.

Is the service effective?

Good

The service was effective.

People's human rights were protected because the provider had followed the requirements of the Mental Capacity Act 2005.

Staff received appropriate training to be able to meet people's needs. Staff's competencies were assessed.

People were provided with a choice of nutritious food and drink and people's weight and nutrition was always monitored.

People were able access to healthcare services to maintain good health.

Is the service caring?

Good

The service was caring

People's dignity was respected and staff were kind and considerate to people.

People were involved in their planning of care and care was provided around people's preferences.

Visitors were made welcome in the service.

Is the service responsive?

Good

The service was responsive to people's needs.

There was appropriate information available to staff about people's care needs.

There were activities that suited everybody's individual needs.

Complaints were recorded and there was evidence that complaints had been responded to.

Is the service well-led?

Good

The service was well-led

There were appropriate systems in place to monitor the safety and quality of the service. Records were kept securely.

Where people and staffs views were gained these were used to improve the quality of the service.

People and staff said that the management of the service was supportive and they felt listened to.

The manager was aware of their responsibilities around notifications.

Waverley Grange Nursing and Residential 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 was planned to check 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 was an unannounced inspection which took place on the 12 August 2016. Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed information provided to us on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked through notifications that had been sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. This included safeguarding concerns, accidents and incidents and notifications about important events that had occurred.

The inspection team consisted of two inspectors, one specialist nurse 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. During our inspection we spoke with the registered manager, 12 members of staff, eight people who used the service, four relatives and one health care professional.

We looked at four care plans, medicine administration records, staff supervision records, mental capacity assessments and deprivation of liberty applications for people who used the service. We looked at records that related to the management of the service. This included minutes of resident and staff meetings and audits of the service. We observed care being provided throughout the day including during a meal time.

We last inspected Waverley Grange on the 9 July 2015 where several breaches were identified.

Good

Is the service safe?

Our findings

People told us that there were enough staff at the service. One person said, "Generally staffing is fine, there are enough around, night staff come when you need them" whilst another said, "You see more staff now."

On the previous inspection in July 2015 there was not enough staff to meet the needs of people. We found at this inspection that this had improved and the staffing levels were now sufficient.

People's needs were met because there were enough staff deployed around the service. During the inspection when people needed assistance from staff this was provided without people having to wait. The registered manager told us that staffing levels had increased and that they used a dependency tool to assess staffing levels based on the needs of people which they updated regularly. We reviewed the rotas there was always the correct numbers of staff on duty. Staff told us that the staffing levels were better. Comments included, "We now have enough staff, some days are busier than others but we care for our residents, calls bells are answered in good time." We saw from the records that calls bells were answered in a timely way.

People told us that they felt safe living at the service for a number of reasons. Comments included, "Staff are contactable if you have any problem and that makes you feel very safe", "Safe in that I am not frightened at all. Lovely carers, I feel reassured", "Very secure site, there are locks on the door so you know who is coming in" and "(I feel) safe and secure because of the very happy atmosphere. You know you can talk to anyone." Relatives said that they felt their family members were safe. Comments included, "Knowing she is safe and well cared for, it's like a big weight has been lifted off our shoulders" and "As far as we are concerned she is as safe as anything because the care is excellent."

People's safety was assured because identified risks of harm were appropriately managed. Care plans contained assessments to identify any risks to people and measures to reduce these. Staff were both knowledgeable and skilful in identifying the particular risks to people and also the measures they ought to put in place. One member of staff told us that, "This person has a grade two pressure sore and is also at risk of climbing and falling out of bed so we have rails in place at all time. We do a bedrail risk assessment to ensure that the rails are well fitted and they have bumpers to avoid entrapment." There were identified risks to people around skin care, choking, falls, pressure ulcers and inadequate nutrition or hydration had been assessed and actions taken to reduce these risks. Risk assessments had been reviewed each month to take account of any changes in need. Where people required moving there was detailed guidance for staff on how best to support the person to reduce the risk of injury. One person expressed a wish to join their friends in another room. The person needed moving and handling support which staff undertook in a safe way and followed best practice guidelines. Staff encouraged the person who was able to complete the journey with the minimum of intervention. One member of staff said, "Everyone is allowed to take risks, we make sure it's a safe environment for them." Staff understood people's risks and the measures they had to take to help people.

Appropriate equipment was used to prevent risks to people including pressure mattresses, hoists and

walking aids. Accidents and incidents were recorded and we could see what been taken to reduce further occurrence. For example, one person had sustained a skin tear to their leg whilst sat in their wheelchair. Measures were taken to ensure that the person always had the foot plates on the wheelchair to reduce the risk of it happening again. One member of staff said, "Someone had a fall at night, we recorded this and it was agreed with the person that they should have a sensor mat to alert staff when they were up." There were a wide range of call bells accessible to the people. Each person had a call bell that was appropriate to their need and some people had up to three types of call bells. The call bells were within easy reach of the people.

We saw that people were comfortable and relaxed with staff. Systems and processes were in place to protect people from the risk of abuse. Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. Staff said that they would refer any concerns they had to the manager or to the local authority if needed. One member of staff said, "I would also phone the police if I had to, I would make sure the person was safe first." There was a Safeguarding Adults policy and staff had received training regarding this. There were flowcharts in the offices on each floor to guide staff and people about what they needed to do if they suspected abuse. Staff were aware of the whistleblowing policy and all of them said they would use this if they needed to report any concerns they had. One told us, "If we had concerns we would use the 'speak up' policy and confidential hot line."

People would be safe in the event of an emergency because appropriate plans were in place. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe. There were personal evacuation plans for each person that were updated regularly and a copy was kept in the reception area so that it was easily accessible. These included how much support people needed to evacuate the building in an emergency. Staff were aware of where to access people's information in the event of an emergency.

People's medicines were managed safely. There was a medicine procedure and policy in place that provided staff with clear instructions about best practice in the administration of medicines. Staff had training in the administration of medicine and competency training. Medicine Administration Records (MARS) were used for the prescription and recording of medicines. There was a photograph of the person in front of the chart with appropriate signed consent and allergies identified. There were no gaps in the recordings and they showed that people had received their medicines as prescribed. Staff were allocated to administer medication and we observed a nurse undertaking the medicine round. The nurse checked the medicine against the MARS and called the person by name before handing over the medicine to them. The nurse explained what each medicine was for to the person and asked them in what order they preferred to take their medicine. They checked that the person had taken the medicine before signing the MARS. Staff showed us how they supported one person with Diabetes. They checked and recorded the blood sugar before administering their Insulin and checked the blood sugar and recorded it after the person had taken their food. This was also reflected in the person's care-plan.

There was a fridge for the storage of medicine and the content was appropriate. The fridge was locked and fridge temperatures were taken and recorded daily. Staff knew the correct action to take in the event that the temperature of the fridge was not within safe range. One member of staff said, "I shall contact maintenance, transfer the medicine to another fridge and also contact the pharmacist and doctor for advice and if needed replace the medicine". There was a PRN (as and when medicine) protocols in place and this was reviewed regularly. Anticipatory drugs were prescribed and available to a number of people particularly those receiving end of life care. We observed staff asked people regularly whether they were in pain and gave them regular pain relief as prescribed. One person told us "I am comfortable and I get medication when I require it. When I need something extra all I have to do is ring the bell. My GP comes regularly to talk to me about my medication. I suppose that the medication must be doing me some good because I can eat,

drink, and smile. The staff are excellent". People were assessed for self-medication. There was one person on self-medication and the person's medicine was stored in a locked cupboard in their room.

Good

Is the service effective?

Our findings

At our inspection in July 2015 we found that there were lack mental capacity assessments and staff did not have an understanding of the Mental Capacity Act 2005 (MCA) regulations. At this inspection we found that staff knowledge was better and MCA assessments had improved.

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.

The risk to people having decisions made for them without their consent had reduced on this inspection as appropriate assessments of their mental capacity had been completed. There were some people who lived at the service that had varying capacity to make decisions. There were
overall capacity assessments for these people however there was some documentation missing around specific decisions that needed to be made. For example, we saw from records that one person lacked capacity and had bed rails. There was evidence of the best interest meeting around them having the bed rails however the MCA assessment was not decision specific. The registered manager knew what improvements needed to be made and had started to take action by completing the decision specific assessments. Staff understood the principles of MCA, one told us. "We must always assume people have capacity." They told us that if people appeared to lack capacity then assessments needed to take place. People told us that staff asked their consent before providing care.

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 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. Applications had been appropriately submitted to the local authority. These were around the use of bed rails and locked doors.

People felt that they were being cared for by competent staff. One told us, "Staff are very capable, they know their stuff here". Another person said, "They (staff) have been fantastic, sorted my legs out, they really know what they are doing" whilst another said, "The nurses are very good, very good treatment."

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. There was a detailed induction for staff before they started work. One member of staff said, "I received a week of induction which covered all of the mandatory training and I shadowed another member of staff." There was training in place that was specific to the needs of people including end of life care and all aspects of clinical care. In addition to this staff had undertaken other mandatory training including moving and handling and fire safety training. Nurses were kept up to date with clinical training. One member of staff said, "The training I have had informed me about the care of a person with type 1 diabetes. We have made sure that we have involved the relevant experts in their care such as the diabetic

nurse to advise us on the diabetes, the dietician about their diet, the optician about their eyes and the chiropodist about the care of their feet". The care plan showed the involvement of these professions in this persons care and evidenced that their diet, weight, blood sugar is regularly monitored and recorded.

Staff said that if they wanted additional training then this was provided. One said, "I asked to learn more about PEG (Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate) and the additional training was provided." We saw that staff were aware of and used correct manual handling techniques to support people moving around the building.

People were cared by staff whose competency was assessed in relation to the work that they carried out. The clinical lead or senior nurse undertook the clinical supervision to assess the nurse's competencies. One member of staff said, "I have attended the six modules on the administration and I have done the competency test. I am using my new found knowledge and skills to implement the policies and procedures of the company successfully." Care staff had undertaken one to one supervision with their manager and all staff had undergone an appraisal if appropriate to discuss their performance and additional training needs they may have. Staff appreciated the opportunities for one to ones. One member of staff said, "It's a chance to say how you are feeling at the time and you come away feeling that someone has listened."

People told us they liked the food and drink and were able to make choices about what they had to eat. Comments from people included, "Good selection of food", "Coffee when I want it, wine with my meal", "The food is hot and appetising", "The Bistro is very good, we can have a hot drink or a snack at any time and we can help ourselves to fruit", "Very good dinner today, they (staff) always ask you what you want at the beginning of the day. If you don't like anything chef will make you and alternative but in truth, there is such a good choice." One relative said "The family all came in for dinner the other day and they gave us a private dining room for all of us. Food was excellent."

We observed a meal being served on the day. The food was served at the correct temperature from heated trolleys brought from the kitchen. People were given a choice of drinks, some chose wine or beer whilst others chose soft drinks. One person chose to have soup rather than either of the main courses; others had the pasta or the fish. The meals were nicely presented and were served nicely. Staff ensured that people in their rooms did not have to wait a long time for their meal. Where people required prompting to eat staff sat next to them and supported them. Staff also ate their meal with people which promoted a relaxed and enjoyable meal time. Morning coffee and afternoon tea was served from trolleys and a choice of snacks were available, including pastries and cakes baked in-house. The bistro, open to residents and their families provided on tap hot and cold drinks, snacks and cakes. It was a well-used space where residents socially interacted with each other. Snacks were available throughout the night, particularly important for the nutrition and wellbeing of residents living with Dementia.

The chef was given information about people's dietary needs by care staff. Information about allergies, texture-modified diets and dietary requirements for people with diabetes was displayed in the kitchen. This was reviewed regularly. One person was moving in to the service that the day and the chef already had the dietary information for that person. People's needs in regards to nutrition were assessed and a care plan put in place. Records showed the involvement of the diabetic nurse, dietician, Speech And Language Therapist (SaLT), G.P and Chef. People's preferences about their meals were taken on board. The chef regularly asked for feedback on the meals and where possible would make changes. For example, the manager told us that one person had fedback to the chef that day before the inspection about the coleslaw being too chunky. The chef was aware of this and had taken the feedback on board. They said that they visited the person and apologised. There was a system in place to monitor food and fluid intake where necessary. Records had

been completed accurately and reflected what people had eaten and drank.

People's care records showed relevant health and social care professionals were involved with people's care. One health care professional visited on the day, they told us that staff followed the guidance that they provided. People told us that they were able to access health care professionals when they wanted and we saw that this was the case. One relative said, "When (their family member) first came in they were overweight and needed two people to move X. (The family members) legs were in a dreadful condition, blistered and ulcerated. Now X has lost weight, moves independently and does most things for herself, very independent. She has seen the chiropodist, optician and the doctor checks (the family member) regularly, very pleased with (the family members) care." People had access to a range of health care professionals including the GP, SaLT, dentist and optician.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. Comments from people included, "Carers are very good, very friendly. Never met anybody here who didn't stop and talk to you.", "Couldn't find better carers, If you need anything it is done, home from home", "Carers stop by for a chat and ask if you need anything. Wonderful care", "Staff are wonderful, kind, chatty, just nice people" and "Hard working nice people looking after me."

Staff show concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. One person's sensor mat went off. Staff responded promptly and as they went in the person's room said, "Morning lovey, what do you want to do." They shut the door behind them to attend to the person. One person had been feeling unwell during the morning. When they came into the lounge to listen to the music staff showed concern. They checked how they were feeling and were very caring towards them. Another staff member sat rubbing a person's hand as they chatted to them. On another occasion we saw care staff give a person a kiss on both cheeks as they passed them. It was clear from talking to staff that they enjoyed working at the service. Comments included, "It's lovely, I love the caring environment, It's like a family", and, "I think everyone does care very well."

The relationships between staff and people receiving support demonstrated dignity and respect at all times. One person said, "Privacy and help when you need it from staff, what more could you want?" We observed that staff were generally careful to ensure that peoples' dignity was not compromised because they listened to what people wanted and supported them in their decision. We saw staff knocked on people's doors and waiting to be invited in before entering and the doors were closed behind them. Where people's doors were open staff asked if they could enter a person's room rather than just walk in. We heard staff referring to people and relatives by name and spoke to them in a respectful way, which ranged from light-hearted banter to more serious conversations. Staff gave us examples of how they treated people with respect, one said, "Address people by their preferred names and give people choices" whilst another said, "You have to earn people's respect, respect what people say, it's their home not ours."

People confirmed that they had been consulted about their care. People seemed content with the way their care was delivered. One person said, "Staff talk about my care with me and I have had a meeting to look at my care plan, I'm happy with what they do for me". Another person said, "(Staff) ask me every day if I need any extra care and they do write down what I say" whilst another person said, "When I first came here I was asked a lot of questions about my personal life, my likes, preferences. It's been worth it. I get up when I want, I get very nice food, I get my medicine on time, the staff are nice and my relatives can come and visit me any time. You can't ask for better". People said that staff were aware of the things that they wanted in relation to their care and felt that staff knew and understood them. There was evidence in the care plans that people and relatives were involved and asked about what their preferences were. The care plans detailed the persons' likes and dislikes. Staff showed knowledge of people and what was important to them.

Staff told us that people were encouraged to be as independent as possible. One person said, 'I am a very independent sort of person, I like to spend time in my room watching TV, It is a real treat for me. I like to

have my meals in my room, get up when I want and go to bed when I am ready. Staff respect this and I can do all these things." Another person said, "(Staff) Allow me to be me, let you do what you want." One relative said, "I was afraid that the staff would take over and (the family member) would lose their independence, but I have been pleasantly surprised. The staff take their time and allows X to do as much as possible for themselves. They give X a lot of encouragement. I know X approves of the care they get here because X tells me. This is better that I expected". We observed staff supporting people to be independent. Throughout the day we heard staff asking people what they would like to do and offering appropriate support if it was requested. For example, one person was asked if they would like to attend the singing session. The person was encouraged to make their way independently, whilst a member of staff shadowed them discretely. We saw people making their way around the service in their wheelchairs independently. One member of staff said, "I encourage people to wash their own faces and encourage people to makes cups of tea." They said that one person asked if they could be supported to make their own cup of tea which the person was really proud of.

Staff understood people's individual way of communicating and supported those that were unable to communicate verbally. One person used electronic tablet to communicate. We saw staff patiently waited for the person to type what they wanted to say to say before assisting them with their request. Information about how people communicated was detailed in their care plans. One relative said, "The staff are kind and gentle and they know how to communicate with people. I know how difficult it is to communicate with my (family member) and I have a lot of admiration for their patience and dedication. They really care and I have a lot of confidence in them".

Family and friends were welcomed into the service to see their family members. Throughout the inspection there were visitors to the service who were comfortable and relaxed with their family members.

Good

Is the service responsive?

Our findings

At the previous inspection in July 2015 care plans were not detailed around the needs of people and there was not sufficient information to guide staff. At this inspection we found there were sufficient improvements.

Care plans were personalised and detailed daily routines specific to each person. Before people moved in there was a detailed assessment of their needs to ensure that staff were able to provide the most appropriate care. People's care plans detailed needs around their medical history, moving and handling, skin care and sleep routine and how people needed and wanted to be supported. Care plans were reviewed monthly and sooner if required. Where there had been a change to people's needs this was discussed at the clinical meetings each day and at staff handover. However we did discuss with the registered manager that in one person's care plans there was not sufficient information about the person's skin care needs. They told us that they were in the process of addressing any shortfalls in people's care plans. Care plans provided guidance for staff so that the most appropriate care was given. Where specific conditions had been identified there was detailed guidance for staff on how best to provide the care. Examples of this included the care for people with diabetes. There was detail around the signs for staff to look out for should the person become unwell and what staff needed to do. Relatives told us that where there was a change to the family member's needs staff would keep them up to date with this.

We asked people about activities and whether they felt there was enough for them to do. One person said, "There is always enough for me to do" whilst another said, "In the afternoon we do things like scrabble, there is lots to do here." Other comments included, "There is always something to do, I exercise every morning", and "There are lots of things going on, I've just started a Bridge club."

The activities that took place well matched to residents' interests and capabilities and were inclusive. People who were cared for in their rooms received one to one visits from staff? that bring round the daily papers, chatted to them about current affairs and things people had an interest in. Planned activities were provided; we saw a singing session, hosted by a visiting professional. This was an inclusive session attended by people from the residential area and the nursing floor. One person said, "We love a good sing here, very enjoyable." Another person said, "It's nice to come down here and join in with the singing. I love it."

During the day a group of residents were learning French. They were fully involved and enjoying the session. On member of staff told us that the French speaking people were teaching them to speak the language. Activities also included creative art therapy, aromatherapy, exercise sessions, musical activities, films in the in-house cinema and pet therapy. The activities coordinator provided specific activities for male residents such as trips to a local pub, war films and westerns shown in the cinema and speakers on male orientated topics. One person said, "There is entertainment, lots of people come in and sing to us. You have never seen the value of music therapy until you have seen X sing." People told us that they enjoyed trips out to garden centres and the shops. A qualified Aromatherapist was working with people, giving hand, foot and head massages. People told me that their spiritual needs were met. They could go to a local church or attend one of the services held at Waverley Court. Ministers from the Church of England, Catholic faith and the Baptists

visited regularly to take communion services. People were encouraged to run and lead their own activity sessions. One resident had an interest in astronomy and gave talks to people about it.

Copies of Waverley Grange's complaints procedure were prominently displayed, along with comment cards and suggestion sheets in the reception area. People told us that they would make a complaint if they needed to. One person said that they were more than capable of letting staff know if they were unhappy about anything. Another person said, "No worries at all here but know that staff would sort things out" whilst another said, "Anything you tell (the staff member) and they would sort it." Relatives told us that concerns were dealt with more effectively since the new manager had been in post and that staff at the service was more responsive to concerns. Staff understood the complaints process and supported people if they wanted to complain. Complaints were recorded and included a response from the registered manager and apology if needed. The registered manager ensured that staff were aware of the complaint and any learning from them. One person had complained about their call bell not being answered quickly. This was investigated by the registered manager, an apology issued to the person and staff were reminded to answer call bells in a timely way. We looked at two complaints since the last inspection; these had both been concluded to the person's satisfaction. Compliments that people were shared with staff. . One compliment stated 'Waverley Grange is excellent; I cannot praise it enough' and 'My mother is always superbly well cared for.'

Good

Is the service well-led?

Our findings

People and relatives were very complimentary about the new registered manager and the welcoming culture in the service. Comments included, "There is an open door policy with the manager", "A very nice atmosphere. We are beautifully looked after", "I feel that there is a far better atmosphere now", "It's a very friendly warm sort of home" and "Life is fine here because you feel that it is a nice place." The registered manager throughout the inspection was seen to put the needs of the people first. Prior to our inspection the manager had arranged to meet with one person in their room to have lunch. They ensured that this still took place on the day despite our visit. We saw the manager greet and socialise with people throughout the day and although the manager had only been at the service a short time it was clear they knew people well.

Staff were also complimentary about the management of the service and said that they felt supported by them. One member of staff said, "The home has become calmer (since the manager started)." Another said, "I get on very well with the manager, I feel supported" whilst another said, "The manager takes a keen interest about the place and cares for the staff. He comes around and offers help. He is quietly spoken and showed he cares". Staff were also very complimentary about their colleagues and the support they gave each other. One member of staff said, "I feel supported, everyone works together as a team, they and the manager notice if you are having a down day" whilst another said, "We work as a team and understand what each other needs to do, we have a laugh and support each other."
People's views had been sought and used to improve the quality of care. There were regular residents meetings where views were gained from people. We saw from minutes of meetings that people had asked for a book club to be started and that this had been implemented. People had requested new coloured napkins for the dining room and these had been ordered. People were also now involved in the recruitment of new staff. People were also asked to complete surveys to gain their views on the service, at the time of the inspection a survey had just been completed by people for the manager to analyse.

Effective management systems were in place to assess, monitor and improve the quality of service people received. This was done in a variety of ways. The manager had only been at the service since July 2016. In that time they had identified a gap in some of the recordings of care on people's notes. Some of the writing was not legible which made it difficult to see what care had been provided. The manager said that they were addressing this with staff. They had also identified that some care plans required updating with the most up to date information around people's care. The manager told us that care plans were a priority and that staff had been asked to update them. This was ongoing when we inspected.

Comprehensive audits took place that covered all aspects of care. From this audit the manager developed the 'Home Improvement Plan' which gave timescales for the actions from audits to be completed. Areas covered included staff training, care plans, health and safety, infection control, fire safety, nutrition, environment checks, staff morale, activities, surveys and call bell audits. Some of the areas had already been addressed for example, a more detailed accident and incident tracker was now being used, the nurse station on one of the floors had been cleaned and a residents meeting had taken place. In addition to the 'Home Improvement Plan' other audits were taking place around medicines, infection control and clinical governance.

Staff views had been sought and used to improve the care that was provided. Staff told us that they were asked their views and empowered to make the changes they needed to improve the service for people. At a recent staff meeting they were asked what changes they wanted. Staff views, requests, and recommendations were gathered and taken into consideration and discussed at meetings. Staff asked the registered manager to address 'them and us' culture between the staff on the nursing and residential floor. Staff told us that the manager was taking steps to address this. There was a positive attitude amongst the staff and a willingness to improve on the existing care.

Staff told us that they felt valued and supported by the registered manager. Comments included, "(The manager) has been good, I come up with ideas and I'm encouraged to follow through with them", "I am working closely with the manager, there is always a thank you from him, I feel more valued now than ever before", "I feel valued, when I have a day off I know that I am missed, I get thanked for my work by the manager and all the team", "I feel listened to by management and I feel my opinion matters." The registered manager told us, "My priority is having a great team; If I get the right team and they know what they are doing residents have a happier life." There was an employee of the month where staff were recognised for their good work. The manager said, "We celebrate success, it's down to the whole team. I am very proud to be part of their team"

Since starting at the service the manager had visions for the future of the service that were discussed with people and staff. Steps were being taken to create a sensory room for people who would benefit from this, a residents committee to further discuss any improvements needed, a new cinema experience was being planned and a project called 'Uniqueness' was being introduced to promote a better understanding of who people were and the common things that people shared. The manager told us that this was to enhance more effective interactions between the staff and people. The manager also wanted to increase contact with the local community including inviting the local schools into the service. The information supplied to us in the PIR by the previous registered manager was accurate and reflected how the service was being delivered. The manager had only been in place for a short time at the service but in that time they had a positive impact on the staff that worked there.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. We did find that there were three notifications that had not been sent to us prior to the manager starting that involved injury to the person. The new manager was knowledgeable about his responsibilities and told us that they would ensure that we were sent these notifications. All other notifications had been sent in so we could monitor what was happening in the service.