Hampshire County Council

Bishops Waltham House Care Home

Inspection report

Free Street
Bishop's Waltham
Southampton
Hampshire
SO32 1EE

Tel: 01489892004

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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

Bishops Waltham House Care Home is a residential service providing care and accommodation for up to 36 older people requiring long stay, respite and re-ablement care, including those living with dementia. There were 31 people using the service at the time of this inspection.

The inspection was unannounced and was carried out on 21 and 23 June 2017.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and their visitors told us they felt the home was safe. Managers and staff had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded and actions identified to reduce those risks in the least restrictive way. The assessments were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to respond to and meet people's needs.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and competency assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people in a patient and friendly manner.

Staff developed caring and positive relationships with people, were sensitive to their individual choices and treated them with dignity and respect. The managers and staff were skilled at supporting people at the end of their life and worked hard to ensure both the person and their relatives were looked after well at a difficult time.

The managers and staff understood the importance of involving people and their relatives in their care and providing support that was personalised to their individual needs. People were supported to maintain relationships and links with the community that were important to them.

The service was responsive to people's needs and staff listened to what people said. Staff were prompt in raising issues about people's health and people were referred to health professionals when needed. People were confident they could raise concerns or complaints and that these would be dealt with.

People were encouraged to provide feedback about the service they received, both informally and through meetings and a survey questionnaire.

People, their visitors and external professionals spoke positively about how the service was managed. Staff understood their roles and responsibilities and felt supported by the management to raise any issues or concerns. The quality of the care and treatment people experienced was monitored and action taken to promote their safety and welfare, as well as that of visitors and staff. Accidents and incidents were monitored and remedial actions taken to reduce the risk of reoccurrence.

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.

Risks to people were individually assessed and action taken to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

The managers and staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's independence, privacy and choices. People and their relatives were involved in decisions about their care.

Staff were skilled and compassionate in supporting people at the end of their life.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's needs and any concerns they had.

Care plans and activities were personalised and focused on individual needs and preferences.

People were encouraged to maintain links with the community, friendships and important relationships.

The service involved people and their representatives in planning and reviewing their care and had a process in place to deal with any complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager demonstrated an open and inclusive style of leadership. Staff understood their roles and responsibilities and there were clear lines of accountability within the service.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided and this was used to drive improvements.

The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare.

Bishops Waltham House 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.

The inspection was unannounced and was carried out on 21 and 23 June 2017 by one inspector accompanied by an expert by experience. The expert by experience had personal experience of caring for someone living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people using the service and four relatives / visitors. We observed care and support being delivered in communal areas of the home to help us understand the experience of people who could not talk with us. We spoke with the registered manager and eight other members of staff.

We looked at a range of documents including care records, risk assessments and medicine charts for eight people, staff recruitment, duty and training records. We also looked at information regarding the arrangements for managing complaints and monitoring the quality and safety of the service provided within the home.

The home was last inspected on 21 and 22 March 2016 when two breaches of the regulations in relation to monitoring the quality of service, care records and notifying us of events were identified. The provider had

sent us an action plan and at this inspection we saw that the improvements had been made.

Good

Is the service safe?

Our findings

People and the relatives we spoke with confirmed they felt safe living in the home and that care was delivered in a safe manner. One person told us they received their medicines on time and a relative told us "Mum's medical condition was reviewed on her arrival" and a medicines review took place, resulting in a reduction in the prescribed medicines. The relative said "Mum was better once the new drug regime had been put in place".

At the previous inspection we found that care plans did not adequately reflect the risks to people's health and safety. During this inspection, we found risk management plans now contained information about diabetes, the safe use of oxygen and risks relating to behaviour. The initial assessment procedure had been amended to help ensure that information relating to any potential risks involved in people's care was recorded at the time of admission. Records were updated regularly with any changes to the level of risk or changes to people's health. Daily care records showed staff supported people in line with the risk assessments

Staff were aware of and followed the support guidelines for a person who was occasionally uncooperative when personal care was offered. At such times staff would withdraw form the situation or swap places with another member of staff. Staff respected and promoted people's independence, while remaining aware of their safety. There was a system in place for recording incidents and the registered manager reviewed these each month to look for trends and identify potential learning. In addition incidents were reviewed by the provider's care governance team on a monthly basis.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected and their rights upheld. Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Whistleblowing is a policy protecting staff if they need to report concerns to other agencies in the event of the organisation not taking appropriate action. All staff received safeguarding awareness training and on-going refresher courses and were supported by managers who had received more detailed safeguarding training.

A social care professional who worked in partnership with the service told us any potential safeguarding matters were reported and dealt with appropriately. They said staff were "Able to talk things through (with them)" and "Any learning is embraced".

Staff demonstrated awareness of people's safety and comfort during hot weather. A member of the housekeeping staff spoke about "People having lots of drinks, ice poles, plenty of fans, removing quilts, putting up parasols, sun cream and hats".

People were supported by sufficient staff with the right skills and knowledge to meet their assessed needs. The registered manager used a dependency assessment tool to keep staffing levels and deployment under

review. The assessment was usually completed on a monthly basis, although the registered manager said this would be more frequent if there was a 'spike', such as an increase in people coming into the home on a short stay basis. Staff told us dependency levels were discussed during staff meetings and extra staff were deployed if needed. They said were continually monitoring dependency levels. A social care professional confirmed that there were sufficient staff to meet people's needs.

Since the last inspection the provider had taken action to ensure that information such as employment histories was readily available within the staff recruitment records held in the home. There was a system in place to assess the suitability and character of staff before they commenced employment. Two newly recruited staff and two longer term staff members' records were viewed. These records included interview notes and previous employment references. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk. The system of checks included agency staff who worked at the service.

There were appropriate plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Fire policies and procedures had been updated in November 2016 and regular fire alarm tests and drills were carried out. Staff received fire safety training and equipment such as fire extinguishers were checked by appropriate people and records kept.

Systems were in place to help ensure people's medicines were ordered, stored and administered or disposed of safely. There were detailed individual support plans in relation to people's medicines. Clear guidelines were in place that helped staff to understand when 'as required' medicines should be given. Medicines were only given by senior staff trained to administer them and who had successfully completed an annual competency assessment.

Since the last inspection the provider had taken action to ensure that any handwritten entries on medicines administration records (MAR) were countersigned by staff to decrease the risk of errors being made. An updated list of signatures of staff authorised to sign MAR was on file.

The management team had a clear audit system to regularly check medicines. A controlled drugs (CD) cabinet and logbook was in use and the records were completed in line with the relevant procedures. There were procedures as to what, when and how, homely remedies could be given. (Homely remedies are medicines which the public can buy to treat minor illnesses like headaches and colds).

A member of the housekeeping staff told us they received all the cleaning equipment they needed, including personal protective equipment such as gloves and aprons. One of the assistant managers had a lead role and responsibility for monitoring infection prevention and control (IPC) matters. Records were kept of cleaning schedules and daily, weekly and monthly checks including, for example, mattresses.

Good

Is the service effective?

Our findings

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.

Since the last inspection the management team had attended further training in the MCA and improvements had been made in the way the Best Interest decision making process was recorded. The records now clearly showed that opportunities and appropriate support had been provided to people who lacked capacity to be involved in decisions about their care, in accordance with the legal requirements of the MCA and the provider's policy. For example, records showed that staff had tried to engage with and involve a person at different times of the day. Staff also supported the person's spouse to visit and be involved as this was important to the person. Staff had received training in the MCA and showed an understanding of the principles in relation to people they were supporting. For example, staff told us they would assume a person had capacity and respect their right to make decisions, even if these appeared to be unwise choices.

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 application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and deputy manager had identified a number of people who they believed were being deprived of their liberty, and had applied for appropriate authorisation from the local authority.

The staff training programme showed that staff were provided with knowledge and relevant qualifications to support them in meeting people's needs. A system was in place to track the training that each member of staff attended. Staff confirmed they had the training and on-going updates in subjects including moving and repositioning, infection prevention and control, safeguarding, emergency aid, fire safety, dementia awareness levels one and two, nutritional risk assessment, recording and reporting, and care planning. Since the last inspection staff had also completed training to support them in meeting the needs of people with diabetes.

The provider's induction programme for new staff involved eight days of essential training during the first four weeks, complemented by shadowing experienced staff to help ensure that the training could be applied in practice. A staff supervision structure was in place that included observation and monitoring of care practices and annual appraisals.

People's support plans included nutritional assessments and details of their dietary requirements and support needs. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were in place to minimise the risk. Food and fluid charts were used to monitor people's intakes during periods of potential risk.

Staff demonstrated knowledge of which people were on particular diets and records contained this information. Kitchen staff also had up to date information about people's individual dietary needs and preferences, including those requiring soft, fortified, diabetic or vegetarian diets. Staff asked people a day in advance for their choices of main meals. The chef made extra portions of each meal in case people changed their minds about what to eat. Alternative meals were also available.

Just before lunch the tables were laid with tablecloths, cutlery and the menu for the day. Laying tables just before lunch helps people with memory issues to identify the time of day. At lunchtime the atmosphere in the dining room was calm and relaxed. Staff supported people who needed help with cutting up their food or assistance to eat. We observed staff offering alternatives such as omelettes or sandwiches to a person who did not want one of the two options of main meal. Staff offered people various cold drinks throughout the day. A social care professional told us "People can have drinks when they want one, they don't have to wait". There was a facility in the lounge for people to help themselves to cold drinks or ask a member of staff.

We received mixed feedback from people about the food. For example, one person told us "The food is lovely, I cannot find fault with anything". Another person said "I had liver and bacon today, it was quite good. We need gravy because the food is not cooked like we are used to it being cooked at home". The deputy manager told us one of the part time chefs had left and the post was currently being covered through an agency. Some people had voiced their opinions that the food was not being cooked the way they liked it and the service was addressing this.

The service had introduced food tasting sessions and had removed lamb from the menu following people's feedback. Sunday buffet teas had also been introduced, where people could help themselves and others to food and sit indoors or outside to eat it.

The deputy manager told us that a new training module was scheduled in August for staff in relation to hydration in connection with falls and urinary tract infections.

People had access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP and community nursing and psychiatric services, occupational therapists (OT), podiatry, dentists and opticians. A social care professional told us the service had a "Good rapport" and "Very established connections" with GP surgeries and community nursing teams.

Good

Is the service caring?

Our findings

People and their relatives were positive in their comments about the care people received and throughout our inspection, we found examples of a strong person centred culture among the managers and the staff. Staff were kind, caring and friendly in their approaches to people's care. One person told us "This is the best place I have ever been and I have been to lots". They said they were "Well looked after" and that "The treatment is great". Another person said the best thing about living here is "There is always company. I like someone to chat to. I get enough attention. The care home is good with hospital appointments; there is always somebody there with you. I would give the care home 8 out of 10". Another person said "I like the homely atmosphere here".

A relative told us "The atmosphere here is amazing. The staff are friendly and have a 'can do' attitude". Another visitor said care staff "Rarely get away on time because they are so committed. I shall continue to come here (to help)". This visitor was with a friend, who told us "The staff are so relaxed and the people helpful". Another relative told us "There are no restrictions on visiting. We are always made welcome by the staff".

We observed staff supporting people in an encouraging, kind and friendly manner. A member of staff asked a person "Do you want to come in the garden with me for a while"? The person replied yes and they linked arms and went to the garden. A social care professional told us "I really like this home because the residents really do come first". They added "People don't get sat down, staff walk around with them" and "I like that ethos, it's not a workplace, it's their home". A community health professional told us the staff team statement "Completely sums up how they look at it". The team statement was 'The residents do not live in our workplace. We are visitors in their home and they are at the centre of every decision made'.

We saw further evidence of how the service supported people to express their views and be involved in making decisions about their care and support. For example, the process for recruiting new staff involved an interview panel of people who used the service. The service had a system in place where people were assigned key workers. This helped ensure continuity of care for people from staff with whom they had the opportunity to develop a relationship, and minimised the number of staff they didn't know well being involved in the delivery of their personal care. As a result of a resident's questionnaire, the service had renamed the role of key worker to key friend and were redefining this role in consultation with people.

Staff recognised that independence was important to a lot of people and so encouraged and supported this. Staff explained to us how they involved people in making decisions about their care, including choosing their clothes, their meals, and whether they wanted to join in with activities. We observed people being supported to make these choices. One person told us "I normally get up about 8:00. My call bell is answered quickly by about 8:15 if I need help".

A social care professional told us how the service supported a person to access the local village independently and said "Staff here manage their needs really well". The caring approach extended to the wider community. They said the service had worked with another person who was very independent and so

just paid to come into the service for a lunch. They added that staff "Think outside of the box. They are very accommodating, all very thoughtful and they all care".

A recently recruited member of staff told us their induction had included "Getting to know people". They said "I know all their names, where their rooms are and what they like; and they know my name now". They told us the management and staff were caring and "Very good, helpful when I ask questions". They commented "The first thing after my interview, (the registered manager) showed me the team statement". They told us "It's hard work (here) but it's good fun". Another member of staff said "It's like a family here, everybody mixes in", for example, "Making teas and coffees, helping with garden parties".

The relationships between staff and people receiving support demonstrated dignity and respect. The care staff were kind and courteous and we observed they knocked on people's doors and greeted them by name. People received personal care in the privacy of their bedrooms. Staff gave examples of respecting people's privacy and dignity, for example making sure doors and curtains were closed while assisting them to wash. A relative told us that where a person had expressed a preference regarding receiving aspects of care from male or female staff, this had been respected. They said "The male carers are very nice and she is always bathed by a female carer". A social care professional remarked "I never hear staff being sharp or horrible. They are all very respectful and there is lots of laughter. Staff will talk with and cheer people up". We overheard a care worker singing and laughing with a person in the corridor.

A community health professional told us they had received good feedback from people who used the service about the caring qualities of staff. They also commented that staff were "Absolutely amazing" and said "You can see the staff are happy to be here. It makes a huge difference". They told us the staff had planted a tree in the grounds for a person who had passed away and the person's family and friends continued to visit, which they felt was a "Lovely idea". They said "They're all a family, they treat people as if their own". The service was good at "Accommodating, listening to people". For example, arranging for a person's relative to have cooked meals with them at the home.

A social care professional said "They go the extra mile", for example, the deputy manager had provided additional one to one support for a previous resident. The deputy manager and another senior member of staff had arranged the person's funeral as they had no family. Staff had supported the person on an outing to a specific place they had wanted to visit before they passed away. During the inspection there was a gathering of visitors and staff in the garden, to place the ashes of another former resident beneath a commemorative tree.

The service had received many compliments from people's families about the care that was given. The majority of these were in recognition and appreciation of the care their loved ones received in the last stages of their life. Comments included: "So hard to pick out any one individual as we appreciate so many in the team"; "You are simply wonderful with mum, you know just how to communicate to her"; "You take time for everyone, following up on all your promises. You once said you would fit in with the family and you have enabled us to be part of the family, so thank you very much"; "Thank you all for the TLC you gave to dad while he was living with you. I miss my Thursday visits to you all"; "Always a comfort to know mum was a part of the Bishops Waltham House family. Thank you also for helping support me as well, I could always come and talk with you when I needed to"; "Whilst my mother was living here she was treated with respect and cared for in a professional way. I consider that you all do your job to a standard that is above your remit and cannot praise you highly enough"; "She was looked after with extreme kindness and sensitivity and all of you are a credit to your profession"; "We also appreciate the guidance and support both my sister and I received from all of the staff. Thank you for attending mum's funeral. Your support was very much appreciated. Mama was part of Bishops Waltham House and we are grateful for all your devotion"; "Thank

you for supporting me also, I could always come (and did) and talk to you which helped tremendously"; "It was obvious from day two that mum liked being at Bishops Waltham House and that never changed. Knowing that was a comfort to me"; "We had experience of residential care when my wife's parents entered a home in London and thus able to compare the experiences, we rate Bishops Waltham House head and shoulders above the rest".

End of life care was provided by skilled and compassionate staff who also provided emotional support to people's families and visitors at these times. A room and bed was available for relatives or friends to stay overnight if required. Staff had received training in end of life care and were aware of the importance to individuals of being supported to stay at home and not be hospitalised. Staff would work with the person, their relatives and relevant healthcare professionals to support people to stay in the home.

People's end of life care wishes, where they had agreed to discuss these, and any advance decisions were documented in their care plans and kept under review. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate. Where end of life care was needed, the service sought advice from specialist palliative care nurses. Regarding end of life care, a community health professional told us the staff "Team are very good at following advice. They will phone if there is a problem". To further support staff with working with clinical areas of care, staff had access to one of the provider's practice development nurses who was assigned to the service.

Good

Is the service responsive?

Our findings

The provider, managers and staff had developed a personalised approach to responding to people's needs. Before people moved into the home their needs were assessed to ensure the service was suitable for them. Following this initial assessment, individual care plans were developed that provided guidance about how each person would like to receive their care and support, including their preferred routines of care and how they communicated their needs. Records showed care plans were reviewed regularly including, for example, monthly reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs.

People and/or their relatives/representatives were involved in assessments and reviews according to each person's wishes or best interest's decision. The service had successfully supported one person to develop their independent living skills, have their diagnosis reversed and move into more appropriate warden assisted accommodation. The service encouraged and supported people's partners and family to be involved in the delivery of their care. For example, a husband assisted with the bathing of his wife at her request, as he had always undertaken this activity and she felt more comfortable with this arrangement.

When people moved into the home they were provided with information sheets designed to answer general queries and help people to find their way around the home. For example, bathroom and toilet doors were coloured green and where to find the lifts, lounges and offices. The information also described the various staff roles shown by different colour tunics and reminded people that the manager had an open door policy if they wanted to speak to him.

The service had good links with the village and local community. Schools visited the home, local business donated items for fund raising, the local pub donated money to the resident's amenity fund and the rotary club offered volunteers to assist on special days within the home. Staff had also recently organised a coffee morning and afternoon event In order to further develop the home's presence in the community.

The activities coordinator told us "The village did a knitting bomb (everyone making knitted items which were displayed in the local Post Office), the items knitted were shown in the parish magazine"; and "We made some poppies for the Poppy Day appeal at the local church. The Scouts come in and we belong to the local library". The activities coordinator added "I take people into the village. I like to get the carers involved in that activity so we can all go to a coffee shop". The activities coordinator also told us that representatives of five different churches attended the care home, and that all had been DBS checked.

There was a weekly activities plan that included reminiscence, bingo, quizzes, karaoke and sing-a-longs. A person told us "There are some good activities". The service employed two activities coordinators, so there was an activities coordinator at the home every week day and occasional Saturdays. The activities staff had a range of skills and experience that they used to provide social and mental stimulation to people with diverse needs. One to one activities were offered to people who preferred to not take part in group activities.

We saw a number of photo albums showing activities that people had participated in. For example, hats made for previous Ascot race days, the management team dressed up as the Village People dancing to 'YMCA' to entertain people at Christmas. There were pictures and crafts that people had made displayed around the communal areas and gardens. A room at the care home was being prepared to make into a small library. A person who had once worked as a librarian was going to help run it. They told us "I am looking forward to starting my job as the (home's) librarian". This demonstrated that the service supported people to participate in activities that were meaningful to them.

The service had systems in place in order to listen and learn from people's experiences of care. A satisfaction survey was carried out that included questionnaires sent to people who used the service. The questionnaire included subjects such as food and mealtimes, activities, involvement in care planning, and the home environment. We saw the results of the most recent survey in October 2016 had been collated into a report and actions taken in response to people's feedback. For example, making sure that people knew how to raise any concerns or complaints. Twenty out of thirty people had answered the questionnaire and their responses were overall very positive.

People told us they would feel comfortable raising any concerns or complaints. Information about how to make a complaint was displayed within the home and a copy given to each person in their bedroom. A system and procedure was in place to record and respond to any concerns or complaints that were received about the service. The service had received one formal complaint in the last twelve months, which was in relation to a pre-planned admission transfer from hospital. The complaint had been made through the provider's complaints department and the provider had listened and taken action in an open and timely manner. Following the complaint a change had been made to ensure that when hospitals were put on alert and beds may be required for emergencies, any pre planned admissions would still take place.

There was also a record of compliments and thank you cards from people and relatives expressing gratitude for the care provided by the service.

The call bell system was in the process of being updated and senior staff were monitoring the response times. We checked the initial response time it had taken staff to attend to a person who had fallen in their room on 17/06/2017, which was five minutes. Night staff also carried handsets they could use to communicate with each other and respond to calls.

Good

Is the service well-led?

Our findings

A social care professional spoke very positively about the registered manager and staff and said "I would put my relative here". A relative knew the names of all of the management team and said "There has always been an 'open door' policy. There are residents and visitors committees".

At the previous inspection we found that, while there were internal quality and safety assurance systems, these had not always been implemented effectively. Where issues had been identified these had not always led to improvement. We also found that the registered manager had not notified us of the outcomes of Deprivation of Liberty Safeguards (DoLS) applications, as was required by the regulations. The provider and registered manager sent us an action plan showing how they planned to address these issues.

During this inspection we found improvements had been made. For example, action plans arising from audits, staff and resident meetings were not filed away until the actions had been completed. There were improved systems to enable senior staff to monitor that care records included details of all care provided or required. Weekly management briefings continued to be held to make sure staff were informed about any changes to people's individual needs. The deputy manager had a lead role in monitoring and ensuring DoLS applications were made when appropriate and that we received notifications of the outcomes.

Regular audits of the quality and safety of the service took place and were recorded. For example, there were audits of care plans, medicines, infection prevention and control and equipment. In addition to these, a service manager for the organisation carried out regular checks that were also recorded. The registered manger maintained a record of actions taken in relation to audits, incidents, and feedback from people using the service or others acting on their behalf. A copy of the report was sent to the service manager and provider. The service had systems in place to report, investigate and learn from incidents and accidents. Records showed that investigations were undertaken following concerns or incidents and that appropriate actions were taken in response.

In July 2016 we had received anonymous allegations about the relationship and communication between members of the management team and staff, which we shared with the social services safeguarding team. The provider was informed and conducted an investigation, informing us of the outcome and further actions following this. While no evidence was found to substantiate the allegations, the provider held a staff survey in August 2016 and following the results of this survey two management away days were arranged. While the results of the survey were positive, there were concerns regarding effective communication. A further staff satisfaction survey was conducted in March 2017, which showed improved satisfaction amongst the staff and no further actions were required. However, management away days were to be maintained and developed as learning opportunities.

One result of the away days had been the implementation of a new staff allocation log, which included staff taking on specific lead roles and responsibilities, such as fire marshals, hydration, medicines and housekeeping leads. A folder containing information about specific medical conditions had been built up as a learning resource.

The registered manager was promoting an open and inclusive culture within the service. One of the activities coordinators produced a monthly newsletter for people using the service, informing them of forthcoming events. A 'thank you' board had been put up, which encouraged people, their visitors and staff to write positive comments.

People who had attended an open event at the home in June had written positive comments, including: "Bishops Waltham House is the best care home I have visited. The staff are so hard working and take great care of the residents. They make their stay here so pleasurable. The atmosphere is light and bright and very welcoming"; also "Bishops Waltham House is my second home. Friendly, comfortable, and some amazing staff"; and "As soon as we arrived at Bishops Waltham House we were put at ease. All the staff were so lovely and friendly and the residents all looked so well looked after. (Person) has recovered from her stroke so much better then we could ever imagine and I believe that is all due to everyone at Bishops Waltham House.

Staff spoke positively about how the home was managed and told us they felt listened to and valued. A member of staff said "If you want anything, you've only got to ask". Staff we spoke with understood their roles and responsibilities and there were clear lines of accountability. Staff were supported by regular supervision and each member of staff had a performance plan and goals, which were set at the beginning of the year in relation to both corporate and personal objectives.

The provider and registered manager continued to look for ways to improve the service. Records of team meetings confirmed that staff were asked for their input in developing and improving the service. The provider had commissioned a specialist training company to deliver a programme of dementia training in the home over four days from September 2016 to December 2016. The training looked at best practice in promoting the wellbeing of people living with dementia and at supporting staff to deliver person centred dementia care. The programme involved the trainers working in partnership with family carers retelling their personal experiences of when a person is admitted into residential care. The registered manager informed us 'Twenty members of staff, from all roles within the home, took part in the programme and it was an extremely positive and extremely powerful programme. Staff were really able to relate to the stories and empathise with the families involved. Staff were able to reflect on their own practice and consider partnership working with families. The trainer commented after the programme had ended by saying "On behalf of the family carers and me, may I say it has been a privilege to work with your team. They have been exceptional in their participation, commitment and willingness to use their learning to support the residents and their relatives to live well. Truly inspiring".