

Waypoints Care Group Limited

Waypoints Verwood

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 18 September and was unannounced. The inspection continued on 19 September 2018 and was announced.

The service is registered to provide accommodation and residential and nursing care for up to 42 older people. At the time of our inspection the service was providing residential care to 24 people most of whom were living with a dementia.

Waypoints Verwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People were supported in a large purpose built home which was separated into four separate units spread over two floors. Each unit had a lounge area and there were two large communal lounge and dining areas on the ground floor. Access to the first floor was via lift or three staircases and there were accessible outside areas to the rear of the home and two first floor enclosed terraces.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At the last inspection in November 2017, we asked the provider to take action to make improvements in a number of areas. These included; staffing levels, risk management, fire safety measures, medicines and incident reporting. Further improvements were also needed around Deprivation of Liberty Safeguards, involving people and relatives in decisions and handling and responding to complaints. These actions had been completed.

We found that improvements were still required in monitoring and improving the service. People's topical cream Medicine Administration Record sheets and repositioning records had not been completed accurately and were out of date. Quality monitoring systems were not fully effective or robust as they did not monitor whether tasks or actions had been completed. This meant that the service had not identified these recording errors.

The home had not had a registered manager in post since August 2018. 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.

The acting head of care had been offered the head of care role and a new home manager had recently been

recruited and was due to start in October 2018. The director of operations was basing themselves at the home in the interim period so that they could provide additional management support to staff and people at the service.

People were at risk of avoidable skin damage because pressure-relieving air-mattresses were set incorrectly. Staff were checking that mattresses were set but had not ensured that these were at the correct weight for people. Although this had not resulted in any pressure areas, it meant that people were not always supported with safe pressure care and were therefore at increased risk of developing sore skin.

Staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. People had person centred risk assessments which identified that individual risks they faced and provided actions for staff to safely manage these. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People and families had been involved in assessments care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. Consent to care was sought in line with the principles of the decision making. However, there was not sufficient oversight of people who had Deprivation of Liberty Safeguard authorisations in place, or any conditions which were attached to these.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as homely. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they could communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes. People had opportunities to take part in activities and outings which met the interests and preferences.

People, relatives and professionals told us that they had experienced improvements in the home since the last inspection. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. The service understood their legal responsibilities for reporting and sharing information with other services.

During our inspection we found a continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered providers to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe. People were at risk of avoidable skin damage because pressure-relieving air-mattresses were set incorrectly.

People's topical creams Medicine Administration Record sheets were not always completed.

Medicines were managed safely and administered by nurses or medicine administrators who had received training.

People had person centred risk assessments which identified that individual risks they faced and provided actions for staff to safely manage these.

There were enough safely recruited staff to meet people's needs.

People were supported in an environment which was kept clean and safe with regular monitoring checks and cleaning.

Staff understood their responsibilities to raise concerns.

Is the service effective?

Requires Improvement ●

The service was not always effective. There was not sufficient oversight of people who had DoLS authorisations in place, or any conditions which were attached to these.

Staff did not always receive regular supervisions.

Carpets were heavily stained in several areas of the home and there were malodours in most areas of the home.

Checks on the knowledge and skills of agency staff were not robust.

Staff told us they received enough training to carry out their roles.

People were supported to access health care and dietary needs

were met.

Is the service caring?

Good ●

The service was caring. People were supported by staff who respected their privacy and dignity.

People were supported by staff that use person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

Is the service responsive?

Good ●

The service was responsive. Staff supported people in ways which responded to their changing needs.

People and families were involved in reviewing their care and support.

A complaints system was in place which recorded steps taken to resolve issues and outcomes. People and families were aware of who to raise concerns with.

Is the service well-led?

Requires Improvement ●

The service was not always well led. There was not a registered manager in post.

Accurate records were not always kept up to date and monitoring systems did not check if actions or tasks had been completed.

Improvements had been made and people, professionals and relatives feedback was positive about the changes.

Leadership was visible and the management promoted an open-door approach.

Lessons were learnt and shared amongst the team.

The service worked in partnership with other agencies to provide positive outcomes for people.

Waypoints Verwood

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 inspection took place on 18 September 2018 and was unannounced. The inspection continued on 19 September 2018 and was announced. The inspection was carried out by two inspectors, accompanied by a specialist advisor with nursing experience and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by two inspectors.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

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 improvements they plan to make.

We spoke with three people who used the service and met with five relatives and a health care professional. We received feedback from two health care professionals via the telephone.

We spoke with the director of operations and acting head of care. We met with nine care staff and the quality assurance monitoring officer. We reviewed six people's care files, five medicine administration records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experiences of people who could not talk with us. We also walked around the building and observed care practice and interactions between care staff and people.

Is the service safe?

Our findings

At the last inspection November 2017, we asked the provider to take action to make improvements in staffing levels, risk management, fire safety measures, medicines and incident reporting. During this inspection we found improvements in most areas.

People were not consistently protected from the risk of developing pressure areas. During the last inspection we found that people were at risk of avoidable skin damage because pressure-relieving air-mattresses were set incorrectly according to the person's weight. During this inspection we found that improvements had not been made. For example, two people had mattresses which needed to be set by staff to their individual weight to provide effective pressure relief and protect their skin. Staff were checking that mattresses were set but had not ensured that these were at the correct weight for people. Although this had not resulted in any pressure areas, it meant that people were not always supported with safe pressure care and were therefore at increased risk of developing sore skin. We reported this to the acting head of care and director of operations who told us this would be addressed. Following the inspection, we were told that checks had been put into place.

People did not receive their topical creams as prescribed. Some people had prescribed creams which staff applied either during or after washing every day. We found gaps in the recording about when these creams had been applied. For example, four people's topical cream Medicine Administration Record (MAR) sheets had gaps of between three and 15 days. Staff told us that creams were applied and that new stocks were regularly received. People's records did not show that anyone had any skin sores.

Medicines were managed safely and administered by nurses or medicine administrators who had received training. MAR sheets had photographs of people using the service at the front and these had been dated to indicate they were still a true likeness of people. This meant that staff who were unfamiliar with people, for example agency staff, were assisted to identify people they were administering medicines to. We observed parts of two medicine rounds; one managed by a medication administrator and the other by a qualified nurse. During both rounds we saw that the staff asked people if they needed any pain relief. Staff checked people had swallowed their medicines prior to signing the MAR chart. The service monitored the insulin administration of two people and this was up to date and signed.

People, relatives and professionals told us that they felt Waypoints Verwood had improved and that they felt the home was safe. People's comments included, "I feel safe here everyone is very nice to me. The Staff look after me very well, they have time for me and I am not rushed" and "I feel very safe here I have never lost anything. The Staff have lots of time to look after me". A professional said, "I have been visiting the home for the past 10 years. There have been definite improvements since the last inspection. It is a safe home, they readily contact us and raise concerns. They never sit on anything". Relative comments included, "[Name] is very safe here. The Staff are very good my loved one seems content and smiles when the carers knock and enter", "[Name] was very safe here, the home and staff did a marvellous job looking after them" and "My loved one, is safe here".

People had person centred risk assessments which identified that individual risks they faced and provided actions for staff to safely manage these. For example, one person was at high risk of falling. Their risk assessment guided staff to ensure that the person had their walking aid, regular checks on the person's whereabouts within the home and ensuring that the environment was clutter free. We observed that a person was at potential risk of a fall because they were walking around the home without their shoes on. A staff member noticed this and walked with the person to find their shoes and put them back on. Another person had been recorded as losing weight. This had been identified as a high risk and their weight had been closely monitored. Charts were in place to record what the person was eating and a referral had been made to a dietician for specialist advice. Records showed that the person had started to put on weight again as a result of the actions taken.

Several people living at Waypoints Verwood had behaviours which could challenge and had risk assessments in place to safely manage this. For example, one person could become upset and their risk assessment included information about what might cause this and actions for staff to take. Actions included methods for distracting the person, considering whether the person might be in pain and supporting them to a quieter area of the home. Staff understood how to support people when they became upset and were able to explain how they managed this safely.

People were supported by sufficient numbers of safely recruited staff. The registered manager told us that they used a dependency tool to identify how many staff needed to be deployed to meet people's assessed needs. Staff told us that there were generally enough staff to respond to people in a timely way. One staff member said, "Every home could do with more staff but we get by. There are enough to meet general needs". Another staff member told us, "I think there are enough staff and we all support each other". A health professional said, "Staffing seems about right. I never have an issue getting hold of someone". Where people required additional supervision from staff, there were allocated staff to ensure that this was in place.

Recruitment at the service was safe with appropriate pre-employment checks in place. Staff files included references from previous employers, identification checks and application forms. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people.

Waypoints Verwood had several staffing vacancies at the time of inspection. The director of operations explained that agency staff were used to cover any shortages in shifts and that the same agency staff were used to ensure consistency for people. Several recruitment strategies were being used to attract and employ new staff and considerations and changes had also been made to improve retention of existing staff.

Since our last inspection, Waypoints Verwood had made improvements to ensure that there was always an allocated fire marshal who would direct staff in the event of a fire. Additional training had been provided for staff and a staff member was able to explain this role and what actions they would take in the event of a fire, to ensure that people, staff and visitors were safe. People had Personal Emergency Evacuation Plans (PEEPS) in place which gave guidance about what support each person would need to evacuate safely in the event of a fire.

Staff understood how to recognise the possible signs of abuse and how to report these. One staff member explained that they would be concerned about any "skin tears or unexplained bruising, I would tell management". We saw that where any safeguarding concerns had been identified, these had been reported to the Local Authority and CQC appropriately. Records monitored investigations which had been undertaken and any actions resulting from this. A health professional told us, "I have no safeguarding concerns. The home is very transparent and actively raise alerts".

Staff had access to enough suitable equipment to assist people safely. This was maintained regularly and staff explained that equipment was available on both floors of the home to ensure that this was easily accessible for staff and did not delay support for people. A relative said, "The equipment is kept clean".

People were supported in an environment which was kept clean and safe with regular monitoring checks and cleaning. There were regular housekeeping staff who ensured that all areas of the home were kept hygienic and people were protected from the risk of infections. A relative told us, "The home is cleaner now than it has been". Availability of suitable personal protective equipment (PPE) such as gloves and aprons was monitored to ensure there were sufficient supplies and all staff had received training in infection control. We observed that staff used PPE appropriately and that audits were completed regularly. A member of staff told us "we have enough gloves and aprons and housekeeping monitor supplies daily". The home had experienced an infection control outbreak in May 2018 and staff explained what measures were taken to ensure that this was contained and safely managed.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Accidents and Incidents were reported, recorded, lessons were learnt and actions taken to reduce the risk of reoccurrence. For example, one person had sustained a fall and their sensor mat which was in place had not alerted staff. The accident had been reported and details of the support provided for the person was recorded. Following the accident, maintenance had been asked to check the sensor mat to ensure that this was working effectively to alert staff if the person fell. The director of operations and acting head of care explained that information was shared with staff through their online system and regular meetings.

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.

Consent to care and treatment was sought and capacity assessments and best interest paperwork was in place where necessary. These covered a number of areas of care. For example, personal care, bed rails, one to one support and medicines. A relative said, "The staff seek [name's] consent and are respectful to them".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. Applications for Deprivation of Liberty Safeguards (DoLS) had been made for each person and submitted to the local authority. 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.

At our last inspection in November 2017 we found that people's conditions attached to their DoLS were not always being met. During this inspection we found that some improvements were still required. There was not sufficient oversight of people who had DoLS authorisations in place, or any conditions which were attached to these. The quality assurance monitoring officer advised us that three people had conditions attached to their DoLS. We found that four people had conditions and that for one person, these were not being met. Another person had an authorisation which had expired and a new application had not been made. We told the director of operations and actions were taken to meet the DoLS condition on day two of our inspection. Waypoints Verwood had taken steps to monitor the review dates for authorisations but did not have a system in place to ensure that any conditions attached to people's DoLS were met. The director of operations told us that this would be put into place.

Staff did not receive regular supervision. One staff member had received a supervision in the last few months but had not had one for two years prior to this. Other staff told us that supervisions were not regular. Staff were, however, able to seek support and guidance when needed. Comments included I'm "able to find a senior or someone in the office if I need support". Another staff member said, "I get supervisions. I was due one a few weeks ago but the head of care left and I am waiting. We get them about every six months I think. This is fine for me and I can always approach the management when I need to which works for me".

We observed that the carpets were heavily stained in several areas of the home and there were malodours in most areas of the home including the entrance foyer and corridors. The director of operations told us that this had been discussed in the board meeting and decisions about improvements to the environment for people were pending.

Checks on the knowledge and skills of agency staff were not robust. Waypoints Verwood received information about training that agency staff had received before working shifts at the home. This did not include information about training relevant for a specialist dementia setting or whether staff had training in the use of positive behaviour management techniques. Some people occasionally needed staff to use these techniques when they became upset and one record indicated that an agency member of staff had supported a person in this way. We asked the director of operations about this. They told us that agency staff had all had experience of working in dementia care, but had not had relevant training in positive behaviour management techniques. They explained that they had contacted the agency and would provide in house training for agency staff to ensure that they had the necessary skills and knowledge in this area.

Waypoints Verwood staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I think we are given enough training. We do dementia training which is really good". Another staff member said, "I receive good training. I am going to an event specific to my role as activities coordinator next week which I am looking forward to". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; managing challenging behaviour, mental health and dementia awareness and fluids and nutrition. A professional said, "Staff come across competent and well trained".

People were supported to receive effective care if they were admitted to hospital. Waypoints Verwood used 'hospital passports' for people which included details about people important to them, their medical diagnoses and any allergies. These travelled with people when they went to hospital so that essential information could be shared. Where people had advance medical decisions in place regarding their end of life care, these were also included. Information in the passports was basic and did not include how people's conditions affected them or any communication needs. The acting head of care explained that care plans were also printed and travelled with the person. Records for three people did not have consistent information in their hospital passport about what was to be included and the acting head of care added some guidance for staff to ensure that information provided about the person was consistent and reflected their care and support needs.

People were supported to maintain a healthy diet and food and fluid charts were maintained where appropriate. A person told us, "The food here is very good and I can have a choice of meals. Drinks are available at all times, no problem". Another person said, "I like the food here they make me what I want, I like salads and there is always a choice". A relative told us, "The food is very good here and they will prepare it to suit the person's needs". Another relative said, "[Person's name] likes the food and cleans the plate".

The kitchen had been awarded a five-star food standards rating and all kitchen staff had received food hygiene training. We met with the head chef who told us that there was a four-weekly menu which was currently under review. The head chef told us, "We base changes on people's choices, food likes and dislikes. Communication between care staff and I is very good". The chef could tell us people's dietary requirements including their likes and dislikes. We found that visual menu choices were available.

It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we observed, that they could choose what to eat from a choice of freshly prepared food. Staff were available for any help required by people in eating their food. Drinks were readily available by choice of the people.

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "The staff are caring and supportive". Another person said, "The staff do treat me with respect, I like it here". A professional told us, "Care given is very good. Caring in approach and interaction". Another professional said, "Staff seem kind and caring to people and know them well". Relative comments included; "Staff are friendly and helpful and can always provide updates about how (name) has been" and "The staff were always very caring towards my loved one, I cannot praise them enough".

We observed that all staff supported people in ways which were kind and compassionate. For example, one person was walking alone in the corridor. A member of housekeeping staff stopped to chat to them as they were passing. They spoke with them about how they had slept the night before and they discussed the dreams that the person had. The staff member used tactile contact by holding the person's hand and the person engaged well with the staff member talking about what they had dreamt

People were treated with dignity and respect. One person told us, "The staff treat me with respect at all times, before entering they knock on my bedroom door". Another person said, "All the staff protect my dignity always". A relative said, "The staff protect [name] dignity, the carers use their first name". A professional told us, "Staff respect people. Staff always talk to people and inform them of what is happening". We observed that a person needed assistance from staff with continence care. Staff closed the curtains in the persons room, used the privacy signage on the door and closed this to respect the persons privacy. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A relative told us, "The service promotes equality and diversity". We found that people's cultural beliefs were recorded in their files. The activities coordinator told us that they were in the process of contacting a local vicar after a person had requested this.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. There were various quiet lounges and snugs around the service so people could meet privately with visitors in areas other than their bedrooms. Staff were aware of who was important to the people living there including family, friends and other people at the service.

On both days of the inspection there was a calm and welcoming atmosphere in the home. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging.

People were encouraged to make decisions about their care and be independent and individuality

respected. A staff member told us, "I get to know what people can do for themselves. For example, dressing, sitting up and walking. I always encourage this rather than take it away from them. Independence is so important". People appeared well cared for and staff supported them with their personal appearance.

The home had received a few compliments and thank you cards. We read one which said, "Thank you for looking after our loved one the last three years. We hope Waypoints gets good recognition very soon". We read another which said, "A very big thank you for your care and kindness that you gave [name]".

Is the service responsive?

Our findings

At the last inspection November 2017, we asked the provider to take action to make improvements in involving people and relatives in decisions around their care and in handling and responding to complaints. During this inspection we found improvements had been made.

The director of operations and acting head of care told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. We read a recent complaint raised by a relative regarding a person. We saw that this had been acknowledged in writing to the complainant, investigated by the home, reported to the safeguarding triage and an outcome shared with the family. A person said, "Yes, I do know how to raise a concern I would talk to the manager, I have not had any problems here so far". Another person told us, "I have never had a problem, I would talk to staff if I did". Relative comments included, "If I had a problem I would talk to [acting head of care's name] about it, any problems are dealt with quickly", "I have raised concerns about [person's name] one to one care, it was dealt with promptly" and "I do know how to raise a concern, I always tell them [staff] what they do well and if there is a problem I get it sorted".

People received personalised care that was responsive to their needs. Staff could tell us how they put people in the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A relative said, "I have been involved in my loved one's care plan, I am kept informed by the home". Another relative told us, "I am involved with [person's name] care plan, I am told if any problems occur". The acting head of care told us that annual review meetings took place with the local authorities, families and people where possible. We found that internal six-monthly reviews took place. We read that one person had been reassessed to use a different type of chair which was more comfortable. This had been reflected in their care plan review notes. A relative said, "I sat with (staff name) a while ago and reviewed the care for (person's name). We went through the care plan and we altered quite a few things".

Care plans had been improved were available to staff and up to date. They reflected people's individual needs, preferences and outcomes. The director of operations and head of care alerted staff to changes and promoted open communication. We found that care plans contained photos of people and information about the person, their family and history. A health professional told us, "There have been improvements in record keeping. I am always kept involved in changing needs and re-assessments". A social care professional said, "We have seen vast improvements in care plans".

Staff knew people and understood their interest and hobbies. We read one person's notes which said, 'Spent time talking about the military, friendships and hobbies. Listened to Glen Miller and told staff how much [name] enjoyed it'. A staff member said, "We always get to know people well. I feel I do. I sit with them and ask questions, laugh and joke with them. This helps me understand their interests. These are also recorded in the care plans".

There was a full-time activities coordinator working at the home. There was a timetable which reflected a

number of different activities people could be involved in. On day one we observed an activity led by the activities coordinator. Five people were taking part in preparing and cooking a banana cake. People seemed well involved in this activity to the best of their ability and there was fun and banter between the coordinator and those taking part. On day two we observed people being supported to make smoothies and encouraged to cut up fruit of their choice. The activities coordinator told us, "I love this role. It's a real opportunity to make a difference to people's lives day to day. We have a range of activities to coffee mornings, live singing and music therapy. We even have animals visit such as alpacas and owls!". A person said, "I do like some of the activities that they put on here". A relative said, "[Person] likes singers and the home have the "Land Girls" singers visiting. [Name] likes to join in by waving a flag".

People were supported with end of life care and preferences were recognised, recorded and respected. A person had recently passed away and a staff member told us, "I nursed [name] all day yesterday, (name) was not in pain. The relative wanted regular staff who knew [name] best and we provided that, there was always a senior on". A relative spoke highly of end of life care their loved one had received and mentioned that they could not praise the staff enough.

Is the service well-led?

Our findings

At the last inspection November 2017, we asked the provider to take action to make improvements in monitoring and improving the service. During this inspection we found that improvements were still required.

There had recently been some changes within the management team. The previous registered manager and head of care had left Waypoints Verwood. This meant that sustainability of effective governance at the service could not be evidenced at this inspection.

Records were not always accurately completed or up to date. We reviewed four people's topical cream Medicine Administration Record (MAR) sheets. Each person had gaps of between three and fourteen consecutive days between July and September 2018. We found that creams were kept in people's rooms and showed signs of being used.

We reviewed four people's repositioning records. The acting head of care told us these people were required to be turned every three hours during the day and four hourly at night. Records for when one person was repositioned showed gaps of six hours and nine hours on two occasions. Another three people's records showed similar gaps of between 10 and 16 hours. Staff told us that they regularly repositioned people but that not all staff record it. The most recent tissue viability audit completed in August 2018 showed that no one living at the home had skin tears or pressure sores.

Quality monitoring systems were not all effective or robust. For example, we reviewed audits and found that although these monitored that preventative measures were in place and up to date they did not ensure that tasks and records had been completed. This led to gaps in recording. The director of operations said, "There is a recording issue. I am disappointed that records are not up to date and fully completed. Thankfully there has been no negative impact but it reflects badly on governance and well led". The head of care told us, "Systems are not fully robust yet". At the end of the inspection we were told that the management were going to implement end of shift check sheets for senior staff to complete. These check sheets would review daily records on each unit so that any gaps could be identified daily and followed up.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting head of care had been offered the head of care role and a new home manager had recently been recruited and was due to start in October 2018. The director of operations was basing themselves at the home in the interim period so that they could provide additional management support to staff and people at the service.

People, relatives, and professionals spoke highly of the current management and told us that they had experienced positive improvements in the service since the last inspection. A person said, "The Staff are happy, there is a very good atmosphere". Another person told us, "As far as I can see it is well managed here"

it runs nicely I think". Relative comments included, "Things are better now. Staff are cheerful. There have been problems but [acting head of care name] is very good and a new manager starts soon", "There have been changes but currently all is very good as far as management is concerned" and "Management will be better as a new manager is joining shortly and we are hopeful all will be ok". A health professional said, "Improvements have been made. The management are good and respond to feedback I give".

Staff were also positive about the current management at Waypoints Verwood and felt the staff morale had improved. Staff comments included, "Improvements have been made. The director of operations is good, approachable and fair. Their door is always open", "I have seen improvements in staffing, cleanliness, management. It is getting back to how it used to be. Staff are a lot happier" and "The director of operations is brilliant. Really good. (director of operations name) thanks staff and walks around the home. I have heard other staff say really good things about [operation directors name]".

Staff told us that they felt listened to and played a part in improving the service. One staff member said "Staff morale has improved, it's made management aware of what needed to be changed. We plan breaks in the morning now using a senior allocation sheet, this helps to guide us. Management set up groups of staff to do care plans, they took us off the floor to do this which worked well". The staff member went onto explain that senior management were "a lot more supportive and listen". Another staff member said, "I fed back saying that management never walk around the home. Now they do and ask how we are and appreciate what we do. This is good". Throughout the inspection we observed the director of operations walking around each unit talking to staff and interacting positively with people. These interactions demonstrated that the operations director had built positive working relationships with people and staff.

There had been a resident and relatives meeting on 15 September 2018 which gave people and relatives an opportunity to be involved in updates and changes within the home. 12 relatives were recorded as attending. We read the notes and found that topics discussed included updates of staff appointments, staffing numbers, admissions, mealtimes and activities. At the end of the meeting there was an opportunity for questions and answers. A staff member told us, "The relatives meeting last week was very positive. People and relatives attending were happy with the care".

The director of operations told us that since the last inspection there had been a lot of learning and reviewing practice and systems. We were told that the service was open to learning. The operations director told us that they had recently worked a care shift with staff. Staff told us that this was a positive thing. One staff member said, "[operation directors name] worked a care shift which helped them to understand what we [staff] do and what it's like". The director of operations told relatives in the recent meeting that this experience was good and that it had helped them to identify areas that could be improved further.

Waypoints Verwood worked in partnership with several other agencies to provide good care and treatment to people. A health professional told us, "We work well in partnership with the home. They are forthcoming with information and communication is open and honest".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Record were not always accurately completed or up to date.</p> <p>The provider did not have effective systems in place to assess and monitor record keeping.</p>