Solor Care (South West) Ltd

Wey House Nursing Home

Inspection report

Norton Fitzwarren,
Taunton, TA4 1BA
Tel: 01823 337391
Website: www.voyagecare.com

Date of inspection visit: 12 February 2015
Date of publication: 17/04/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 12 February 2015 and was unannounced.

At the last inspection on 23 September 2014 we found there were breaches of legal requirements. We asked the provider to take action to make improvements to: care records, inconsistent care practices and delays in resolving previously identified concerns. We received a provider action plan stating the relevant legal requirements would be met by 29 December 2014. At this inspection we followed this up and found most of the actions had been completed although some further improvements were needed.

Wey House is registered to provide long term nursing care for up to 37 people with neurological conditions, acquired brain injury and physical disabilities. The home is equipped with a hydrotherapy pool and other rehabilitation facilities. At the time of the inspection there were 25 people living at the home. People had complex nursing care and other support needs and many of the people were unable to communicate verbally due to their physical or mental health needs.

A new manager was recruited in September 2014 and had applied to the Care Quality Commission to become the registered manager for the service. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

At this inspection we found people were not always supported to participate in their planned recreational activities. Some people who chose not to socialise with others had little to interest them. People and their relatives told us more could be done to provide further interest and social stimulation.

Where there was a change in a person's condition this was reported to a nurse and action was taken. However, the nurses only recorded a brief summary assessment, for example "low fluid intake" or "drank well". Nursing notes did not record the specific actions taken, such as providing a suggested volume of fluid intake at regular intervals or reasons for the fluctuating intake. This level of detail would have provided greater assurance about the actions taken or alternatively if there were no concerns.

Repositioning of people with mobility difficulties was recorded in different ways by different staff during the day time. This inconsistency meant it was difficult for others to check whether people had been repositioned at the correct intervals. Failure to reposition people at regular intervals could result in painful pressure sores. We did not find any evidence of pressure damage but the manager undertook to ensure clearer repositioning guidelines were issued to staff.

As detailed above, some aspects of care records still required improvement. However, in general, there was a marked improvement in the accuracy of people's health monitoring records since our last inspection.

People, relatives and staff told us they had observed an improvement in the service since the appointment of the new senior team. They said the new manager was visible, approachable and responsive. We were told people's care and support was much more consistent and had improved overall. One person said "Things are turning around now".

People were protected from the risk of abuse or avoidable harm through appropriate policies, procedures and staff training. People said they felt safe and management would deal with any concerns to ensure they were protected.

There was enough staff to meet people's needs and keep them safe. The service was making progress with filling staff vacancies although temporary agency staff were used to cover some of the shifts.

People and their relatives told us staff were kind and compassionate and "knew what they were doing". People's friends and family could visit the home without undue restrictions and they spoke with their families regularly on the telephone. Staff received regular training to make sure their skills and knowledge were up to date. People had access to a range of external healthcare professionals to help them maintain good health.

People's views were sought and where people were unable to make certain decisions about their care the provider acted in line with current legislation and guidance to protect their rights.

People's nutritional needs were assessed to make sure they received sufficient food and drink. People told us the food was of good quality, served at the right temperature and a choice was always available.

People received their medicines safely and on time.

The home was clean and tidy but many areas of the home were in need of refurbishment. A major redevelopment programme had commenced with a planned completion date by September 2015.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs.

People were protected from abuse and avoidable harm. Risks were identified and managed in ways that enabled people to remain safe.

People received their medicines safely from registered nurses and were protected from the risk of infection.

Good

Is the service effective?
The service was not consistently effective.

There was some inconsistency and lack of clarity about certain aspects of people's care records.

People received care from staff who were appropriately trained to meet their needs and had access to other healthcare professionals when specialised advice was needed.

The provider acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People had their nutritional needs assessed and received a diet in line with their individual needs.

Requires improvement

Is the service caring?
The service was caring.

People were treated with kindness, dignity and respect regardless of their physical or mental disabilities.

People who became upset or anxious were comforted by staff in a patient and compassionate way.

People were supported to maintain family relationships and to avoid social isolation.

Good

Is the service responsive?
The service was generally responsive but more could be done.

Requires improvement

Summary of findings

People were able to engage in activities but more opportunities for social stimulation and interest were needed.

People received care and support that was appropriate to their needs and took account of their wishes and preferences.

People, relatives and staff were encouraged to express their views and the service responded appropriately to feedback or complaints.

Is the service well-led?

Good

The service was well led.

People were supported by a motivated and dedicated team of staff and managers.

The management team was open and approachable and there was a clear staffing structure. Trained nurses and senior staff were available to offer advice and support to other staff.

There were systems in place to monitor the quality of the service and ensure improvements continued to be made.

Wey House Nursing 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.

The inspection took place on 12 February 2015 and was unannounced. It was carried out by two inspectors, a specialist nurse advisor 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. Their area of expertise was in neurological conditions and as a family carer.

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 looked at the information in the PIR and also looked at other information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. We also reviewed information received from the NHS continuing healthcare team and from local authority social care professionals.

At the last inspection on 23 September 2014 we found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. A warning notice was issued for continuing poor care records and compliance actions were issued for care and welfare and for quality monitoring standards.

During this inspection we spoke with eight people who lived in the home, four visiting relatives and nine members of staff. Some people were unable to fully express themselves verbally due to their physical or mental health needs. We therefore spent time observing care and support practices to gain a further insight into people's experience of the service. We also looked at records which related to people's individual care and the running of the home. These included six care and support plans, three staff recruitment files, quality assurance records and medication records.

Good

Is the service safe?

Our findings

People and their visiting relatives told us they felt safe. One person said "Safe? Yes. This is my home". Another person said "Yes, I'm kept safe". A relative said "It's safer now. My previous concerns have been dealt with by the new management. (Their relative) used to have falls all the time, but it's improved".

People were protected from the risk of abuse through appropriate policies, procedures and staff training. All of the staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident that if any concerns were raised with management they would be dealt with to make sure people were protected.

Managers said incident reporting had been improved and a new flow chart had been introduced to assist staff to follow the correct procedures. This included internal reporting as well as reporting to the local authority safeguarding team and the Care Quality Commission. Records showed the service followed local safeguarding protocols.

The risks of abuse to people were reduced because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Staff records showed all staff underwent an interview procedure and were only appointed once written references, evidence of qualifications and safety checks had been received.

Care plans contained risks assessments which outlined measures to ensure people received care safely. Risk assessments outlined any equipment needs and staffing support required to meet people's needs safely. For example, there was a risk assessment for one person with complex mobility and nursing needs. The person's relative said "(their relative) has one to one staff support 16 hours a day. I've seen staff using a specialised chair and straps to move them safely".

People had a range of equipment available to them to meet their individual needs. This included hoists, assisted bathing equipment, electric wheelchairs and pressure relieving equipment to help people maintain a comfortable position. People's safety was protected by a planned equipment maintenance programme and regular testing.

We observed staff moving people into and out of their wheelchairs using hoists and slings. People were moved safely and their dignity was maintained. People at risk of falls were provided with a range of mobility aids and equipment. Staff were aware of those people at risk and kept them under supervision. For example, one person told us they were prone to falls but they wanted to remain as independent as possible. The risks had been discussed with them but they did not want to be restricted. Staff respected the person's wishes but said they tried to keep a discrete eye on them.

On the day of our inspection there was enough staff to meet people's complex physical and mental health needs and to keep them safe. We observed several people were receiving one to one staff support and other staff were available to support people when they needed assistance. For example, we observed one person asleep in the lounge area woke suddenly and appeared to be disoriented, they began screaming loudly. Within a matter of seconds the nurses and support staff arrived to check the person was alright.

Although there were sufficient staff most of the time, people and their relatives told us there were occasions when staffing was stretched. One person said "Early mornings are busy. I think they need more staff to get people up". A relative said "Usually there's enough staff but there has been a high turnover". The manager told us most of the support worker vacancies had now been filled but nurse recruitment was still an issue despite increasing the salary level. The clinical lead nurse told us they currently had two nurse vacancies and bank nurses were being employed to cover some of the shifts. They had made plans for a staff recruitment day. A relative said "I'd rather they didn't use agency staff. The permanent staff know (their relative's) needs better".

People received their prescribed medicines safely. People told us they received their medicines regularly and on time. Staff said they always checked to ensure the correct prescription and dose was given to the right person. We observed medicine administration records (MAR) were accurate and up to date. The lead nurse carried out a daily audit of MAR sheets and all medicines were audited quarterly.

People received medicines safely from staff who had been trained and assessed as competent to administer medicines. We observed a medicines round and saw

Good

Is the service safe?

people were given their medicines in a safe, considerate and respectful way. There was evidence of regular medication reviews by the local GP to ensure people's prescriptions were up to date and appropriate. Medicines were kept securely and there were suitable arrangements for looking after medicines which needed additional security or required refrigeration. The provider had an appropriate medicines policy and procedures.

People were protected from the risk of infection. Since our last inspection, discreet symbols had been put on some people's bedroom doors to alert staff and visitors where there was an increased risk of infection. The manager said people had recently been checked for any infections. We observed information notices around the home advising staff on how to maintain a safe level of hygiene. There were sufficient supplies of personal protective equipment (PPE) for staff located around the premises. We observed staff wore disposable PPE when providing personal care or when preparing or handling food. Cleaning staff were employed and given suitable training, equipment and materials to keep the home clean. The management team had recently reviewed the service's infection control policy and protocol with advice from environmental health and the local infection control lead nurse.

The home was clean and tidy although many areas were in need of refurbishment. A major refurbishment programme had already commenced with a planned completion date by September 2015.

Requires improvement

Is the service effective?

Our findings

At the last inspection on 23 September 2014 we required the provider to take action to make improvements. We issued a warning notice regarding the provider's failure to maintain accurate and accessible care records. We also asked the provider to make improvements to inconsistent care practices which could lead to deterioration in people's health or delays in treatment. We received a provider action plan stating how they would meet the relevant legal requirements by 29 December 2014. At this inspection we followed this up and found the actions had been completed although some further improvements were still needed.

Records showed where there was a change in a person's condition this was noted by a nurse and appropriate action was taken. For example, where people's daily fluid intake was too low the nurse noted this and the next day's fluid intake had been increased accordingly. The nurses recorded the daily outcomes, such as "low intake" or "drank well". However, the notes did not record the specific actions taken, such as providing a suggested volume at regular intervals or reasons for the fluctuating intake. This level of detail would provide assurance about the actions taken or alternatively if there were no concerns.

We observed people's repositioning charts were consistently completed during the night time but recording appeared to be inconsistent during the day time. Regular repositioning is essential for people who cannot reposition themselves to prevent the development of painful pressure sores. We did not find any evidence of pressure sores during our inspection and care plans included effective tissue management risk assessments and care plans. However, we found different staff recorded repositioning events in different ways. The manager undertook to ensure clearer guidelines were given to staff about recording repositioning events.

There were always at least two qualified nurses on duty to make sure people's clinical needs were monitored and met. People in the home had complex nursing and support needs. Several people were nursed in bed and were dependent on staff for most of their care needs. They received one to one staff support, had support with continence needs, required assistance with repositioning to prevent pressure ulcers, and had difficulty swallowing (dysphagia). We noted a marked improvement since our last inspection in the recording of people's health monitoring records. Care support staff were instructed to report any changes in a person's condition to the nurse in charge for them to assess the person and take action as appropriate.

Staff told us they received regular training to make sure their skills and knowledge were kept up to date. A staff member said "Management have made several improvements including training". Training records showed an extensive programme of face to face staff training was underway and a range of new training packages to meet the specific needs of people at Wey House had been booked. Training statistics showed 82% of mandatory E-learning courses had been completed by staff. The remaining 18% related mainly to a new allergens course which staff had not yet had time to complete. An improved comprehensive induction programme had recently been introduced for new staff.

People had their needs assessed and appropriate equipment was in place to ensure people's wellbeing. Where people were assessed as being at high risk of pressure damage to their skin specialist pressure relieving equipment was provided. This included special mattresses and sleep system equipment to ensure people slept in the most comfortable and supportive position.

Some people in the home had 'acquired brain injuries' which affected the way they behaved but they were independent in terms of their mobility needs. People could sometimes display physical or vocal signs of anxiety or distress associated with their mental disability. We observed staff were available and quick to support people when they became agitated or disorientated. Staff told us they avoided the use of physical restraint wherever possible. They would only use it in the most exceptional circumstances if it was necessary to keep people safe. Staff received training in the safe use of restraint for such circumstances. When people became anxious or distressed staff supported them through non-physical interventions such as distraction and calming techniques.

Staff sought people's consent before providing care and support and respected people's decisions. The service followed the Mental Capacity Act 2005 (MCA) code of practice to protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. Care plans

Requires improvement

Is the service effective?

included decision-making profiles for each person and documented where mental capacity assessments and best interest decisions had been made in a person's best interests.

Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. DoLS applications had been made to the local authority regarding certain restrictive practices, such as the use of key pads to prevent people from leaving the home unassisted. The applications showed the provider was ready to follow the DoLS requirements. The provider had trained staff in understanding the requirements of the MCA and DoLS.

People and their relatives told us people's complex health needs were met by staff who "knew what they were doing". They were aware staff had received additional training in managing people who displayed high levels of anxiety or distress and thought this was a welcome improvement. They said staff were also knowledgeable about the use of pressure relieving equipment and mobility aids. People said the bed massages and use of the home's hydrotherapy pool were very much appreciated.

People were supported to access a range of healthcare services to help them maintain good health. Care plans contained records of hospital, GP, dentist, audiology, optician and chiropodist appointments. Other external professionals provided specialist advice as and when needed, such as speech and language therapists, dieticians, tissue viability and PEG nurses. The provider employed their own physiotherapists and occupational therapists.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where staff identified concerns about a person's food intake advice was sought from appropriate professionals. For example, some people were prescribed food supplement drinks and other people required their food or drink at a specific consistency to assist with swallowing and avoid the risk of choking. Other people received their nutritional needs through PEG feed tubes and relevant staff were trained by external specialist nurses in the use of PEG feeds.

People said the food was of good quality, served at the right temperature and a choice was always available. One person told us "There's not always a lot of choice, but what they have is excellent. The vegetables are not over-cooked and the portions are good". Another person said "I have a soft diet, but there's a good variety, well-cooked and tasty". We observed staff supporting people appropriately and in an unhurried way during the lunchtime meal. Staff encouraged people to eat their meal but respected their wishes if they refused. We observed one person who refused their meal was offered a range of alternatives to try to find out what the person wanted to eat.

Where people were assessed as at risk of malnutrition or dehydration their food and fluid intake was recorded by staff. Nursing staff then took appropriate action if people did not receive their target daily intake by encouraging extra food or fluids during the following 24 hour period.

Work had commenced on a major redevelopment project to improve the environment for people living in the home. The first phase to refurbish a number of ground floor bedrooms had been completed. We observed the bedrooms were refurbished to a high standard and were appropriate to people's needs. Management told us the phasing of the remaining building works was being planned to minimise the inconvenience and disturbance to people living in the home. It was anticipated the main contractor would be appointed in March with a completion date of September 2015.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were kind and compassionate and treated them with respect. One person said "The staff are very caring and I'm treated well". Another person said "I love them all. They are very friendly". A relative said "Staff are definitely caring, I have no concerns about that".

We heard staff speaking with people in a polite and caring manner. They regularly smiled at people and offered them support in a relaxed, friendly way. For example, we observed a person being supported by staff into an armchair using a mechanical hoist. The staff made sure they explained to the person what was happening and offered them reassurance while they were being repositioned. We observed other caring acts throughout the day. For example, at lunchtime, we heard a member of staff say to a person "Hi, are you hungry. Well let me move the plate closer to you but mind it might be a bit hot". We were told management had recently arranged a candlelit dinner at the home for a person and their relative to celebrate a special wedding anniversary.

We observed people were reassured by staff and were comforted when they appeared upset or anxious. Staff took sufficient time to assist people without hurrying them and demonstrated a good knowledge of each person's individual needs and preferences. The manager said it was important staff had an excellent understanding of people's conditions and also what people and their relatives were going through at an often traumatic time in their life.

People were free to choose whether they wanted to socialise with others in the communal areas or spend private time in their own rooms. People told us staff respected their privacy and always knocked before coming into their room. Staff described the different ways they protected people's privacy and dignity. A member of staff said "We do our best to maintain people's dignity and privacy when providing personal care".

Staff consulted people about their daily routines and activities and no one was made to do anything they did not want to. Care plans described people's individual communication methods, decision making capabilities and the things they enjoyed or disliked. Each person had their care needs reviewed on a regular basis and, to the extent they were able, they were encouraged to express their views and preferences. Where people had limited communication skills the views of close relatives or other people who knew them well were taken into consideration.

People were supported to access independent advocacy services if they needed additional support when making important decisions about their care and welfare. There were information notices displayed in the public areas giving details and contact telephone numbers for local advocacy services.

People and their relatives told us friends and family could visit the home without undue restrictions. Some relatives visited several times a week and said staff always made them welcome. Staff also supported some people to visit their relative's home on occasions. Other people told us they were supported to speak with their family members on the telephone on a frequent basis. This helped people maintain family relationships and avoid social isolation.

The home provided compassionate care to people at the end of their lives. Care plans contained information about people's preferences and wishes when they became seriously unwell. Information about people's spiritual and religious beliefs was recorded to make sure people received appropriate care in accordance with their wishes at the end of their life.

People were supported to practice their spiritual and religious beliefs where this was important to them. Some people were supported to attend church services and visiting clergy were welcome when people wanted this. The service had strong links with a local church. Church members volunteered to visit the home to support people with various social activities.

Requires improvement

Is the service responsive?

Our findings

Each person had an individualised activities programme in their room. We observed three people remained in their rooms and did not participate in the planned activities shown on their activities timetables. We asked the recently appointed activities organiser about this and they said "It was early days and people's recreation was still work in progress". People said although some activities were available to them more could be done. One person said "I go out on the bus once a week, for personal shopping, dentist and hospital appointments, but other activities are limited". Another person told us they preferred not to socialise with others but would appreciate something more stimulating to do than just watching television. A relative said "It's better with the new management but we'd really like to see more trips out. (Their relative) really enjoys them and is better for days afterwards".

People's recreational needs were assessed by the home's activities coordinator and an occupational therapist. Where people had difficulty communicating their preferences, relatives were involved in the planning of the person's individual activities. Activities varied according to people's needs and abilities. Activities included games, skittles, hydrotherapy, and going out for walks in the garden or into the community. We observed people reading, doing puzzles and sitting chatting with staff. Volunteer 'reading ladies' arrived during the morning and there was a 'pet therapy' session in the afternoon.

People's complex care needs were assessed before they moved to the home to check whether the service was appropriate to their nursing needs and personal expectations. Each person had a detailed care plan identifying their background, preferences, and support needs. Care records were up to date and clearly identified each person's individual needs and preferences. The care plans provided detailed guidance for staff and we observed people were being supported in accordance with their individual care plans. Staff showed a good knowledge and understanding of the people they supported.

People and their relatives told us the service responded to people's individual care needs and preferences. Several people received one to one staff support due to their high dependency needs associated with their physical or mental disabilities. People also had access to a call button in their rooms to obtain support or assistance from staff when needed. People were able to make certain choices about the staff who supported them. For example, one person's care plan specified female only support with their personal care. Staff knew about the person's preference and the request was acted upon. We observed a female support worker was providing their one to one support on the day of our inspection.

People told us staff understood their needs and they were friendly and supportive. People knew the names of their support workers and who to go to if they needed anything. For example, one person pointed to their care worker and said "She's the one I trust" and also told us the names of the other staff who supported them and said they were all very good.

People participated in the assessment and planning of their care to the extent they were able to. People's views were sought and it was recorded where people were unable to make certain decisions about their care. Care plans included people's preferred daily routines, communication plans, decision making profiles, mental capacity assessments and any best interest decisions made on their behalf. The clinical lead nurse had recently implemented a new style integrated care and support plan. This brought all relevant information together into one streamlined care plan. Each person had a designated named nurse who updated their care plan on a quarterly basis, or sooner if there were any significant changes to their care and treatment needs.

People, relatives and staff told us the manager was very approachable and responsive. They said the manager encouraged everyone to express their views and give honest feedback on any issues or concerns they might have. One person said "(The manager), he's the man, he's very helpful" and another person said "I'd turn to (the manager) if I had a complaint". A third person said "I'd complain to one of the nurses. If there was anything I didn't like I'd soon tell them".

There was an appropriate complaints policy and procedure in place. This gave people information about how to make a complaint and the timescales they could expect a response. People and their relatives said they would not hesitate to make a complaint and were confident that any concerns would be addressed. There had been five formal complaints in the last 12 months. Records showed complaints had been investigated and responded to within the stated timescales. One relative told us "Yes, we were

Requires improvement

Is the service responsive?

invited to a meeting and they've taken notice of what we said". Another relative had complained about the appropriateness of a member of staff's clothing. They said the member of staff and the management had responded quickly to address the situation.

Good

Is the service well-led?

Our findings

At the last inspection on 23 September 2014 we asked the provider to make improvements in the time taken to address concerns identified through the quality monitoring systems. We received a provider action plan stating how they would meet the relevant legal requirements by 29 December 2014. At this inspection we followed this up and found the actions had now been completed.

The provider's quality assurance system was used to check policies and procedures were effective and to identify areas for improvement. The service carried out a quarterly self-audit against regulatory and internal quality standards. The latest self-audit gave an overall score of 73.8% pass rate compared to 55.82% for the previous quarter. This improvement showed that action was now being taken and identified shortcomings were being addressed. The results of the audit reflected the improvements in people's care and support we observed during the inspection.

The management team were committed to ongoing service improvement and further progress was planned. Trends or lessons for improving the service identified through the quality monitoring system were acted upon. For example, following a number of complaints relating to inadequate induction of new staff action was taken to implement a new comprehensive induction programme. Similarly, when infection control shortfalls were identified new infection prevention and control policies and practices were introduced.

Further improvements were still needed including people's activities and some aspects of care records. Management had already taken action and made improvements in both these areas but recognised more needed to be done. Where a pass mark was not achieved against an audited standard, the necessary improvements were recorded in an action plan. This was reviewed regularly by the home's manager and copies were circulated to the various statutory bodies to be open and transparent. The Operations Manager and the provider's Quality Compliance Team carried out periodic checks to ensure the action plan was appropriate and effectively implemented.

People told us the care and support they received was much more consistent and had improved overall since our last inspection. People, relatives and staff told us they had observed a marked improvement since the appointment of the new senior team. One person said "Things are turning around now" and another person said "They have improved a lot with the new management". A relative told us "We almost took (their relative) out last August but care has improved".

People, relatives and staff told us the new manager and seniors were supportive and visible. Staff appeared to be motivated, happy and positively engaged in their roles. One member of staff said "I'm happy here, things have improved and are still improving". Another member of staff said "It's a happy place to work. I'm confident the home is going the right way". The manager said they worked "on the floor every day and all day" to promote the service vision and pass on their experience. The new manager had applied to the Care Quality Commission to become the registered manager for the service and their application was well advanced.

The consistency of care provision and promotion of good practice had been improved by the new management team. There was a much clearer staffing structure in place which ensured a senior member of staff was always available to provide advice and support. Staff said they had regular supervision sessions and management listened to any requests for training or development. Supervision sessions enabled staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They also provided an opportunity for any poor practice or concerns to be addressed in a confidential manner.

The provider's Operations Manager told us the service ethos was "To achieve excellence for all of the people we support in every aspect of their life". The new manager of the home said they wanted it to be a homely comfortable environment where people could be happy, safe and well cared for. The managers told us the service was currently in transition and they were moving toward greater specialisation. Their intention was to specialise in rehabilitation for physically disabled people and palliative care for people with life limiting neurological conditions.

To ensure staff understood and delivered this service ethos they received training which was tailored to the physical and mental health needs of people in the home. A comprehensive induction programme was in place for new

Good

Is the service well-led?

staff and there was a programme of continuing training and development for established staff. The service ethos and practices were reinforced at staff meetings and at the one to one staff supervision sessions.

People and their relatives were asked for their views and had a say in developing the service. Regular feedback from discussions, meetings and correspondence with people, relatives and other care professionals was recorded in people's care records. An annual satisfaction survey was circulated to people and their relatives. The results of the last survey were generally positive although people had highlighted a need for more activities and better accommodation. The service had made progress in both areas since our last inspection although this work was still in progress.

People were supported to become involved in the local community although people and relatives said more could be done. The service arranged trips out to shops, to relatives, holidays and other places of interest. For example, one person who was keen on horse racing had a visit recently arranged to Taunton racecourse. The service also had links with other local organisations. These included a local church which provided volunteers to read to people and a musician who visited the home each week. A local wild life project provided animals for pet therapy sessions for the people in the home.

The provider participated in a number of forums for exchanging information and ideas and fostering best practice. The provider was a member of the Registered Care Providers Association (RCPA) and was accredited with the British Institute for Learning Disabilities and Investors in People. They accessed resources from a range of other service related organisations to obtain regular updates, training and expertise. This included Care England, the Huntington's Disease Association, Parkinson's Society, St John's Ambulance Service, and the Care Quality Commission's website. Management and staff also attended service related training seminars and events organised by external training providers.

These links had a positive impact on people's care and support. For example, we observed some people's care plans included the Huntington's Disease Association tips for making life easier for people living with the disease. We were told the St John's Ambulance Service provided suitable vehicles for people with more complex transport requirements.

Managers said they continued to work in partnership with health and social care professionals to identify areas for improvement. For example, improvements to people's care planning had been prompted by the NHS continuing healthcare team's individual reviews, such as improved monitoring of people's nutritional intake. Improvements in night time staff practices had resulted from a local authority safeguarding review.