

Barchester Healthcare Homes Limited

Winchester House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 11 and 12 April 2017. The first day of the inspection was unannounced.

Winchester House is a care home for older people. The home is set out in five separate units and comprises the Peter Mews unit which provides care for people with a physical disability; the Marconi suite for people with residential dementia care needs; the LaFarge suite for older people with nursing care needs; and Shorts Terrace and Cathedral Square suites which provide dementia and nursing care. At the time of our inspection 118 people were living at the home, many of whom were living with dementia. Some people had sensory impairments and some people had limited mobility, a number of people were cared for in bed.

The service had a registered manager. 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.

At our previous inspection on 26 and 28 January 2016, we found breaches of Regulation 10, 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the home was not clean in all areas. Medicines administered were not adequately recorded to ensure that people received their medicines in a safe manner. People were not always treated with dignity and respect. Decoration of the home did not follow good practice guidelines for supporting people who live with dementia. Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. We asked the provider to take action to meet the regulations.

We received an action plan on 06 May 2016 which stated that the provider would be meeting regulations 10 and 12 by 10 May 2016 and regulations 15 and 17 by 30 May 2016.

At this inspection people told us they received safe, effective, caring and responsive care from staff.

Medicines were well managed. Medicines were stored and administered appropriately. Some medicines were prescribed on a 'when required' basis. There was guidance in place for each person's when required medicine. However, details of the dose of medicines and frequency did not always match with what was printed on medicines administration records. We made a recommendation about this.

Staff had a good understanding of what their roles and responsibilities were in preventing abuse. The safeguarding policy gave staff all of the information they needed to report safeguarding concerns to external agencies.

The provider followed safe recruitment practice. Essential documentation was in place for all staff employed. Gaps in employment history had been explored to check staff suitability for their role. There were suitable numbers of staff deployed on shift to meet people's assessed needs.

The premises were well maintained, clean and tidy. The home smelled fresh. Areas of the home had been decorated to help people orientate in their environment. More improvements were planned.

Staff had undertaken training relevant to their roles. Staff were supported to gain qualifications and were supported in their roles. They had received regular supervision meetings.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

Staff had a good understanding of the Mental Capacity Act 2005 and supported people to make choices. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority by the registered manager.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner. Feedback from healthcare professionals was positive.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the home was calm and relaxed. Staff treated people with dignity and respect.

People's care was person centred. Care plans detailed people's important information such as their life history and personal history and what people can do for themselves.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People's views and experiences were sought through surveys and meetings. People were listened to. People and their relatives knew how to raise concerns and complaints.

There were quality assurance systems in place. The registered manager and provider carried out regular checks on the home. Action plans were put in place and completed quickly. Staff told us they felt supported by the registered manager.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths.

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.

Medicines were well managed and were securely stored.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

Risks to people's safety and welfare were assessed and managed effectively.

The home was clean, tidy, smelt fresh and had been well maintained.

There were enough staff employed to ensure people received the care they needed and in a safe way. Effective recruitment procedures and practices were in place and being followed.

Is the service effective?

Good ●

The service was effective.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place.

People received medical assistance from healthcare professionals when they needed it.

Staff had attended training they needed, training was on going. Staff received supervision and said they were supported in their role. Nursing staff received appropriate support and clinical supervision.

Meals and mealtimes promoted people's wellbeing. People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered for.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring. People's privacy and dignity were maintained whilst promoting people's independence.

People received consistent care and support from staff they knew very well. Staff were aware of people's personal preferences and life histories.

People were supported to maintain relationships with their relatives.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained important information about them and what they needed help with. People's care had been reviewed regularly. People were encouraged to participate in activities to keep them stimulated.

People and their relatives knew how to raise concerns and complaints. The complaints policy was prominently displayed in the home.

People and relatives had opportunities to feedback about the service through surveys and meetings.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to monitor the quality of the service, action taken to address areas of concern was timely.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Staff were positive about the support they received from the management team. Staff felt valued.

Winchester House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 April 2017. The first day of the inspection was unannounced.

The inspection team consisted of two inspectors (one of whom was a medicines inspector), a specialist advisor who was a nurse with expertise in general nursing, a specialist advisor who was a nurse with expertise in dementia and two experts by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete 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 also reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

We spent time speaking with 32 people. A high number of people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We spoke with 11 relatives. We spoke with 20 staff including the cook, care staff, nursing staff, housekeeping staff, activities coordinators, the deputy manager and registered manager. We also spoke with the regional operations director. We received feedback from one health and social care professionals during the inspection and four by email to obtain feedback about their experiences of the service.

We looked at records held by the provider and care records held in the home. These included 17 people's care records, risk assessments, staff rotas, six staff recruitment records, meeting minutes, policies and

procedures, satisfaction surveys and a selection of other management records.

We asked the registered manager to send additional information after the inspection visit, including some quality assurance records and audits. The information we requested was sent to us by administration staff in a timely manner.

Is the service safe?

Our findings

At our last inspection on 26 and 28 January 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have good systems in place to safely manage people's medicines. We also identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to clean and maintain the premises. The provider sent us an action plan which stated they would meet regulation 12 by 10 May 2016 and regulation 15 by 30 May 2016.

At this inspection we found that medicines management and cleanliness and hygiene had improved.

People told us they felt safe. Comments included, "I think it's nice and yes I do feel safe"; "Yes quite safe always someone around if you need help"; "Yes I feel safe"; "I am very content"; "Yes all the doors are locked"; "Yes because they have somebody on call all the time" and "Oh yes there is always somebody about".

Relatives told us that their family members received good, safe care. Comments included, "I'm over the moon, at least we know she is safe"; "They can't keep an eye on him [family member] all the time he puts himself on the floor, they look after him well" and "I know he's safe it gives me peace of mind".

Health and social care professionals told us, "It's always clean and tidy. There's enough staff. There seems to be more on Cathedral Square than Shorts Terrace"; "The home manger always updates me on any changes to my clients care and keeps me informed. Recently new risk assessments were put in place to support a client of mine, I was informed about these to ensure that the least restrictive strategies were put in place" and "Whenever I have visited Winchester I have always observed people receiving safe and effective care. Whenever I have visited Winchester it has always looked well maintained and clean".

During our inspection we looked at the arrangements for managing medicines (including obtaining, recording, handling, storing, security and disposal) and found that processes kept people safe. A new medicines management policy was in place. Meeting minutes evidenced that this had been communicated to staff. The deputy manager acted as the lead for medicines and carried out regular checks of medicines documentation to ensure records were completed correctly.

Medicines were supplied by a community pharmacy. The community pharmacist had carried out a medicines audit and given advice to the home. Staff had acted on this advice to improve the safety of medicines. A pharmacist practitioner, from the GP practice where people were registered, also visited the home to review and prescribe peoples' medicines.

Medicines were administered by registered nurses and trained care staff. Staff told us that they had completed medicines training, including specialised training for certain medicines and new staff felt supported through their induction to the home. Staff were assessed annually to ensure they were competent to administer medicines.

We observed medicines being administered by a member of care staff on the Marconi unit. The staff member encouraged people to take their medicines and we found the process to be safe and hygienic. One person didn't want to take their medicines as they were having breakfast. However, the staff member returned to the person at the end of the medicines round and the person took them. In between times the staff member labelled the medicine pot and stored these safely. Medicines were signed for after they were given and there were no missed doses seen on medicine administration records (MARs).

Each person had an individual medication profile that gave details of any administration difficulties; for example problems swallowing. Some medicines were prescribed on a 'when required' basis, for example for pain relief. There was guidance in place for each person's when required medicine. However, details of the dose of medicines and frequency did not always match with what was printed on MARs. This meant that it was not always clear to staff what dose of some medicines a person should have and how often.

We recommend that the provider and registered manager should ensure guidance is reviewed and updated when medicines are reviewed and doses and frequencies prescribed are changed.

Some people were administered their medicines covertly (disguised in food or drink). Appropriate mental capacity assessments had been completed and decisions made by the multidisciplinary team (GP, pharmacist, community psychiatric nurses and care staff) to administer covertly involved families.

Medicines were checked and recorded when received in to the home. We checked some quantities of medicines against what was recorded and found these to be correct. Medicines were stored safely and securely. Medicine fridge temperatures were monitored appropriately. All medicines were within their expiry dates and there was a process in place for recording and disposing of unwanted and expired medicines appropriately. Controlled drugs (CDs) which are medicines with potential for misuse, requiring special storage and closer monitoring) were stored and recorded in line with legislation. Nurses carried out regular balance checks of CDs and we found these to be correct.

Medicine safety alerts (national alerts regarding faulty products) were received by the registered manager and action was taken if required. Staff were able to describe the process for reporting medicine errors or near misses. There were no reports of errors or near misses. The registered manager told us that there had not been any incidents since our previous inspection.

The home was clean, smelt fresh and was suitable to meet people's needs. Bins in bathrooms, toilets and sluice rooms were appropriate to minimise the risk of cross infection. Staff had access to gloves and aprons to enable them to safely carry out personal care. Since the last inspection the management team had developed a mattress audit which had been frequently carried out to check the cleanliness of mattresses. Action taken had been timely when issues had been found. Since the last inspection a number of toilet seats had been replaced which meant that they were able to be cleaned effectively.

The premises were well maintained and suitable for people's needs. Fire extinguishers were maintained regularly. Fire alarm tests had been carried out. Staff confirmed that these were done weekly. Staff had practiced how to use equipment to help them evacuate people in the event of a fire. Records showed that emergency lighting had also been tested regularly. Any repairs required were generally completed quickly. Areas of the home which had been assessed as unsafe for people to enter without support, such as the laundry room, kitchen, sluice rooms and cleaning stores and stairwells were locked and secure. Gas and electric installations had been checked. Hoists and slings had been serviced. Water testing had been carried out as well as regular legionella testing.

Recruitment practices were safe. The registered manager told us that robust recruitment procedures were followed to make sure only suitable staff were employed. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nursing staff registration with the Nursing and Midwifery Council (NMC) had been checked and monitored to ensure that only registered nurses were employed. Staff employment files showed that references had been checked.

Staff we spoke with understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had confidence in the management team taking appropriate action if they reported any concerns. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

There were enough staff deployed on shift to keep people safe. The service used agency staff to cover shortfalls when staff were on leave and off sick. The home used a DICE tool which was a dependency rating tool to assess the level of staffing required for each area of the home. The registered manager explained how they adjusted the staffing levels to meet people's needs. The DICE tool showed that there was adequate staffing to meet people's needs. Some staff in one part of the home said they could be stretched on occasions. We reported this to the registered manager and they agreed to monitor this. Some people received additional staffing on a one to one basis during the day to help keep themselves and others safe. Activities staff and the management team assisted people at meal times. Staff confirmed that this was normal practice and was not happening because we were inspecting the service. We observed that staff responded quickly to people's call bells. Some people were unable to use call bells. Where this was the case, care plans and risk assessments clearly identified why they couldn't and staff checked the person at least hourly when they were in their bedroom.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person's abilities and current care needs. Risk assessments corresponded with each section of the care plan. For example, one person was at risk of choking. They had been assessed as requiring soft food. The kitchen staff had a good understanding of the food this person should have as well as the staff providing care. A referral had been made to the Speech and Language Team (SaLT) to provide further guidance and assistance to staff in relation to swallowing. Risk assessments and care plans had been reviewed monthly or more frequently if people's circumstances changed. Staff were able to provide care which was safe and met each person's needs. Accidents and incidents had been appropriately reported by staff. Relevant action had been taken by the registered manager when these had occurred.

Is the service effective?

Our findings

At our last inspection on 26 and 28 January 2016, we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some people had not been treated with dignity and respect at mealtimes. We also identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Decoration of the home did not follow good practice guidelines for supporting people who live with dementia. The provider sent us an action plan which stated they would meet regulation 10 by 10 May 2016 and regulation 15 by 30 May 2016.

At this inspection we found there had been improvements to the decoration of the home and people were treated with dignity and respect at mealtimes.

People told us they received effective care from staff. One relative was unhappy that staff were following guidance about meeting their family members assessed nutritional needs. Records showed that the management team had met with the relative and explained why they needed to follow the guidance to meet their assessed needs. The management team had also asked healthcare specialists to reassess the person. Relatives told us, "Mum has dementia, she's relaxed when staff are around. They take time to feed her and check she's had enough"; "Staff do such a great job" and "When my grandmother came out of hospital she had lost a considerable amount of weight, was not eating, care staff sat with her and ensured that she had eaten her meals. Since then my grandmother has gained weight and is much better in her general health".

Health and social care professionals told us that staff were knowledgeable and provided effective care. Comments included, "The home provides lots of encouragement [to people] to eat, lots of fortified food and they make referrals to the dietician. I am satisfied that the home is doing all they can"; 'I always receive a warm welcome and find the service to be friendly and clean. Senior staff appear to have a good knowledge of my role and welcome my involvement in supporting there residents with decision making' and 'Staff remain up to date with syringe driver training which ensures all staff competent to initiate this when advised and appropriate for residents approaching end of life'.

Kitchen staff were aware of people's specialist diets and additional nutritional needs such as pureed food, soft diets, allergies and where people were at risk of choking. The kitchen staff were also aware of people's dietary requirements such as high calorie and vegetarian diets. The head chef told us that they met with the nurses once a month. They attended a daily stand up meeting with the heads of all departments to gain feedback about any changes. The head chef told us they usually met with people within the first week of them living at the home to discuss their likes, dislikes and preferences. The head chef made high calorie smoothies and drinks daily for each of the units within the home which enabled people who were losing weight to gain extra much needed calories. A range of fresh fruit, snacks, biscuits and cakes were available.

We carried out observations during lunchtime. There was a calm and relaxed environment with music appropriate to people's preferences playing in the background. People were offered a choice of meals. At lunchtime several people choose not to sit or wandered away from the table. However, good practice was evident on numerous occasions. We observed staff gently encouraging people to eat and trying different

foods. One person insisted they didn't want to eat in the dining room and they were found a place in the lounge area. They then accepted food and ate this independently. Some people had a glass of wine with their meals. Staff showed people what the meal looked like to help them decide what they wanted. People who were cared for in bed were supported appropriately to have their meals. Some people had chosen items not on the menu which the chef had made at their request.

People gave us mainly good feedback about the food. Comments included; "I like my fruit"; "Yes it's lovely I have soft food"; "I like most of it"; "You get lots of choice I like cereal for breakfast"; "Quite enjoy my meals you get a good variety"; "Food not so bad fair amount of choice"; "Always a choice of several different things, you can always find something you like"; "Food is varied always a choice"; "The food is alright, one day a month you get whatever you want for lunch. I chose egg and chips. I would have liked whisky but I got beer"; "The food is good"; "Some days it is better than others" and "The food is all right". One person's preference was for well cooked vegetables, they said, "Today they ruined the chicken with the sauce they cooked it in. The veg is always under cooked".

Since our last inspection, Cathedral Square and Shorts Terrace had been redecorated. Corridors were themed in colours and each person had a picture of themselves on their door, along with a room number and their name. Toilets and bathrooms were signposted. This enabled people to navigate around the home with greater ease. It also helped staff to lead people who were confused about their environment to the right room. Further redecoration and signage was planned for the home as part of the provider's 10-60-06 dementia programme which also includes additional training for staff. This was due to start in May 2017.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. People who were able to, confirmed they made decisions about their own life and these were respected. Staff had received training in MCA and DoLS and understood their responsibilities under the act. The registered manager had good systems in place to track and monitor DoLS authorisations and applications.

The provider had a policy which outlined the process for appointing an advocate if it was identified that this was necessary to support people who lived at the home. Some people within the home had been assigned an advocate by the local authority to support them with decision making.

Staff had received training and guidance relevant to their roles. Training records evidenced that all staff had attended infection control, choking and food allergens training. Records showed that 94 out of 98 staff had attended safeguarding training and 90 staff had attended Mental Capacity Act (MCA) and Deprivation of Liberties Safeguards (DoLS) training. The provider had changed the way in which training was provided, staff attended a mandatory classroom based course each year to carry out update training as well as completing e-learning courses. Systems and procedures were in place to provide support to nursing staff in order to

maintain their skills and Nursing and Midwifery Council (NMC) registration as part of the revalidation process. Systems were in place to support the nursing staff achieve revalidation. Specialised training courses were available to nursing staff to enable them to learn or refresh nursing tasks.

Staff told us they had good support from the management team. Staff had received supervision from their line manager. Supervisions are meetings between a staff member and their line manager. Supervision records verified that these took place regularly. Supervision records covered hot topics such as reminders about recording and feedback on observed practice. Nursing staff supervised care staff and the registered manager and deputy manager supervised the nursing staff and housekeeping, kitchen and maintenance staff. Nursing staff were supported and supervised by the deputy manager, who also provided clinical supervision. This meant all staff received effective support and supervision for them to carry out their roles. Staff confirmed that they received an induction into working in the home, this including shadowing experienced staff, training and completion of the care certificate. Staff confirmed that they were supported to undertake qualifications in relation to their roles.

People were supported to maintain good health and have access to healthcare services. Photographic records were in place of pressure wounds so that nursing staff could document the progress of treatment. There was very clear guidance in each person's care plan for staff detailing how to care for people with pressure wounds and this also evidenced advice and support given by the tissue viability nurse. We observed that nursing staff liaised with tissue viability nurses when required to seek advice in treating pressure areas. Some people had developed pressure areas in hospital before they moved to the home. Wound charts and records showed that the pressure areas were improving through the treatment being provided. A Healthcare professional said, 'They complete thorough referrals and they appear to be choosing the correct dressing selection and their pressure ulcer and wound knowledge is competent. The staff always accompany me to assess their patients and give me a full history verbally and their notes are well documented with photos to support. The advice I give has always been followed to my knowledge and when I review these patients they have healed or have an improvement in their wound'. This meant that people's healthcare needs were well met.

Care plans evidenced that referrals had been made to the relevant health care professionals as appropriate. People had seen their GP and emergency services when required. Care records evidenced that advice and guidance had been sought from a range of health professionals including speech and language therapists, GP's, mental health nurses, dieticians, opticians and occupational therapists. People's weights were monitored frequently. People had attended hospital when required. People had received the flu vaccination when they had been assessed as requiring one.

Is the service caring?

Our findings

People told us that the staff were kind and caring towards them. Comments included, "They take good care of me"; "I'm very comfortable here, mind you I'm not much trouble"; "The staff are wonderful"; "Yes if I want anything done they do it for me"; "They are just nice to you and they all will help you"; "There is one particular person [staff member] she is top notch. She knows what she is doing and she always looks after me. [Another staff member] is part time and she is also very good" and "[Staff member] is gorgeous she sorts out my clothes If I could get out I'd buy a new wardrobe of clothes".

Relatives told us that staff were friendly, caring and kind towards their family members. Comments included, "They are really nice to her, they hold her hand and kiss her"; "They [staff] are such nice people"; "They take time to get to know us"; "The staff are absolutely excellent, they treat my wife very well and they have tremendous patience"; "We are happy with how she is treated" and "Staff are very kind and caring". A healthcare professional told us, "I have always found staff caring and compassionate to all residents whenever I have been visiting Winchester".

Relatives told us that they were able to visit their family members at any reasonable time and they were always made to feel welcome. We observed relatives and friends visiting at different times of the day and staff interacting with relatives as well as people.

Staff knew how to ensure that people were respected and treated with dignity. Staff told us they ensured people had choices and were involved in their care. Staff were clear that when they provided care to people they did so in a manner to respect the person such as closing doors and curtains, ensuring they had all the right equipment before they start, keeping the person warm and respecting decisions. People told us they felt they were respected. Comments included, "They look after us well"; "They have always respected me", "They are very nice"; "They are very pleasant to you and quite cheerful" and "They all respect me".

We observed friendly and compassionate care in the service. The staff were happy and up-beat, they enjoyed their work and this was reflected in the care we observed them providing. The staff were respectful and caring towards people. One staff member told us, "We touch the hearts and souls of people's lives in this job". One person told us, "Everybody is very friendly they always say hello. It is nice here".

People were involved in their care and made choices about what they wanted, such as where they wanted to sit, clothes they wanted to wear, food and drinks, whether to attend activities and whether they wanted their personal care needs met. Staff explained to people what was happening and gave people time to process information. One person told us, "If I am not sure of anything they take the time to explain". We observed one member of staff explaining to a person who could not hear very well that the doctor would be here on Thursday. The staff member was very patient and took the time to explain the same thing four times as the person was a little anxious and had difficulty remembering.

Staff built good relationships with the people they cared for. This resulted in people feeling comfortable and relaxed. People responded well to the quality of their engagement with staff. We observed one staff member

telling a person, "I love you so much". The person smiled in response. Relatives gave us examples of arriving at the home to visit their family member and finding staff chatting kindly with their family member, who responded with big smiles. Throughout the inspection we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. Staff made time to talk with people whilst going about their day to day work. It was clear staff knew people well. We observed staff reassure people if they were anxious, upset or distressed.

People's bedrooms were personalised with photographs and personal items. The bedrooms were spacious which meant they had plenty of space to move around and plenty of room for equipment which helped with their care.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in the nurses stations on each of the units to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

People's religious needs were met. People's care files showed that people's spiritual and cultural preferences had been documented. The activities schedules showed that church services and church coffee mornings took place. Activities staff told us that a religious leader visited the home on a monthly basis to give communion.

People who were at the end of their life were supported appropriately and in accordance to their wishes. Nursing staff had worked with people and their families to write advanced care plans to detail people's wishes and preferences in relation to them becoming unwell and their death. A healthcare professional told us, 'Staff are very good at future planning for residents approaching the end of their lives by early referral to myself and GP so that advance care plan, DNAR form and anticipatory medication can all be in place if appropriate. So that the resident can be given appropriate care in a timely manner so that their symptoms are managed effectively'. The healthcare professional shared that staff 'Respond appropriately and effectively to their changing needs' when people are approaching the end of their life.

Is the service responsive?

Our findings

People told us about the activities in the home, "I attend everything I love to get out of my room"; "So much fun I can't keep way, it's like the old days"; "I like the garden, I planted primroses yesterday"; "I like to be useful and help the activity leaders"; "Every week I go to the hairdressers"; "They do my nails and they don't charge anything for it"; "I like wrestling, I watch it on the TV"; "I would like Karaoke"; "I like all the activities"; "Singing"; "I have been to the hairdresser today. I love the music and entertainment, [name] the singer and I enjoy chair yoga"; "I don't really do a lot of activities. Today I had my hair and makeup done"; "I like to listen to what they have to say and they take me out on trips if I want to go"; "I read the newspaper, read books and watch the TV. I sit in the garden"; "I like anything with music, dominoes, bingos and quiz"; "I would like too but I am bedridden. I don't feel bored or isolated. I watch the TV and read". We observed that people were prompted and asked if they would like to take part in activities.

A relative told commented that the home was, "Very good with entertainment always something going on". Other relatives said, "She has only been here since January and recently broke her hip so is unable to take part in activities" and "She likes to get involved with the singing".

We observed activities taking place in different parts of the home during the inspection, on the first day 18 people took part in a reminiscence and memory activity. People were involved in the activity and others sat watching. On the second day an outside entertainer was singing, people from all areas of the home attended the event, the large lounge area was packed full of people smiling, singing and dancing to the music. We observed one of the activities staff reading to and interacting with a person who received their care in bed.

The activities schedules showed that outside entertainers visited the home to provide activities as well as activities which were coordinated by the two members of activities staff. Music and singing activities were very popular with people. Activities schedules showed that people had access to comedy sessions, motivation, gardening, arts, singing, ball games, dominoes, memories and reminiscence sessions, board games, coffee mornings and role play. Generally there were two activities planned each day. Some of the activities were very lively and people seemed to be enjoying them. People were informed about planned activities as the schedule was sent to people weekly. Staff then walked round to visit people each day to encourage them to take part. Activities staff also spent time with people on a one to one basis. They explained they made use of library books, facilitated hand massages, singing, music and provided twiddle muffs. Twiddle muffs are a knitted band that has items attached so that a person living with dementia can twiddle with in their hands. Each day one or more people living in different units of the home were 'Resident of the Day'. On this day staff reviewed and updated the person's care and assessment records, housekeeping staff carried out a 'Deep clean' of the room, the handy person visited the person to check if any repairs or alterations were needed, care staff checked clothes for name labels and the kitchen staff visited to review people's likes and dislikes. Activities staff spent time with 'residents of the day' too. We observed an activities staff member spending time with one 'resident of the day', the person was enjoying the pampering session.

Activities staff acknowledged that they could not meet everyone's preferences when it came to activities and knew that some people were hesitant and reluctant to travel to other areas of the home to join in. They ensured that activities happened in different areas and met with people through the regular 'residents meetings' to discuss ideas for activities and events. They tried out new activities to see what people enjoyed the most.

Volunteers also visited the home to spend time with people. Volunteers including children from the local primary school visited the home regularly and had completed a community garden project to renovate the courtyard garden. The home had celebrated the event on care home open day in June 2016. The home was voted divisional winner of the provider's 'Barchester in Bloom community garden of the year 2016' for the garden project. The activities staff explained how people really enjoyed activities and events that included children and animals.

People were supported to go on trips outside of the home. Trips included taking people out to the monthly church coffee morning, local places of interest and garden centres. The activities staff had planned four trips along the river Medway on boats in the summer.

Relatives told us the service was responsive to their family members' needs. They told us that the management team were approachable. We observed that relatives knew the management team. One relative said "Mum always looks neat and tidy and always clean".

People's care files contained detailed assessments of their care needs. Assessments had been carried out by the deputy manager or the registered manager prior to the person moving to the home. The assessments highlighted areas of need such as continence. Continence assessments highlighted where people had a catheter or used continence pads. People and relatives told us they had been involved in the care planning process.

People and their relatives had been involved with developing their care plans and reviewing these. Review records showed that people and their relatives had been involved in reviewing and the updating the care plans. Care plans were clear, person centred and detailed what people's needs were. They recorded tasks that people could do for themselves, such as choose own clothing and choose gender of staff to provide support. The care plans also listed people's preferences in relation to bathing and showering. This included the frequency that they would like these. We checked people's care records to check that people had received baths and showers in line with their preferences. Three people's records evidenced that people had not had any baths or showers in a 12 day period. The records did not detail whether the person had been offered the opportunity to have a bath or shower and they had declined it. One person had a care plan in place which listed that staff should 'Ensure fingernails are kept clean and trimmed'. We observed this person to have very dirty and long nails. We reported this to the lead nurse for the unit. They asked staff to help the person to clean these. Therefore we could not be sure that people had received personal care as planned. One person told us, "I have a shower once a week but I would like more showers".

We recommend that the provider and registered manager reviews care practice to ensure it meets people's assessed needs.

We checked that nursing care that people had been assessed to receive had been carried out as detailed in the care plan and treatment plans, including feeding regimes. We found that nursing care had been delivered and clear records had been made to evidence this.

People and relatives told us they knew how to complain. People told us, "I've got no complaints" and "I can't

find anything I want to grumble about". People told us they would complain to staff, nurses or the management team. One relative told us, "Mum has lost her rings but they are doing everything they can to find them". The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. The complaints and compliments procedure was on display in the reception area. Staff were clear about their responsibilities to report concerns and complaints. We reviewed the complaints records and saw that written complaints were documented and the records evidenced that they were responded to within agreed timescales. The response included an investigation and when warranted an apology was provided. The person who made the complaint was provided with a clear explanation of the steps that were taken to prevent the issue from being a problem in the future.

People and their relatives had opportunities to feedback about the home and the care provided. The provider carried out an annual survey of people through a market research company. The registered manager explained that the surveys were sent out to people and the responses were collated by the external company, who then produced a report. The survey report showed that 32 people and 38 relatives had completed surveys. Survey results showed that 100% of people surveyed were happy living at Winchester house and 100% were satisfied with the overall standard of the home. A number of survey results showed lower scores, specifically in relation to laundry services. As a result the management team had produced a 'You said, we did' report which showed that they had set up a working group to review the laundry service and care of clothing. The working group had met and were given tasks to complete by the end of April 2017. Newsletters sent out to relatives and were available in the home to detail important information about the service including events, new activities, employee of the month awards and messages from the provider. The newsletter also discussed the survey results.

Monthly 'Residents meetings' were held in the home. The meeting records showed that 21 people attended the meeting in January 2017, 13 attended in February 2017 and 17 attended in March 2017. The meeting records showed that people discussed activities, planned events and food. Meeting records showed that people were listened to, suggestions were taken on and events had taken place.

The service had received compliments from relatives. One read, 'I would like to say thank you for the professional care and kindness my father received at Winchester House, all the staff deserve praise' and 'Everyone was so kind to myself and my family and looked after us so well'. Another read, 'I write to thank you for the care taken yesterday when [person] had a fall and sustained a deep cut over her eye'. The home had also received six recommendations on www.carehome.co.uk within the last 12 months, which gave the home a score of 8.8 out of 10. One positive comment stated, 'I just wanted to say a huge thank you for the kind and attentive care that my Mother in Law received recently. We found the nurses and carers to be friendly, and extremely helpful. We were made to feel welcome and loved the fact that we could pop in and visit whenever we wanted. Every effort was made to keep her comfortable and keep her happy. The fact that her food tastes were taken into account and we were able to take her into the garden each day was very much appreciated. Thank you so much for helping us all, and making such a sad and difficult time as bearable as possible. We looked at quite a few care homes in the lead up to her leaving hospital and Winchester House just came out streets ahead of all the others'.

Is the service well-led?

Our findings

At our last inspection on 26 and 28 January 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective systems of processes to monitor and improve the quality and safety of services. The provider sent us an action plan which stated they would meet regulation 17 by 30 May 2016.

At this inspection we found that the quality monitoring systems and processes had improved.

We observed that people knew the management team and felt comfortable talking with them. Several people approached the registered manager whilst they were walking around the home. The registered manager and deputy manager knew each person in the home by name and made time to talk with people. People told us the home was well run. Comments included, "The manager is very understanding"; "I know the manager. It is managed very well"; "I know the boss I gave her a Christmas card"; "It seems to be efficiently and effectively run" and "it is fine everything is lovely".

Relatives told us the home was well run. Comments included, "What I like about it is the manager and deputy manager know everyone personally" and "Easy to speak to [deputy manager] and [registered manager]. They keep you informed at all times. I received a phone call at 03.00 when Mum fell and broke her hip". Health and social care professionals told us when asked if the service was well run, 'I feel it is because the home is well led, that staff remain there for many years and although it is a very large home (120 beds) it is managed excellently and end of life care is delivered to a high standard'; 'I feel that the home is well managed and that because they forward plan and refer to me and other professionals in advance that assessments and appropriate requirements can be in place to prevent crisis (such as Friday afternoon referral with nothing in place)'; 'I believe the service to be well led' and 'We have no concerns about the quality of this home'.

Audit systems were in place. The management team had carried out audits of the service in relation to each area such as health and safety, infection control, and records keeping audits had taken place; these highlighted some issues and showed these had been addressed with staff team. The regional manager carried out frequent quality first checks of the service and visited the service to provide support to the management team on a regular basis. Audits undertaken by the regional manager showed that the service had received quality first audits in May 2016, August 2016, October 2016, December 2016, January 2017 and then on the 08 March 2017. A small action plan was put in place in relation to this audit. The actions had been addressed quickly. It was clear that the management team and the provider had worked hard to address issues. The provider's regulation team had also carried out audits.

Policies and procedures were in place for staff to refer to. The policies and procedures were up to date and relevant and available on the provider's intranet system as well as paper copies when required.

The management team had carried out unannounced night visits to the service to check that staff were working according to the provider's policies and people's needs. Where issues had been highlighted these

were dealt with swiftly and in an appropriate manner.

Staff told us they felt confident to report any concerns to the management team. Staff told us that they were aware of the home's whistleblowing policy. Staff felt confident to use this policy. Staff reported that communication was good within the home and meetings were regularly held so they could discuss concerns. Staff told us they felt supported, valued and listened to by the management team. One staff member said, "[Registered manager] is so supportive. She is amazing both personally and on the work front". Another member of staff said, "[Registered manager] and [deputy manager] are very supportive to provide equipment we need on the floor".

The management team held daily 'Stand up' meetings with all departments within the home to discuss the running of the home. The meetings included nursing staff, members of maintenance team, catering and housekeeping team. This ensured that the management team were aware of any issues and concerns. The registered manager told us they had an open door policy which meant that staff, people and relatives could approach them at any time to discuss any concerns. We observed people, relatives and staff all putting this into practice. One relative popped their head round the registered manager's door to check that the registered manager had received a nomination for a staff member that they had made for the Barchester Care Awards 2017. They passed on to the registered manager how grateful they were to a particular staff member for working with their mum. They said "Mum has been very difficult today and [staff member] has been brilliant".

The management team had introduced an employee of the month recognition scheme for staff. The employee of the month was displayed in the hallway of the home so everyone could see this and in the spring newsletter. Nominations for staff members could be made by people, relatives and by other staff. Staff who had received the award told us how proud the award had made them and that they were pleased to have recognition and thanks from the management team.

Staff were also recognised for good work by the provider. Services that were performing well received bonus points which staff could use as part of their staff care scheme.

The management team had a good understanding of their roles and responsibilities in relation to notifying CQC about important events such as injuries, Deprivation of Liberty Safeguards (DoLS) authorisations, safeguarding and any deaths. Notifications had been made in a timely manner. The rating from the last inspection was clearly on display for people, relatives and visitors to view. This meant that they were being open and transparent about the outcome of the last inspection.