

## Ideal Carehomes (North East) Limited

# Wynyard Woods

### Inspection report

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Date of inspection visit: 17 and 19 February 2015  
Date of publication: 16/04/2015

### 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?

Requires improvement 

Is the service well-led?

Good 

### Overall summary

We carried out this unannounced inspection on the 17th and 19th February 2015. We last inspected this service in October 2013.

Wynyard Woods is 50 bedded purpose built care home providing personal care for older people. All bedrooms have en suite facilities including showers. The home is situated in the village of Wynyard, close to a local shop and a public house.

The home had a registered manager in place and they have been in post since 2011.

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 the time of our inspection the registered manager had recently gone on sick leave. The deputy manager was acting as manager with the support of the area manager.

People who were living at the service received good, kind care and support that was tailored to meet their individual needs. Staff treated people with privacy and dignity. Staff ensured they were kept safe from abuse and avoidable harm. People we spoke with were positive about the care they received and said that they felt safe.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the

# Summary of findings

service and others. Plans were in place to reduce the risks identified. Care plans were developed with people who used the service to identify how they wanted to be supported and decide upon goals and aspirations they wanted to achieve whilst at the service.

Staff were trained and understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

Accidents and incidents were monitored each month to see if any trends were identified. The deputy manager explained that if trends were to be found remedial action would be taken. At the time of our inspection the deputy manager was working on recognising trends for falls, they had highlighted on a floor plan where the majority of falls happened and at what time. This showed one section of a corridor upstairs where falls were occurring more frequently, due to this they made sure there was more staff presence in this section.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers and we saw evidence that a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults.

We found that medicines were stored and administered appropriately but some improvements were required. Daily room temperatures had been missed several times. Although the service had protocols for when required (PRN) medicines, these were not in place for every PRN. Discontinued medicines were still listed on the Medication Administration Records (MAR).

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment, gas boiler and hoists. The

maintenance file listed jobs that needed to be done daily, weekly, monthly, quarterly and annually. All weekly jobs such as water temperature checks, water flushing and fire alarms, were carried out and signed for weekly, although from November to January these had only been signed for once.

We observed a lunchtime and a tea time meal; these meals were flexible to suit the needs of the people who used the service. We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met.

We saw that the service was clean and tidy and there was plenty of personal protection equipment (PPE) available. We saw evidence of cleaning schedules; these were not always signed to say they were complete.

The deputy manager and staff had been trained and had a good knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The deputy manager understood when an application should be made, and how to submit one.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care plans provided evidence of access to healthcare professionals and services.

The service did not employ an activity coordinator; we were told this was not Ideal Care Homes policy. Activities were limited. This meant that some people were provided with limited stimulus during the day.

Staff received training to enable them to perform their roles and the service looked at ways to increase knowledge to ensure people's individual needs were met. Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager and deputy manager. However the supervisions and appraisals did not include any personal development plans.

Staff were supported by their registered manager and deputy manager. Staff said they were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were

# Summary of findings

made if and when required. The service did not have a system in place for the management of complaints. The registered manager reviewed processes and practices to ensure people received a high quality service.

# 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?

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

Assessments were undertaken to identify risks to people using the service and others. Plans were in place to manage these risks and protect people using the service. Records were not fully completed to show weekly checks had been carried out for fire alarms and water temperatures

Medicines were stored securely and administered appropriately but some improvements were required around temperatures and PRN's.

Staffing levels were appropriate. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Good



### Is the service effective?

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Supervisions and appraisals were carried out regularly.

People were supported to have their nutritional needs met and were provided with choice.

The deputy manager had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and they understood their responsibilities.

Good



### Is the service caring?

People who used the service were supported by the staff and had built positive caring relationships with them.

People's privacy and dignity was respected by staff.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Good



### Is the service responsive?

People's care plans were reviewed on a regular basis and systems were in place to quickly identify if someone's needs had changed.

There was not much evidence of activities taking place.

We saw that meetings were held with people who used the service.

Complaints were not recorded fully.

Requires improvement



# Summary of findings

## Is the service well-led?

Staff were supported by their registered manager and deputy manager. The staff felt able to have open and transparent discussions with them through one to one meetings and staff meetings.

The service had processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring. Incidents were notified to the Care Quality Commission as required.

There were systems in place to monitor and improve the quality of the service provided. The deputy manager was working on more robust satisfaction surveys to obtain their views on the service and the support they received.

Good



# Wynyard Woods

## Detailed findings

### Background to this inspection

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

This inspection took place on the 17th and 19th February 2015 and was unannounced.

The inspection team consisted of one adult social care inspector 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. The expert by experience had experience in caring for older people.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by both the registered manager and deputy manager. This information was reviewed and used to assist us with our inspection.

The provider was not asked 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.

During the visit we spoke with 14 people who used the service, the registered manager, who came in for an hour on our second inspection day, the deputy manager, the administrator, five carers, the handyman and the cook. We also spoke with five relatives of a people who used the service and with three healthcare professionals (two district nurses and a service manager). We undertook general observations and reviewed relevant records. These included four people's care records, four staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, with their permission, bathrooms, the kitchen and communal areas.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe in the home and did not have any concerns. One person said, “Yes I feel safe.” Another said, “I am very safe here, being safe means everything to me.”

Relatives we spoke with said, “Yes she is very safe here.” Another said, “Oh yes, she is very safe, I don’t like leaving her here, I would rather have her at home but the care here is excellent.”

Staff we spoke with said, “They (the people who used the service) are very safe here, we always keep an eye on them.” The deputy manager said, “We have people in for a short term and if they live alone, we continue to make sure they are safe when they have left us, by phoning to check on them.”

An external healthcare professional we spoke with said, “There are no problems with regards to the service meeting basic needs of the people who lived there”

The service provided a safe and secure environment to people who used the service and staff. The staff we spoke with all were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. Staff said, “I would have no problem reporting something I thought was abuse.”

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The PEEPs were kept in an emergency box along with other emergency equipment such as high viz jackets, emergency call out telephone numbers and evacuation instructions, in the hallway.

Accidents and incidents were managed appropriately. At the end of every month all accidents and incidents were

reviewed to see if any themes or patterns emerged. The deputy manager had started doing some work on accidents and incidents, they now plotted on a floor plan of the service where each accident and incident occurred. A cluster had formed at one end of the upstairs corridor. The deputy manager had then made sure there was more staff presence at this part of the corridor. The deputy manager had only started this work and the next month would show whether having more staff presence had reduced the accidents and incidents.

We saw a three week staffing rota for two weeks before and one week after the inspection day. It showed there was enough staff on duty at all times to meet the needs of the people who used the service. The deputy manager said they never use agency staff and have their own bank staff who they can call on. They also said that they make sure everyone on the bank gets a shift a week so they know they people who used the service.

People we spoke with who used the service said, “Well I think there is enough staff, but we are not overrun.” Another person said, “No there are not enough staff, I think there should be more at dinnertime as you have to wait, I eat in my room.” A relative we spoke with said, “Yes there are enough staff.” Staff we spoke with said there were enough staff on duty. The deputy manager said, “We bring extra staff in if needs change.”

We looked at the recruitment records for four staff members. The majority of staff had worked at the home for ten years or more. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended an interview, had given reference information and confirmed a Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk unsuitable people working with children and vulnerable adults.

The service had relevant disciplinary procedures in place. There was no one subject to a disciplinary at the time of our inspection.

## Is the service safe?

We found that medicines were stored and administered appropriately but some improvements were required. We looked through the medication administration records (MARs) the majority of medication had been administered and recorded correctly, with full explanations if they had refused although there were some gaps. Discontinued medicines were still listed on the Medication Administration Records (MAR). One MAR chart listed the same medicine twice, which could lead to a double administration. We discussed this with the senior member of staff and the deputy manager who said they would ask the pharmacy to remove these items from the MAR chart.

The medication trolley's were stored safely when not in use. Room and fridge temperatures were not always checked and recorded daily, these had been missed several times so far in February 2015. Room and fridge temperatures need to be recorded to make sure medicines were stored within the recommended temperature ranges. Drugs liable to misuse called controlled drugs were stored and recorded correctly. The service ordering procedure allowed plenty of time to sort out any discrepancies before the prescriptions went to the pharmacy.

Although the service had protocols for when required (PRN) medicines, these were not in place for every PRN, and did not provide enough information as to why they would be administered.

Medication training was up to date and the deputy manager said they checked people's competency to administer medicines, but they had no evidence of this to show us at the time of inspection.

We spent time looking around the premises and found it to be in very good condition, we also found it to be homely, comfortable and furnished to meet the needs of people who used the service. Bedrooms were individualised to how each person wanted them.

The service was clean and tidy. We observed the cleaning rota and found that a lot of weekly tasks were not signed to say they had been done. We saw there was plenty of personal protection equipment (PPE) such as gloves and aprons. Staff we spoke with confirmed they always had enough PPE. The service had also recently undergone an infection control audit by the local authority and earned 100%.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment, the lift and collaboration scales. Water temperature checks and fire alarm checks were recorded weekly. However, from November 2014 to January 2015 these were only recorded once, this was due to the handyman being off sick. We discussed the need to continue these checks whether the handyman is available or not, with the deputy manager. The deputy manager said they were sure these checks were carried out but they were not recorded.



# Is the service effective?

## Our findings

We asked relatives and people who used the service if they thought the staff had the skills and the knowledge required. People who used the service said, “Oh yes they do have a lot of knowledge,” and “Oh yes – of course they do, very much so.” Relatives we spoke with said, “Yes the staff are well trained.” Another relative said, “Yes as far as I know they have.”

Staff we spoke with said, “Yes we get a lot of training.” Another said, “I have just had medication, moving and handling and deprivation of liberty safeguards training.”

Healthcare professionals we spoke with said, “They take advice and work alongside the intensive community liaison service staff well to provide best care.” Another said, “I have no problems or concerns with the service, they always take on board what we suggest.”

Another healthcare professional we spoke with said, “We are always welcome, although sometimes it is difficult if we are left by ourselves and can't find a carer to speak with, we always have to phone later to pass on any information.”

We looked at the training matrix and the majority of staff were up to date with training on emergency first aid, infection control and conflict resolution. We saw for a few people a lot of training was out of date for example the head housekeeper, the only training in date was conflict resolution and food hygiene. We asked to see the certificates to match the training on the training matrix, however the deputy manager could not find all the certificates. They rang the training company who apologised for not sending them out. The deputy manager said, “This is a learning for me, I need to start chasing certificates up. The administrator kept a record of everyone who had attended training and their signatures.”

We saw evidence of a staff induction, six month probation programme. This highlighted the values for Ideal Care Homes and each person was provided with a mentor. The programme listed tasks of what was expected on the first day, day two and onwards. Each section had to be signed off by the staff member and their mentor. This showed that people were fully supported when starting with Ideal Care Homes.

Staff received regular supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an

organisation provide guidance and support to staff. Appraisals are a valuable performance management tool to evaluate the performance and value employees provide as well as set goals for the next review period. We looked at the completed forms and found there were a lot of blank boxes for example the review of training and personal development plans had not been completed. Topics discussed were more what you would see at a staff meeting, such as safe practices, safeguarding and company news. About six supervisions we looked at had the same printed feedback on all of them.

For appraisals people were graded A to E, A being exceptional and E being unsatisfactory. Everyone was graded, but staff did not grade themselves to see where they thought they were, therefore this was not a learning for them. Future key objectives were mainly blank, therefore no one was supported with their own personal development. We discussed this with the deputy manager who agreed they needed to involve the staff member more and make it more of a developmental programme rather than a tick box exercise. The deputy manager explained that they had asked to put surveys on as their future development and we saw evidence of this. The deputy manager did say that all staff usually come in and discuss their development at any time but this was not recorded.

The deputy manager and staff demonstrated a good understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) protects people who lack capacity to make a decision for themselves because of permanent or temporary problems such as mental illness, brain impairment or a learning disability. They ensured that if a person lacked the capacity to make a decision for themselves, best interests guidelines were followed. At the time of the inspection, six people who used the service had an application for Deprivation of Liberty Safeguarding (DoLS) order. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager had informed the Care Quality Commission of the request for a DoLS authorisation and the outcome.

## Is the service effective?

We saw evidence of consent in the care files, such as consent to administer medication, consent to bed rails and consent to photographs being taken and displayed.

We observed a meal time upstairs on the dementia unit. The tables were well set with cutlery, napkins and condiments. The room was fairly quiet with no background music. There was a choice of two main meals and two deserts. There were no menu boards or pictures to support people living with a dementia. We were told that people were asked the day before what they wanted but they would make extra for the dementia unit in case people changed their minds. After being told this we observed the senior carer asking people on the dementia unit what they would like for their tea that day and also what they would like for their lunch the next day, providing choices for each of the meals and desserts. These people were still eating their lunch. We discussed this with the deputy manager who understood how this could cause confusion to people living with a dementia and said they would speak to the member of staff.

We observed trays in all communal areas with juice, crisps, and individually wrapped cakes and biscuits, for people to have when they wanted. The deputy manager said, "We used to have fresh fruit on these trays but noticed some people were taking a bite and putting them back, now if anyone wants fruit we arrange for a bowl to be put in their room."

We asked people who used the service what they thought of the food, they said, "The food is perfect here, you could not do this at home," and "Food is very good, out of this world." Another person said, "it's good grub; it's excellent, it's made well and it's always done nice," and "No complaints but what suits one doesn't suit everyone. I can get an alternative."

We discussed alternatives with the cook, who said, "People can have what ever they want, they decide on what is included on the menu, sometimes we can be cooking seven different meals, as everyone wants different things."

We also asked the cook how they about how they were made aware of individual dietary needs. They said, "The carers and office staff update us and we keep a file, we know everyone's likes, dislikes and allergies etc." They also said, "For example, one person had a digestive condition where they had an adverse reaction to gluten, we try to make the same food for this person as they did everyone else but used gluten free flour, we have also bought this person their own toaster," and "When they have resident meetings we are always called in when they start discussing food, it may be they just say what they liked, or what they would like to see on the menu."

The environment on the dementia unit was not stimulating. There wasn't any manipulative stimulus such as activity cushions, squeezzy balls or fabrics of different textures. The only dementia signage we saw was for bathrooms and toilets.

# Is the service caring?

## Our findings

We observed the care between staff and people who used the service. People were treated with kindness and compassion. For example one person who used the service was worried about a family member who had an accident, the staff member explained how the family member was and put the persons mind at rest. We sat and chatted to people who used the service, people we spoke with said, "The carers are great, its fantastic here," and "Its like a five star hotel, I have never regretted coming here." Another person we spoke with said, "Best thing that has ever happened to me, coming here," and "Well they are nice, they are comfortable to be with and you can talk to them and ask them anything." Another person who used the service said, "Staff are absolutely great, where would I be without them, I know its their job but not everyone can do it."

Relatives we spoke with said, "Yes they are well looked after, well fed, the rooms are lovely and clean and the toilets." Another said, "The staff are very good," and "my relatives general wellbeing is much better now, they have come on leaps and bounds."

Staff we spoke with said, "I love working here, there are homes near to where I live but I prefer to get here." Another staff member said, "This is a nice place to work, the majority of the staff have been here for five years or more."

People were encouraged and supported to maintain and build relationships with their friends and family. There were no restrictions placed on visitors to the home. Relatives we spoke with said, "We can come and go as we please," and "We were provided with a list of what is going on in the home, this was great because we would then avoid these times. If there was something going on and we turned up, our relative would refuse to go to the event and miss out, therefore we come afterwards." Another relative said, "We are always welcome, always offered a cup of tea and biscuits, pop and crisps for the kids, no problem," and "We were worried about Christmas, as we could not get them to our house, the manager said no problem come to us, and since then we have come every Christmas to have our dinner, we even get a glass of wine or a can of beer, its brilliant."

We saw the services information on advocates was on the notice board if and when needed. Advocacy services help

people to access information and services, be involved in decisions about their lives. They also help people to explore choices and options, defend and promote their rights and responsibilities and speak out about issues that matter to them. At the time of our inspection no one had used an advocacy service.

The service had policies and procedures in place to ensure that staff understand how to respect people's privacy, dignity and human rights.

We asked staff how they promote privacy and dignity. Staff explained they always knock on doors before entering. One staff member said, "I always make sure the curtains are closed before any personal care." At the time of our inspection the service did not have a dignity champion. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

We asked staff how they promoted peoples independence, they said, "They (the people who used the service) get choice with everything," and "I get them to do as much as they can when providing personal care." Another staff member said, "They chose what clothes they want to wear." The deputy manager said, "We always promote independence, even if they can only wash their face with a flannel, we let them do it," and "We understand that allowing independence takes more time, but we encourage that."

People who used the service said, "The staff are very obliging," and "You always get what you like, we have lots of choice." Another person who used the service said, "Yes they are very respectful."

The environment supported people's privacy and dignity. All bedrooms were for single occupancy. Some people had personalised their rooms and brought items of furniture, ornaments and pictures from home. All bedrooms had a lockable bedroom door and people could have a key to their room if they wanted and we were told that only two people wanted a key at the time of our inspection. The deputy manager said, "We have one person living here who sometimes likes a key and at other times doesn't, we just work with what they want."

## Is the service caring?

At the time of our inspection, no one had any end of life wishes and preferences documented. We discussed this with the deputy manager who said, "We have struggled with this as we don't want to upset anyone." They agreed that they would put something in place.

# Is the service responsive?

## Our findings

We looked at care plans for four people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed monthly.

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The files had information stating for example significant people and events in their life and future wishes. Future wishes included what they are happy to accept and what they would prefer not to happen to them, such as one person had said they would not like a blood transfusion. They also included a life history which the service encouraged families to complete. We saw evidence of some really detailed life history. We saw evidence that some people who used the service had also written in their care plans, one person wrote, "I have had a very good life and been very fortunate, I even landed in a super home where I am very happy."

The service did not employ an activity coordinator, we were told this is not Ideal Care Homes policy as they encouraged staff to do it. We obtained a mixed response about the activities on offer. Two people sitting together, who used the service said, "There is nothing to do, we are bored," and "We just sit here, people pass, we have our meals and that is it." We asked what they would like to do and both said, "Well nothing really, I like to sit in my room." Other people who used the service said, "I don't have any hobbies. I'm getting now to the point that I can't be bothered and I have quizzes here," and "I used to do needlework but I don't now due to my eyesight. I don't go out but I'm able to, it's not a prison its freedom." Another person said, "I don't mix with anybody. We did have a motivation class – don't know what happened to that – it must have fell through. It would be better to have something going on – they (other people who used the service) don't seem to talk," and another said, "Its good here. Maybe they need more activities but that may involve staffing costs. Everybody doesn't get on of course as you can't put a group of people together and expect them all to like each other."

Relatives we spoke with said, "A lady comes in on a Tuesday for a coffee morning."

Staff we spoke with said, "I don't feel there are enough activities going on, just a couple of afternoons a week." Another said, "We don't always have time to spend with them (the people who used the service)," and "We have a singer comes in once a month and weekly motivation classes which is exercise and quizzes, every other week." Staff also said, "They say they are bored but when you arrange things they do not want to do them."

The deputy manager said, "We really struggle to get people out of their rooms," and "One nice day last year people said they would love a ride to the beach, we got the bus round to the front and prepared everything and they then said they did not want to go, or when they do go, they just want to come home, it is really difficult."

On our first inspection day about nine people were sat in the downstairs lounge and a volunteer had come in. There was lots of laughter, reminiscing, telling jokes and guessing what they all did for a living. The volunteer was really good at keeping the conversations going and everyone was enjoying themselves. On our second day, people were just sat in their rooms or on their own, we were told by staff that it was their choice.

A couple of people have found a local tea dance club and the service arranges a taxi so they can attend. Another person comes in twice a month to do a quiz, everyone said they enjoyed this and they were hoping to be in teams next time rather than individuals.

The deputy manager said they have a member of staff who works 8 – 2 and is happy to work on the afternoon doing activities. They were planning on working with this person to set up a good activity programme.

It is also important that people with dementia can take part in leisure activities during their day that are meaningful to them. People have different interests and preferences about how they wish to spend their time. People with dementia are no exception but increasingly need the support of others to participate. Understanding this and how to enable people with dementia to take part in leisure activities can help maintain and improve quality of life.

We did see the complaints policy but could find information on how to make a complaint displayed on the wall. We were later informed where this was, we pointed out that it needs to be in a more prominent place. Information on complaints in the standard operating procedure had out of date information included. It

## Is the service responsive?

informed that the complainant could contact the Care Quality Commission with their complaint. We spoke with the deputy manager about this and explained that we could not investigate individual concerns / complaints. However, we were interested in people's views about the service.

Monthly audits highlighted how many complaints or compliments had been received that month, for October 2014 and January 2015 it stated that there had been two complaints each of these months, four in total. We could find no record of any complaints. We saw one complaint in June 2014, we were told that this had been dealt with by their head office but there was no documented outcome and we could see no information to show that the person who made the complaint had been contacted or was happy with the outcome.

We discussed complaints with the deputy manager and the registered manager, who came in for an hour on the second inspection day. They said any complaints they receive were dealt with straight away but they do not make

a record of them. The registered manager said that if a relative makes a comment to a member of staff that could be a concern or a complaint, they always contact the relative to see what the problem is and try to solve it. We asked if these conversations were documented and were told no. A service that is safe, responsive and well-led will treat every concern as an opportunity to improve and will respond to complaints openly and honestly.

People who used the service said, "No I have never had a complaint," and "I would tell them if I had." Another person who used the service said, "I told them I did not like my mattress, it was so uncomfortable, within 24 hours I had a new mattress, its brilliant." This showed that concerns and complaints were acted on but nothing was recorded. The registered manager said they would start recording every complaint or concern to include what they did and the outcome, from now on.

Relatives we spoke with had no concerns or complaints, one relative said, "If I did have concerns I would go straight to the manager, I have never had to though."



# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since 2011. The registered manager was on sick leave and the deputy manager was acting as manager with the support of the area manager.

People who used the service were complimentary about the registered manager and staff at the home. People told us that they thought that the service was well led. One person we spoke with said, "It's a beautiful home, you could not get nicer," and "Everything is fine here." Another person said, "It is fantastic here, I have never regretted coming here."

Relatives we spoke with said, "The manager is brilliant." Another said, "I would personally recommend this home to everyone and I do."

Staff we spoke with said, "Management are very supportive, I get all the information I need." Another staff member said, "The managers are very approachable you can speak to them anytime."

The deputy manager told us that they operated an open door policy in which staff, people who used the service and relatives could come and talk to them at any time. The deputy manager told us that the manager also operates an 'evening surgery' where relatives can pop in and have a chat.

We asked the deputy manager about the arrangements for obtaining feedback from people who used the service and their relatives. They told us that they send out satisfaction surveys on different topics such as activities and food. We saw an activity survey from early 2014 where 45 were sent out and 26 received back. The people who used the service had requested an easier quiz, more exercise classes, more painting and crafts and trips to the theatre etc. The service set up a board saying we asked, you said and we did. This board was empty during our inspection. Following that survey they asked the quizmaster to find easier questions, arranged for the motivation class to come in every week and discussed trips to the theatre but no one liked the shows that were available. The deputy manager said they did not feel that the approach they had used was working and had asked to look into surveys as part of their objective for this year.

Meetings for people who used the service took place on a regular basis. One person who used the service laughingly said, "I run the residents meeting, I think they chose me as I have the biggest mouth." They went on to tell us what they discussed which included things they don't like, they added, "It's very rare we don't like anything." They also discussed what activities they were going to do the next month and where they would like to go on the mini bus. We saw records of the last meeting where they mainly discussed what they would like to do for Christmas.

We saw records to confirm that staff meetings had taken place in July and October 2014. We were told that more had taken place but the records could not be found. We saw that topics discussed were activities, care profiles, emergency procedures, training and infection control. Staff we spoke with said, "We have staff meetings about once a month," and "They always start the meeting with a positive, then a negative then back to a positive again."

We asked if the service holds any meetings for relatives. We were told they did try these but people wanted to discuss things that should not be discussed in public such as an incident that had happened two months previously that the registered manager was not aware. The registered manager asked if they would come and see them after the meeting, they refused and said they wanted to talk about it there and then. Following this the registered manager did a thorough investigation with a positive outcome. We asked if this was documented, it wasn't. The registered manager said due to this they did not carry out relatives meetings. We later discussed with the deputy manager how the positive outcome of this could have been discussed at a further relative's meeting showing that the service always acts on what they are told.

We asked the deputy manager what links they have with the community. They said they do try to be involved as much as possible but it is a very quiet area. They do hold the Wynyard resident association meetings in their conservatory. They also allow one room at the home with an external door, to be used as a polling station which in turn permits the people who used the service a chance to vote personally. The deputy manager said this is fully risk assessed and the internal door to the home is locked.

There was a system of audits that were completed daily, weekly and monthly which included infection control, medicines, accidents, health and safety, care planning and safeguarding.

## Is the service well-led?

The deputy manager told us that the area manager carried out visits to the service on a monthly basis to monitor the quality of the service provided and to make sure the home service were up to date with best practice. We could only see records for the last two visits as the previous area

manager had left the company and they did not have access to their reports. We discussed with the deputy manager that a copy of these audits should always be kept at the service.