Care South

Wickmeads

Inspection report

Wickmeads Road
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Website: ww.care-south.co.uk

Date of inspection visit:
27 July 2017

Date of publication:
18 August 2017

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 unannounced comprehensive inspection took place on 27 July 2017. This was the first CQC inspection conducted since the provider registered the service during March 2016, following the rebuild of the home. It is registered to provide personal care and accommodation for up to 50 people. At the time of this inspection there were 33 people living in Wickmeads. Nursing care is not provided.

Accommodation is arranged over two floors with each corridor reflecting a theme, such as sailing, travel and garden. Corridors are wide and well lit enabling easy access for people with restricted mobility. There are two passenger lifts and a small car park available for visitors.

At the time of this inspection the home 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.

Staff knew how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

People's needs were assessed before they moved into the home and during their time there. Areas of risk were assessed such as, skin integrity, falls and mobility and nutrition. Regular reviews were completed to ensure people's needs were continually assessed.

People received personal care and support in a personalised way. Staff spoke knowledgably about people and provided care in a kind and caring way. People's privacy and dignity was maintained and people could receive visitors whenever they wished.

Records were accurate and up to date. Where people had particular nutrition and hydration needs, food and fluid intake was recorded, monitored and followed up so that any necessary action was taken.

There were robust medicine management systems in place. People received their prescribed medicines when they needed them and appropriate arrangements were in place for the storage and disposal of medicines.

Equipment such as wheelchairs, hoists and pressure cushions were readily available, maintained correctly and used safely by staff in accordance with people's care records.

There was a system in place to ensure people were cared for, or supported by sufficient numbers of suitably qualified and experienced staff. The provider had good recruitment and selection procedures in place and staff were supported in their roles with ongoing training and supervision.

The manager was aware of their responsibilities in regard to The Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty.

People were supported to make decisions and where people did not have the capacity, decisions were made in their best interest.

There was a varied and full schedule of activities for people to take part in if they wished. The provider employed dedicated activity staff who provided a full programme of activities for people.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to ensure full and safe procedures were adhered to.

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. Staff knew how to recognise and respond to abuse and understood the procedures in place to safeguard people from abuse.

Medicines were managed safely, stored securely and records completed accurately.

People were supported by sufficient staff who had the skills and knowledge to meet their individual needs.

Risks were assessed and managed so that people remained safe.

Is the service effective?

Good

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills.

People were offered a choice of food. Hot and cold drinks were offered regularly throughout the day and people were assisted to eat and drink when required.

People's rights were protected because staff sought their consent to their care. Where people lacked the mental capacity to give consent to particular aspects of their care, staff made best interests decisions on their behalf in accordance with the Mental Capacity Act 2005.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The home was caring. People and relatives spoke positively regarding the service they received from staff.

Staff had developed good relationships with people, which created a calm atmosphere.

People and their relatives were involved in making decisions about their care and staff took into account people's needs and preferences.

People's privacy and dignity was respected. People were treated with kindness and compassion.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

There was a complaints procedure in place and people knew how to complain and felt confident any complaints or concerns would be addressed.

Is the service well-led?

Good

The service was well-led. Staff felt supported by the management team and were confident to raise concerns if needed and felt they would be listened to.

Observations and feedback from people, staff, relatives and professionals showed us the service had an open and honest culture.

There were systems in place to monitor the safety and quality of the service and drive continuous improvement.

Wickmeads

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 was 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 comprehensive unannounced inspection took place on 27 July 2017. The inspection team comprised of two CQC inspectors and a specialist nurse advisor. We met with most of the people living in the home and spoke to ten people who wished to speak with us. Because some people were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the operations manager, the deputy manager, five members of care staff, an activity member of staff, the chef, housekeeping staff and a visiting health professional. We looked at nine people's care and support records, and care monitoring records, the home's electronic medicine administration system and a selection of documents about how the service was managed. These included three staff training files, three staff recruitment files, three weeks of staffing rotas, meeting minutes, premises maintenance records and quality assurance records and a selection of audits and policies the home had implemented.

Before the inspection the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service, this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views of the service.

Good

Is the service safe?

Our findings

All the people told us they felt very safe living at Wickmeads. One person said, "I feel very secure, I couldn't ask for more." People told us they knew who to speak to if they had any worries.

Staff were knowledgeable about reporting possible abuse and the procedures needed to do so. We asked staff what safeguarding meant to them. A member of staff replied, "We have a duty of care. We make sure our residents are safe. A situation which occurred with two residents… we informed the safeguarding team, we informed the GP. It could also be with a member of staff. We must never promise the resident that we can't tell anybody."

Another member of staff told us, "I would suspect there was a safeguarding issue if I saw unexplained bruises for instance. Someone may confide in me; there could be family issues. I would report to the team leader or manager if I had suspicions. If a resident said don't tell anyone I would say I must do, but I would take them a cup of tea and sit and chat." Staff said, "Safeguarding can be as simple as somebody being manhandled by the staff instead of using the correct equipment. This could also be if the staff gave verbal abuse. If that was the case I would whistleblow."

Any risks to people were identified and management plans were put in place to mitigate the risk. For example, where people had been assessed as at risk because of their skin or safety in bed, equipment such as specialist mattresses or bed rails were put in place. Where people were identified as at risk of falls care plans provided guidance for staff on how to reduce the risks including making sure their environment was clear of clutter and that they were wearing appropriate footwear. Risk assessments were regularly reviewed to make sure staff had accurate guidance on how to care for people safely.

We checked care records for people who were at a high risk of skin breakdown; there were correctly inflated pressure-relieving mattresses in place to reduce their risk of developing a pressure ulcer. People who needed re-positioning to maintain their skin integrity had clear repositioning records that showed people had been repositioned at regular intervals in accordance with the guidance in their care plans.

The provider had a robust system in place to ensure the premises were maintained safely. Maintenance staff were employed to ensure the premises were well maintained. Maintenance records were up to date, orderly and showed regular checks were completed for a wide range of premises issues such as: fire safety equipment, fire sprinkler system, emergency lighting, gas safety, lifts and hoists, electrical testing and water systems. Regular fire drills took place and staff had completed training courses about the actions to take in the event of a fire.

The provider had made arrangements to deal with emergencies. People had personal evacuation plans completed for them. These were colour coded and gave staff clear guidance on how best to support the person in the event of an emergency. For ease of access, a folder containing each person's personal evacuation plan was kept securely at the reception desk.

Accidents and incidents were reported, reviewed and analysed to detect any patterns or trends. This included an analysis of the individual accident to explore what had happened, any injuries and what action staff had taken. This enabled staff to understand the accident or incident and take further action to reduce the risk of reoccurrence. For example, one person had fallen because they often forgot to use their call bell to seek staff assistance. Staff considered the least restrictive way of supporting this person safely, and equipment was put in place to enable staff to know when the person was getting up and may need support. The provider also evaluated accidents and incidents through a number of mechanisms to make sure people were kept as safe as possible.

There were sufficient numbers of staff to support people safely. Staff did not appear rushed and call bells were answered in a timely way. Staff spent time with people, making sure they were comfortable and had everything they needed within reach. The provider used an independent staffing dependency tool to calculate the amount of staff needed for each shift to ensure people's needs were met safely. The system took into account people's changing needs and the amount of staff on each shift would be amended as required. We reviewed the staffing rotas for a three week period leading up to the inspection, these reflected the staffing levels the manager had described.

We reviewed three staff recruitment files. Records showed recruitment practices were safe and that the relevant employment checks, such as criminal record checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the home. This showed that people were protected as far as possible from staff who were known to be unsuitable. The provider ran a monetary award scheme for staff who successfully introduced friends and family to work at the service.

There were appropriate systems in place for the safe management of medicines. Care staff had received training in medication administration and had regular competency checks to ensure on going safe administration of medicines. The service used an electronic medicine management system. Staff showed us how the system worked and told us they had found the system to be easy and safe to use. The system required each member of staff to login with a protected identity: this ensured a clear audit trail was recorded to show which staff member had administered the medicine. The system used a barcode to match the medicines with each person and continually provided an update on stock levels, ordered medicines directly from the pharmacy and advised staff when people's medicines were due and how many to give. The system had in built safety checks to ensure medicines were not administered incorrectly and had the facility to print paper copies of medicine administration records should the electronic handheld devices fail for any reason.

The electronic system contained all the required safety processes that would normally be seen in a paper based system:these included photographs of people and allergy information. If people were on PRN 'as required' medicines, the system ensured all doses of PRN medicines were recorded accurately to ensure safe administration of these medicines. The provider used a recognised pain assessment tool for people who may not be able to verbalise when they were in pain. Staff spoke knowledgeably about people and could describe how people presented, what facial and body expressions they used if they were in pain and needed pain relieving medicine.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register. A medicine audit is completed each week. The provider had a medicine fridge to store medicines that required low temperature storage. The fridge temperatures were recorded daily with clear guidance displayed on what the correct temperature range should be. Staff were knowledgeable about what action to take should the fridge malfunction and operate outside of the safe temperature range. The provider had a second medicine fridge available should a

medicine fridge breakdown and fail.

There was a clear system of colour coded body maps in place to guide staff when they administered creams to people. The system guided staff on where, how often and how much cream to apply to people. For people that were prescribed transdermal pain relief patches, there was a system of body maps which showed where the patch had been placed on their body. This ensured staff had clear records showing them where each transdermal patch had been placed and meant they could ensure people had their patches placed in alternative areas each time, to guard against skin sensitivity. A transdermal patch is a method of delivering medication through the skin in a controlled non-invasive way.

There were safe infection control procedures in place. We reviewed a selection of cleaning schedules. These were detailed and overseen by an experienced independent cleaning company. Records showed all domestic staff complete infection control training, which included hand washing, personal protective equipment and cross contamination procedures. Throughout the inspection bedrooms, bathrooms, toilets and sluices appeared clean and well maintained. One person told us, "The home is kept beautifully clean" and another person said, "It's absolutely spotless."
The laundry room was well organised and free from dust and odours. Colour coded linen skips ensured a clear flow of dirty to clean laundry with residents having individual boxes for their laundry. The industrial washing machines had the facility for very hot washes that would prevent the spread of cross contamination.

The provider had a recording system for noting outbreaks of infectious illnesses and/or chest infections. This book contained the policies for diarrhoea and vomiting and flu outbreaks. The service had recently had a breakout of diarrhoea and vomiting. The provider had a letter from Public Health England confirming that the home had provided all the correct precautions to prevent the spread of this outbreak. Isolation nursing had been carried out and halted the spread of the illness. The provider had notified the Care Quality Commission and had completed an analysis to monitor for any emerging trends or patterns.

An infection control audit had been completed during June 2017 by an independent provider. There were no significant action points. The manager told us this audit would be carried out bi-annually in the future with a supporting monthly infection control audit completed each month. Staff told us the clinical lead for the company wished to introduce a monthly infection control audit to ensure standards were maintained.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff that helped or supported them. We received a range of comments including, "I am being well looked after", "Staff are skilled, I trust them all", "I must say I am looked after very well" and, "Whenever I need help, I am confident."

All staff completed a full induction process and were competency assessed by senior members of the staff team. Staff completed training courses which led to completion of the Care Certificate. The Care Certificate is a nationally recognised set of minimum standards that health and social care workers follow when providing care and support for people.

Staff were supported to carry out their roles effectively and told us they received useful supervision sessions and annual appraisals. We reviewed three staff files and saw regular programmes of supervisions and annual appraisals were conducted. The providers training schedule showed all staff, including domestic and kitchen staff, were supported to complete a wide range of training courses. These included mandatory topics such as safeguarding people, infection control and more specific courses such as dementia awareness and challenging behaviour.

Staff told us about the training they completed. One member of staff said, "This is the best training provider I have ever worked for. I got put up to a senior four months ago. They encourage and support that." Another staff member told us, "We are able to access any training we wish to do. We are very supported to do whatever interests us. We are so supported by management here." A third member of staff told us, "We are always training with Care South. They are really good. If you don't feel confident after a course then you can go to the manager and she will let us do it again. We are really supported by the team leaders and management. I've had great support here."

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 told us they made their own choices and that staff listened to and acted upon their decisions. One person said, "They do anything I ask them." Observations confirmed this, with staff asking people questions such as, "Would you like a drink, which one would you like" and, "Would you like some music on?" We saw that staff acted upon what people said they wanted.

Records confirmed people's permission was sought with people signing consent to things such as photographs and their care plan. Where people had capacity to make specific decisions, records provided staff with this guidance so people's rights were respected. One person had a swallow issue and thickened fluids had been recommended. However, they chose not to have thickened fluids as they did not like them. Their care plan reflected their decision so that staff understood what they wanted to happen. Other people

had signed their care plans to show they agreed with the guidance for staff.

Care plans explored people's ability to make decisions and provided accurate guidance to staff. For example, one person's care plan stated, "[The person] lives with dementia and is able to make all day to day living choices. Staff to promote [the person's] independence and respect their decisions." Another person's plan said, "[The person] can make their own choices and decisions including how [the person] chooses to spend their time."

Where people lacked capacity to make specific decisions mental capacity assessments and best interests decisions were in place for issues such as care planning. These were thorough and person centred, providing the person with time to think about the decision they needed to make. However, some mental capacity assessments and best interests decisions did not fully adhere to the MCA. We drew these to the attention of the registered manager during the inspection and they took immediate action. They also told us there would be a focus on staff development around the MCA to ensure staff fully understood how to complete mental capacity assessments, and make decisions in people's best interests that fully adhered to the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management team understood when DoLS applications would be required and had a system in place to ensure they were aware when DoLS authorisations expired. At the time of the inspection staff were implementing a system to enable them to check that any DoLS conditions had been adhered to. We checked one person's DoLS conditions and found these had been acted upon.

We asked the chef, "How do people's food get fortified and how do they know who needs fortified foods"? They told us they were kept well informed due to the care staff advising them of people's preferences and changing health needs and they were given copies of people's nutritional care plans. The chef attends the daily 10/10 meetings: these are ten minute meetings at 10.00am each day for key staff to have the opportunity to get together, to update, share and learn. Nutrition information is given to the chef at these meetings. Food was fortified where necessary with extra cream or butter. The chef spoke knowledgeably about each persons choice of food they preferred. They said, "If someone has a problem with eating, for example if they've had surgery and don't feel like much, I go to see them and discuss what they might like." They told us they met with all the residents and had compiled a record of people's food likes and dislikes. We discussed people's appetite and the chef demonstrated they were very aware of portion sizes and were mindful not to over load people which could result in them eating less. If people had difficulty eating and required their food to be pureed they were given a choice of two options. The chef said, "It's very important to make the meals look nice and appetising to encourage people to eat." The chef felt very supported by the manager and completed all the same training as the care staff, including safeguarding people. They told us, "Of course I need to do it because as I walk around the home I may spot something and I need to know what to do." The kitchen had been assessed by the local environmental health authority and had been awarded a 'five point' rating: this was the highest level of rating achievable.

We observed the main lunchtime. People were offered a visual choice of food and drink: this meant people living with dementia could see and smell the food choices and make their preferred choice. The dining area was attractively laid out to accommodate people during their mealtime, with tablecloths, place settings and flowers on each table. There were enough staff available to assist people with their meal if required and people received an enjoyable lunchtime experience.

People told us they enjoyed their meals. They said they could choose what they wanted to eat and drink including alternative meals if they did not like the menu options. We received a range of positive comments including, "Very good, I had a very nice lunch today" and, "On the whole the food is very good. I never go hungry. There may be things on the menu that I don't want but I can always have something else." One person told us that breakfast time was, "Excellent. As soon as they see me I have a cup of tea." One person wanted something different from the choices on the menu and the chef made them an omelette, which they enjoyed.

One person had a specialist diet because they had risks posed by a swallow issue. This included thickened drinks. We noted they had an un-thickened drink in their bedroom. Staff immediately took action on this. We checked other people with swallow issues and found staff had acted in accordance with their care plan guidance. Another person required a specialist diet because of their medical condition. They explained how they had been supported and commented that, "The chef has been excellent."

People were supported to access the healthcare they needed and records confirmed people had been supported to see their GP, optician, dentist, occupational therapist and chiropodist when they needed to.

The design of the home helped people who were living with dementia to remain as independent as possible. For example, pictorial signage showed people where rooms like the bathroom or toilet were located. People had their name and their bedroom number on their bedroom door and memory boxes outside their bedroom. These contained photographs and other items that were meaningful to the person to help orientate them to their room. One person had a picture of them playing table tennis, which had been a great interest for them. Staff told us about how they had set up a table tennis match, which the person and others had really enjoyed. The activities co-ordinator told us about how they sat with people with an electronic tablet so they could choose pictures of things that were meaningful to them to put in their memory box. Corridors within the home were themed, for example one corridor focussed on gardening and another had a travel theme. This gave people a point of interest with pictures to reminisce about and items of interest to pick up or discuss. There was easy access to a well laid out, attractive and secure garden, which people could sit in and enjoy in the warmer months. People also enjoyed helping with the gardening and we were shown a selection of vegetables that had been selected from the garden during our inspection.

Good

Is the service caring?

Our findings

People told us staff were caring. We received a range of comments which included, "They seem decent", "The staff are so friendly and helpful; I couldn't ask for more", "The staff are very nice; very helpful all of them", "They are very caring" and, "Their caring nature is very good".

People did the things they wanted to do. For example, one person was knitting. Staff stopped to sit with them and find out what they were making. Another person was playing their piano in their room. They told us they could play whenever they wanted to. Their care plan said that the harmonica was important to them and during the inspection we saw they were playing their harmonica with a member of staff.

The registered manager told us about a recent experience that had brought entertainment and joy to many of the residents. A local singing group regularly visited the service to sing to people and on a specific occasion the person was already playing their harmonica. The singing group changed their line up and sang to the songs that were being played on the harmonica, which everyone enjoyed.

People's independence was promoted. For example where people needed aids such as glasses or hearing aids they were wearing them. When we chatted with people in their bedroom we noted they had the things they needed, such as their call bell, newspaper, a clock, glasses of water and the TV remote. Where people needed mobility aids such as a walking stick or wheeled trolley these were also next to them to ensure they were safe and as independent as possible.

Staff supported people in a caring and sensitive way. One person told us about a bereavement they had experienced and complimented staff on the way they had supported them emotionally. They said, "I shall always be grateful to this home, they were absolutely wonderful."

People's bedrooms were highly personalised with their own furnishings, ornaments, pictures and books or DVD's. People told us they liked their bedrooms and that their bed was comfortable. The registered manager told us, "To make them feel comfortable is the be all and end all. We do our best to make them feel comfortable; it's their home."

People's records were respectful and provided staff with meaningful information about who the person was, and what was important to them. One person's care plan stated, "[The person] is a very gentle man, who is also very polite and sociable". Another person's record asked, "What gives you a sense of belonging". People's records also contained information about their life history including their family life and previous occupation. People were asked questions that got to the heart of who they were such as, "What would you take to a desert island and why", "What sort of things make you feel good" and, "How do you like to relax?" By finding out detailed information about people, staff were better able to understand the person and support them in the way they wanted.

People's end of life wishes were discussed with them so that staff understood what they wanted to happen. For example, one person had an end of life plan that provided staff with detailed information about where

they wanted to be cared for should they become very unwell. Where people had made a decision not to be resuscitated in the event of a cardiac arrest (DNAR), this information was easily found at the front of their care plan. This meant that staff and other healthcare professionals would know about their decision in the event of a medical emergency.

Good

Is the service responsive?

Our findings

People's needs were assessed before they came to stay or live at the home. This ensured staff understood what help they needed and were confident they would be able to support them in the way they wanted or needed.

The assessments of need enabled staff to develop detailed and person centred care plans covering a range of areas such as mobility, communication, personal care, decision making and skin integrity. For example, one person needed support to maintain their skin integrity and there were detailed plans in place to provide staff with guidance on their moving and handling needs, including regular repositioning to protect their skin.

Another person was diabetic. Their plan included how staff needed to monitor their physical health, including the need for monitoring and care of their feet and eyesight. Staff were knowledgeable about what action to take should the person become hyper or hypoglycaemic. Information was included in the person's care plan guiding staff on what actions to take and when. The manager told us they would be arranging for a hypo kit to be kept in their bedroom. A hypo kit can comprise of a fast acting carbohydrate such as glucose tablets, sweets, sugary fizzy drink or fruit juice that could be taken should the person have an emergency hypoglycaemic incident.

People were involved in regular reviews of their care and support. This made sure staff knew they were happy with the service they received and could act upon any changes or concerns people raised.

Staff completed daily records of the help and support they had provided people with. They recorded information about people's day and night-time needs including practical information about personal care or continence support and food and fluid intake, in addition to people's emotional and physical well-being. There were also daily handovers which provided staff with guidance on people's needs and changes and actions they needed to take. This meant staff had the up to date guidance on what help or support people required.

Activities were varied and person centred. This was supported by the activities worker who spent time with people to find out about them, their interests and things they enjoyed doing. They told us, "I sit down with the residents and their friends or family. That helps me get a sense of what they may enjoy and what they don't like." One person described the activities as, "Very good"; they said that they particularly enjoyed the exercise classes. They also told us, "If I said to them, would you take me out for a walk, they would. I feel confident about that." During the inspection we saw people enjoying a ball game. People were smiling and joining in.

There was an activity planner so that people knew what was going on. During the week of the inspection the planner showed activities including quizzes, discussion groups, a knitting club and reading and poetry. There were also organisations that came into the home to provide activities. For example, the day before the inspection AFC Bournemouth had come to the home to meet people and people participated in a football skills activity.

Some people were not able to, or chose not to participate in group activities and they had one to one support in their room. The activities worker said, "Some of them don't like to be in a group setting so I do a one to one with them". They told us about other ad hoc activities they did with individuals saying, "We walk down the river or go for an ice-cream". The registered manager told us, "It's so warming that the residents are getting stimulation of doing what they want to do" and the activities worker said, "If the residents are happy, I am happy."

People were generally happy and had not needed to make a complaint. However, all the people we spoke with said they would feel comfortable to raise any concerns about the service and felt they would be listened to. The provider had received six complaints during the previous twelve months. We reviewed a selection of these complaints. They had been appropriately actioned in accordance with the provider's complaint policy. The provider's complaints procedure was clearly displayed and gave guidance for people on how to complain and what actions would be taken. Records showed complaints analysis and complaint responses had been carried out each month in accordance with the provider's complaint policy. The manager told us complaints were discussed at team meetings and handovers so that lessons could be learnt from them.

We saw a selection of compliment cards that thanked the staff for the care and support they had given. Comments from compliments received included, "Give special thanks to staff, we appreciate everything you have done" and "Could not have wished for better care" and "everyone is so kind and compassionate".

The provider had a system in place, of an advance transfer assessment of needs document, for ensuring people's key information was readily available to accompany them in the event they had to transfer to another service such as a hospital or specialist nursing home.

Good

Is the service well-led?

Our findings

Staff and people spoke positively about the registered manager and the management team. Staff felt well supported and felt they were kept up to date and well informed about people, their changing needs and any changes the service would be implementing.

The registered manager valued their staff telling us, "I have a lot of trust in them, they want the best" and, "It's about learning off each other." They told us about how they promoted an open, transparent culture with an open door policy and the embedding of a fairly new staff team. They said, "We have built the team, welcomed people and made sure they feel comfortable to ask questions. I think I am approachable and thorough."

The registered manager told us about the support they had received to develop the service, act on issues and drive forward improvements. They said their manager and the senior management team, "were amazing, they listened".

The registered manager was the 2016 Care South Manager of the Year. Wickmeads has a values led approach using the acronym HEART, which stands for Honesty, Excellence, Approach, Respect and Teamwork. The provider holds an annual award ceremony where staff who have demonstrated clear achievement of these values are recognised.

Staff told us communication was effective, they said, "We communicate with each other all the time…we have daily handovers, emails and staff meetings and there is an open door approach, communication is good."

People told us they liked the registered manager and thought they did a good job. One said, "I get on fine with [The registered manager]. I am quite happy with what they do."

People's views were sought about the quality of service they received, and used to drive improvements. This was mainly through the regular scheduling of relatives and residents meetings. The registered manager told us the provider was currently revising the system of quality assurance questionnaires. Once a new format was agreed these would be sent out to gather people's views on a range of topics covering all aspects of the service provided at Wickmeads.

The registered manager told us about improvements that had been implemented following feedback from a meeting with people about their mealtime experience. Both people and their relatives had reported the meal time experience as poor. The meeting explored people's likes and dislikes, food temperature and presentation. Staff acted on what people had said and following these improvements the registered manager told us, "It's much better, much calmer. They are enjoying their food and the whole ambiance is better."

There was information about relatives meetings in the home foyer to make sure relatives knew when

meetings would be held. There was also a suggestion box to enable people to make comments at any time. A relatives meeting held in May 2017 had identified a number of areas where people's family members felt improvements were required. Staff had developed an action plan to make sure improvements were made to areas of concern.
Improvements had been made following feedback from people and their family members. For example, activities had been developed and the registered manager told us the whole structure of how activities were planned with the involvement of people had changed following the introduction of a dedicated activities worker.

The provider had a system of quality assurance measures in place to monitor the quality of service and ensure people's care needs were met. Examples of audits completed were: accidents and incidents, medicine management, care plan reviews, call bell monitoring and emergency response. The manager, deputy manager and care team leaders carried out a schedule of monthly audits that were then reviewed by the operations manager. The provider's quality assurance head office team undertake quarterly comprehensive audits of the service each year and review all audits undertaken to ensure continuous improvement. We reviewed a selection of completed audits and found the records were detailed with an improvement action plan for each area of non-compliance, including the action required, completion date, actions pending, an update on actions and the completed actions percentage rate.

The provider had a wide range of policies and procedures. We reviewed a selection of these policies including, complaints, infection control, safeguarding adults, nutrition and hydration and whistleblowing. The policies were detailed and up to date, which demonstrated the provider's policies and procedures were current and kept under regular review.

The director of residential care told us about an independent auditing tool the provider had recently implemented to benefit their medicine management process. The new system had already highlighted a range of improvements, and would be used in the future to implement a wider quality assurance process and could become a beneficial learning tool. The director of residential care told us the provider is part of a small pilot group of companies who have used the proactive independent medicine management system.

The registered manager took time to make sure they were kept up to date with good practice guidance. They attended provider manager meetings where new legislation and policy updates were discussed. They also attended regular local forums, and received practice updates from external organisations such as CQC.