Barchester Healthcare Homes Limited

Worplesdon View

Inspection report

Worplesdon Rd
Guildford
Surrey
GU3 3LQ

Tel: 01483238010

Date of inspection visit:
08 March 2018

Date of publication:
25 April 2018

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?	Requires Improvement

Summary of findings

Overall summary

Worplesdon View is a purpose built care home providing nursing and residential care for up to 78 older people, some of whom were living with dementia. The service is separated into three units; one of the units is for people living with early to late dementia and the other two units are for people with greater nursing needs. At the time of our inspection there were 69 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was at the home during the time of our inspection.

We last carried out a comprehensive inspection of Worplesdon View in August 2017 where we found the registered provider was in breach of seven regulations. These related to the safe care of people; staffing levels; the responsiveness of the service to people's needs, and how they managed complaints; and the effectiveness of the provider's quality assurance systems. Following this inspection the registered provider sent us an action plan of how they would address these issues.

The inspection took place on 8 March 2018 and was unannounced. During this inspection we found that the concerns raised at our previous inspection had been dealt with. The provider now needed time to embed the processes to show they were robust and effective at ensuring people continued to receive a good standard of care.

There was positive feedback about the home and caring nature of staff from people who live here. The registered manager had been in post for over three months, and had made many positive changes to the standard of care people received. Quality assurance processes were now picking up day to day issues, so that corrective action could be taken.

People were safe at Worplesdon View. Staff understood their duty should they suspect abuse was taking place. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. The home was clean, and staff practiced good infection control measures, such as hand washing and correct use of personal protective equipment.

There were sufficient staff deployed to meet the needs and preferences of the people who lived at the home. In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported. People's nursing needs were met by competent staff.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People were supported to have a balanced diet and they were encouraged to keep hydrated. People had enough to eat and drink, and specialist diets either through medical requirements, or personal choices were provided.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment.

People received the care and support as detailed in their care plans. The staff knew the people they cared for as individuals, and were positive in their interactions with them. Staff treated people with kindness and respect. People were involved in their day to day care decisions. People were supported at the end of their lives to have a dignified death.

People had access to wide range of activities in the home. These helped keep people fit, and stimulate their minds to prevent them becoming bored or isolated.

People knew how to make a complaint. Where complaints and comments had been received the staff had responded to try to put things right.

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.

People felt safe living at the home. Staff understood their responsibilities around protecting people from harm.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the home.

The provider had identified risks to people's health and safety with them, and put guidelines in place for staff to minimise the risk.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Infection control processes were robust.

Is the service effective?

Good

The service was effective

Peoples needs had been assessed prior to coming to the home, to ensure those needs could be met.

Staff said they felt supported by the registered manager, and had access to training to enable them to support the people that lived there.

People had enough to eat and drink and had specialist diets where a need, or preference, had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Adaptations had been made around the home to meet people's needs.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important

decisions had been recorded in line with the Act. Where people's liberty may be being restricted, appropriate applications for DoLS authorisations had been completed.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People could have visits from friends and family, or go out with them, whenever they wanted. People's right to practice their faith was respected and supported by staff.

Is the service responsive?

Good

The service was responsive.

Care plans gave detail about the support needs of people. People were involved in their care plans, and their reviews.

Staff offered a range of activities that matched people's interests.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

People were supported at the end of their lives.

Is the service well-led?

Requires Improvement

The service was now well- led, and time was needed for the provider to embed the good practice that had been recently introduced.

Quality assurance checks were effective at ensuring the home was following best practice. Records management had improved to ensure management oversight of the home was effective.

People and staff were involved in improving the service. Feedback was sought from people via meetings and annual surveys.

Staff felt supported and able to discuss any issues with the registered manager. The provider and registered manager regularly spoke to people and staff to make sure they were happy.

The registered manager understood their responsibilities with regards to the regulations, such as when to notify CQC of events.

Worplesdon View

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.

Worplesdon View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Worplesdon View is registered to provide accommodation for persons who require nursing or personal care for up to 78 people. There were 69 people living at the service at the time of our inspection.

This inspection took place on 08 March 2018 and was unannounced.

The inspection team consisted of two inspectors, two nurse specialists who were experienced in care and support for elderly people and two experts 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.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with 21 people who lived at the home, seven relatives and nine staff which included the registered manager who was present on the day. We observed how staff cared for people, and worked together. We also reviewed care and other records within the home. These included 12 care plans and associated records, six medicine administration records, five staff recruitment files, and the records of quality assurance checks carried out by the staff.

We also contacted commissioners of the service to see if they had any information to share about the home.

Good

Is the service safe?

Our findings

At our previous inspection in August 2017 we identified concerns with the levels of staff and how accidents and incidents were managed to prevent a reoccurrence. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

People told us that they felt safe living at Worplesdon View. One person said, "I feel very safe here. There is nothing at all I can fault." Another person said, "The premises are secure and easy to get around and staff are visible."

People were protected from the risk of abuse. People knew who they could speak to if they had any concerns, and believed their concerns would be addressed promptly. One person said, "They constantly ask if everything is OK, if I had a concern they would deal with it."

Staff had a clear understanding of their responsibilities in relation to safeguarding people. One staff member said, "We would never want anything to happen to our residents. We would always look out for them and report anything so they were protected." Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police should be made. Posters with the details of the local authority safeguarding team and 'whistle-blowing' line were displayed around the home. These were a reminder to staff and people about who they could contact if they had concerns.

People were kept safe because the risks of harm related to their health and support needs had been assessed. People did not feel restricted by staff trying to keep them safe. One person said, "I have never been stopped from doing anything."

Hazards to people's health had been risk assessed for issues such as tissue viability (people prone to pressure wounds) falls and choking. When risks had been identified, the care plans contained clear guidance for staff on how to manage these. Where safety equipment was included as part of these guidelines, this was seen to be in place. One person at risk of falls said, "I have my mat here (sensor mat) and they come quickly if I stand on it or I can press my bell." The risk assessments had been reviewed monthly, and the plan had been changed as the person's needs changed. As people's needs changed the staff ensured that risk assessments were updated and appropriate equipment was used to support people.

Safe working guidelines were in place for protecting people at risk of pressure wounds. These included tissue viability recommendations for air mattresses (which were set to the correct pressure for the person using them), MUST screening (This is a form that can be used to establish nutritional risk), creams to be applied, photos of the wound, measurements and body maps. These were in place so that staff could monitor any trends in relation to the healing process and any infections.

People's care and support would not be compromised in the event of an emergency. Information on what to

do in an emergency, such as fire, was clearly displayed around the home. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place to ensure people would be cared for if the home could not be used after an emergency. People also had personal evacuation plans, which were understood by staff, that detailed the support and equipment they would need if they had to be evacuated from the building.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people living at the home. One person told us, "We press the bell and somebody comes. There's no wait at all." A relative said, "There are always enough staff around. I come in and they'll be sat talking to her (Mum) or I will see she's had her nails done. They are so patient with her." Staff confirmed that since our last inspection staffing numbers had increased and they were able to provide care without rushing people. One staff member said, "I am always on the same floor now and agency staff are rarely used so it's perfect now. We have time to spend with people and that's important. For example last week we were able to take a couple of people out to feel the snow and they loved it. We wouldn't have had time before."

Staffing levels were based on the individual needs of people, and took into account people who may need two staff to help them mobilise. Staffing rotas recorded that the number of staff on duty matched with the numbers specified by the registered manager. Call bells being answered promptly and two care staff always being involved when moving people demonstrated a good level of staffing was in place to meet people's needs.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that potential staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely. When administering medicines nursing staff were calm and unrushed and ensured people received the support they required. For 'as required' medicine, such as pain killers, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. Where people had allergies this was recorded on the medicine administration record (MAR), and staff who gave medicines knew about them. Staff who administered medicines to people received appropriate training, which was regularly updated, including having their competency checked.

The ordering, storage, and disposal of medicines were safe. Medicines were stored safely and securely in locked trolleys. Medicines that required storage in the refrigerator were kept at the required temperature. The temperature of the refrigerator was checked daily and monitored, with clear guidance for staff on what to do if the temperature went out of the medicine manufacturers range. When medicines were received at the home staff logged them in. They detailed the date received, name of person they were for, the name of the medicine and the quantity. Used medicine was collected by a specialist contractor for safe disposal and a receipt given for records.

People were cared for in a clean and safe environment. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control. Staff understood their responsibilities around maintaining a safe environment for people. They ensured the floors and doors were kept clean. Equipment such as mobile hoists were regularly serviced and cleaned to make sure they were safe to use. Staff wore appropriate personal protective equipment when giving personal care, or when serving food to minimise the risk of spreading infection.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents had been taken. For example to protect people that spent most of their time in bed sensor mats had been placed in their rooms. This gave a warning to staff that the person had got out of bed and may need assistance. It also alerted them that someone may have entered the room, and prompted staff to go and investigate. The implementation of these measures had reduced the incidents of people going into others rooms.

Good

Is the service effective?

Our findings

At our previous inspection in August 2017 we identified concerns with staff training. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

People's needs had been assessed before they moved into the service to ensure that their needs could be met. People were involved in this process. One person said, "It was important to us that we went somewhere together (friends) and we both liked it. We came to visit twice before agreeing. We had lunch here, saw the bedrooms and met the staff so we knew we would like it. They were extremely nice." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility, as well as personal preferences and histories.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One person, when asked about the skill level of staff said, "Yes I am very happy with them." The induction process for new staff was robust to ensure they would have the skills to support people effectively. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice.

Staff were effectively supported. Staff told us that they felt supported in their work. A nurse said, "Having a clinical lead who is proactive is so positive, it's good for staff and residents. I have been encouraged to update my clinical knowledge. My revalidation (process by which nurse competency and fitness to be a nurse is reviewed) is due next year so it's great to be supported." Staff had regular one to one meetings which took place with their line manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

People had enough to eat and drink to keep them healthy. People were offered a visual choice of all courses. Staff sat beside people and supported them at their own pace. One person said, "The food is marvellous. Three courses and lunch and dinner and there is always a choice. We can choose whatever we want for breakfast and they make it. The manager comes around almost every mealtime to check everyone is alright." A relative said, "They always have fresh fruit available." Adapted crockery and cutlery was available to support people to eat independently and this was encouraged by staff. Where people didn't want eat the meal finger foods were offered including chopped fruit and sandwiches.

People were protected from malnutrition and dehydration. Care plans contained nutritional assessments and people's weight was recorded each month. When people had been assessed as being at risk of malnutrition or dehydration, care plans provided clear guidance for staff.

People's special dietary needs were met, such as soft diets for people who had difficulty swallowing. Food and supplements stored in the kitchen matched with people's preferences and dietary needs. These

reflected what people had told us and the chef had a good knowledge of peoples individual requirements. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy because staff worked effectively with other healthcare services. People and their relatives told us that the GP and other health professionals visited regularly. One person said, "The doctor comes every Tuesday if you need to see them. When I had a bad leg they (staff) did a wonderful job and it's all healed up." To ensure a good standard of care, staff sought support from other health professionals including the GP, physiotherapist, tissue viability nurse, and incontinence specialist. People's health was also seen to improve as a result of the care and support given. One relative said, "Since he has come here (from another care home) he is much improved and can move around on his own."

People who had nursing support needs were effectively cared for by staff. People were protected against the risk of pressure sores. People cared for in bed all had pressure mattresses and there was a culture of routine diligent skin care by staff. Wound care plans demonstrated that effective care had been given, for example pictures of the wound were taken at regular intervals which showed progress with healing. The daily notes recorded that the wounds were regularly cleansed and dressed. The entries showed the input of the tissue viability nurse (TVN), so people had received appropriate care and support.

People lived in a home that had adaptations made to meet their individual needs. The home had wide corridors with hand rails and clutter was kept to a minimum to reduce the risk of trips and falls. Where people living with dementia lived, the rooms at the end of corridors had been refurbished as themed rooms. One was a shop and the other a music room. The corner of the lounge/dining area had also been designed as an old fashioned parlour. Along the corridors there were puzzles, and other items for people to interact with, and prompt memories.

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.

Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. Staff had an understanding of the Mental Capacity Act 2005 including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff asked for people's consent before giving care and support throughout the inspection.

People can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS). Where people's liberty was restricted to keep them safe, appropriate applications had been made to the DoLS Board. People were supported in accordance with these DoLS authorisations. Clear records were in place for where best interest decisions had been made, such as for the use of bedrails to keep people safe from falls out of bed.

Good

Is the service caring?

Our findings

At our previous inspection in August 2017 we identified concerns with how staff interacted with people, showing a lack of dignity and respect. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

We had positive feedback about the caring nature of the staff. One person said, "They are lovely- so friendly and patient with me." Another person said, "They are all so pleasant and good. There is nothing more we could want."

Staff were caring and attentive with people. All the staff were seen to talk to people whilst carrying out their duties, or taking time away from their duties to talk with them. This caring attitude was seen from the cleaning staff right up to the registered manager. For example whilst cleaning a person's room, a cleaner stopped what they were doing for a few minutes to engage the person in conversation. A member of the hospitality staff brought another person a cup of tea and they had a nice conversation together. The person later told us, "That's what they are all like. They are all so pleasant." A carer in a dining room assisted a person with a drink; they took their time and spoke gently with the person. The carer cleaned the person's spectacles so that they could see more clearly although they were unable to ask carer to do this. The carer treated the person in a respectful way.

Staff were knowledgeable about people and their past histories. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us a lot about the people they supported without access to the care notes, including their hobbies and interests, as well as medical support needs. One staff member said, "It makes them happier if we know about their likes. All information about then is valuable. The more we know the happier they are and the easier our jobs are. It's important to get to know people's relatives as well." Care records recorded personal histories, likes and dislikes, and matched with what staff had told us.

Staff communication with people was warm and friendly, showing caring attitudes during their conversations. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. One person said, "If I don't understand something they will explain." A relative of a person who had not been at the home very long said, "They are beginning to understand his reactions." Indicating that staff understood how the person communicated in a non-verbal way.

People were given information about their care and support in a manner they could understand. Information was available to people around the home, such as the correct time, date, and weather conditions to help people orientate themselves. Other information on notice boards covered topics such as upcoming events that people may be interested in, as well as photographs of past events that people had enjoyed.

People, where ever possible were involved in decision making about their care. One person said, "I have

asked to be involved and they have been very good." A relative told us, "They put together a plan each year and it is discussed with all of us." Observations of people being involved in their care were seen when staff asked one lady if she was warm enough and offered her a blanket for her legs. She returned and said, "I think I've brought your favourite one, is that right?" The person smiled and nodded that it was. Another staff member asked people if they wanted the TV on and what channel/programme they preferred.

Staff treated people with dignity and respect. One person said, "They always ask what I want and knock before coming into my room. They are very polite." Another person said, "They never intrude unless asked. They will close curtains and knock on bathroom door before coming in to help me dress."

At lunchtime we noted a number of people had 'cuddly animals' with them. One person asked staff if they could look after their dog for them. Staff reassured them they would do it properly and took the ladies dog gently. Another person asked if the cuddly animals on the floor were looked after. The staff member said they were and referred her to the animal she had on her knee which obviously gave the lady pleasure. These types of interactions showed how staff listened to people and took their feelings into consideration.

People were supported to maintain their independence. One person said, "I can manage although I can only use one hand (when eating) so staff will cut things up for me." Another person said, "They are very good about everything. They always ask where I want to go or what they can do to help me." A relative said, "They are very encouraging and interact well with him."

People's rooms were personalised which made it individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs, and how the person's care may be affected due to those beliefs. People had access to services inside and outside the home so they could practice their faith. Staff understood how important people's right to practice their faith was. During the recent spate of bad weather the registered manager had gone out of his way to ensure two people were able to attend a church service, when their usual transport let them down. People told us they could have relatives visit when they wanted, or go out on their own or with their relatives if they wished.

Good

Is the service responsive?

Our findings

At our previous inspection in August 2017 we identified concerns with the care people received as it did not always match with the care they required. We had also raised concerns with how complaints were managed. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

People received care and support that was responsive to their needs. When asked if they received the right care and support at the time they needed it everyone told us, "Yes." A relative told us, "My family member is left to her own devices through her own choice. If needed they support her."

People were involved in their care and support planning. When asked if they were involved in ongoing reviews of their care one person said, "It is discussed." Relatives stated that they were involved in making decisions for their loved one's care needs. One relative told us, "I have definitely been involved with my family members care plan."

Care plans were based on what people wanted from their care and support. Reviews of the care plans were completed regularly by care staff so they reflected the person's current support needs.
People's choices and preferences were documented and were seen to be met. There was information concerning people's likes and dislikes and the delivery of care. The files gave an overview of the person, their life, and support needs such as, health and physical well-being, personal care, spiritual and religious belief.

Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Information on maintenance and use of communication aids such as hearing aids was also included. Where these had been specified in the care plan, we observed people were wearing them on the day of our inspection. Other areas covered included mobility support needs, behaviour and emotional needs which gave staff a clear picture of how to support people.

People had access to a range of activities, to keep them entertained and stimulate their minds. One person said, "There is an awful lot to do here. We get a programme each week. We take part in all of the exercises, anything with music and some of the games. It's a very varied choice, a good activity programme." Activities were also used to get people talking to each other and create friendships. One person said, "We had a session of pastimes, which I really enjoyed. We were asked about what we did in our professions. It was very interesting and we got to know each other much better." People's health and well- being were also supported by the various physical activities on offer. Mindful activities such as Yoga and Tai Chi were regularly attended by many people, and adaptations in the exercises where given for those who remained sitting. There was a dedicated activities co-ordinator in post that encouraged all the staff to ensure people were involved in activities. One staff member said, "We are improving activities. People are going to different floors for activities now and doing more. We've started a knitting club here and they love it." Another staff member said, "As well as the activities we also plan smaller groups in the lounges, some people prefer smaller, quieter groups. We go to people's rooms to spend time with them and chat."

People were supported by staff who listened to and would respond to complaints or comments. 'I asked for fried egg and chips and was told they couldn't do it. So I told the manager, and the next day I had the best egg and chips!' People were able to express their points of view through the residents' and relatives' meetings, as well as to individual members of staff. They told us that they were happy to raise any concerns that they might have, and stated that they were listened to, and staff would act on their requests. A relative said, "I don't have any problems with letting people know if we're (the family) are unhappy with our mother's care, and we have at times. Normally things are sorted at the lower level rather than a full-blown complaint."

There was a complaints policy in place, in an easy to read format, which was clearly displayed around the home. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

People were supported at the end of their life to have a dignified and as far as possible pain free death. Their families would be involved and consulted. There was hospice information available should it be required. At the time of our inspection no one was being supported at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in August 2017 we identified concerns with quality assurance processes, lack of good leadership, and how records were managed and maintained. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed. The provider now needed time to embed the changes to show they were robust and effective at ensuring people received a good standard of care.

A new registered manager had taken over since our last inspection. We received positive feedback from everyone we spoke with about the positive changes at the home since his arrival. One person said, "It wasn't too good for 8-9 months. Now it is well managed. Improvements are on-going, and the manager has an open door policy." One relative said, "I can't sing the praises of staff highly enough, all of them. Now the manager and the deputy are here all the staff seem happier together. They used to seem scared of doing anything but now there's a much better atmosphere."

There was now a positive, person focussed culture within the home, which was reflected in our findings across all the five key questions that we asked. People stated that the service was now well-led, and they were happy with the new management. The atmosphere was very welcoming and open during our inspection. The registered manager was visible and polite throughout the inspection and was also approachable to clarify any issues we raised.

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

Staff were confident in their roles and had a clear understanding of the values and visions of the service. Their kindness and compassion demonstrated over the course of the inspection matched with these values. The registered manager said the focus was on, "Getting the little things right, because if we do that, it will stop them becoming big issues." Relatives and people that lived at the home stated the registered manager's approach with the staff had had a positive impact on the care people received.

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. Staff told us the registered manager had an open door policy and they could approach the manager at any time. Staff felt supported and able to raise any concerns with the registered manager, or senior management within the provider. One staff member said, "I think we are improving here in every way. The manager is very close to us all. He is always around, even at weekends. If you need anything you know he'll be around. He must ask me 10 times a day if I am okay. It reassures us."

People and relatives were asked for feedback about how the service was managed and making

improvements. One person said, "The staff and management do ask what we think." Another person said, "The manager is pro-active, lovely and he interacts with everyone." Regular resident and relatives meetings took place. These were used to share information, as well as seek feedback and ideas from people who were involved in the service. Questionnaires were also used to ask for opinions on all aspects of the home. The results were then reviewed by the provider and a summary report put on display for people, staff and visitors to see the results. 'You said, We did' boards were on display to feedback to people how the staff had responded to their ideas and suggestions.

Staff were involved in how the service was run and improving it. The registered manager had regular meetings in addition to handover meetings. One example of a staff suggestion being implemented was the changes to staff start times. Some staff now started at 7am so they could help people with personal care when they awoke. This had the benefit to people in that those that liked their personal care to be completed before they had breakfast now had a better chance of this happening.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection. The management of records had improved such as ensuring they were stored securely and not left out when not being used. Completion of records was an ongoing improvement activity that the registered manager was monitoring at the time of our inspection.