Care Quality Commission

Amesbury Abbey Limited

Winton Care Home

Inspection report

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Ratings

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

Overall summary

This inspection was unannounced and took place on the 17 and 19 November 2015

Winton Care Home is a nursing home which provides nursing and residential care for up to 36 people who have a range of needs, including those living with diabetes and those receiving end of life care. The care home comprised of three floors over two distinct areas in a period building, the main house and the wing. The wing provided additional support to those living with dementia. At the time of the inspection 32 people were using the service.

Winton Care Home has 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.

Recruitment procedures were not fully completed to protect people from the employment of unsuitable care staff. The provider had not ensured that a full

Summary of findings

employment history had been obtained from care staff. This is a requirement of the regulations to ensure that appropriate checks are in place for new staff. The provider however obtained suitable references to ensure care staff's suitability for their role. New care staff induction training was followed by a period of time working with experienced colleagues to ensure they had the skills and confidence required to support people safely.

People using the service told us they felt safe. Care staff understood and followed the provider's guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm had been identified and managed. People were supported by care staff who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Contingency plans were in place to ensure the safe delivery of people's care in the event of adverse situations such as staff sickness and fire or flood. Fire drills were documented, known by care staff and practiced to ensure people were kept safe. The registered manager and deputy manager were also trained care staff who were able to be deployed to deliver care if required.

People were protected from the unsafe administration of medicines. Nurses responsible for supporting people with their medicines had received additional training to ensure people's medicines were being administered, stored and disposed of correctly. Nurses skills in medicines management were reviewed on a regular basis by appropriately trained senior care staff to ensure they remained competent to continue.

People, where possible, were supported by care staff to make their own decisions. Care staff were knowledgeable about the requirements of the Mental Capacity Act (MCA 2005). The service worked with people, relatives and social care professionals when required to assess people's capacity to make specific decisions for themselves. Care staff sought people's consent before delivering care and support. Documentation showed people's decisions to receive care had been appropriately assessed, respected and documented.

People were supported to eat and drink enough to maintain a balanced diet. People told us they were able to choose their meals and they enjoyed what was provided. Records showed people's food and drink preferences were documented in their care plans and were understood by care staff. People at risk of malnutrition and dehydration were assessed to ensure their needs were being met. Records for people who required food and fluid chart monitoring were completed fully to identify whether people were eating and drinking sufficient to maintain their health.

People's health needs were met as the care staff and the registered manager promptly engaged with other healthcare agencies and professionals to ensure people's identified health care needs were met and to maintain people's safety and welfare.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications had been submitted to the relevant supervisory body to ensure people were not being unlawfully restricted.

Care staff demonstrated they knew and understood the needs of the people they were supporting. People told us they were happy with the care provided. The registered manager and care staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times. People were encouraged and supported by care staff to make choices about their care including how and where they spent their day.

People's end of life wishes had been discussed and documented accordingly. Guidance was provided to care staff on how to best support people in line with their wants and needs.

People had care plans which were personalised to their needs and wishes. They contained detailed information to assist care staff to provide care in a manner that respected each person's individual requirements and promoted treating people with dignity. Relatives told us and records showed they were encouraged to be involved at the care planning stage, during regular reviews and when their family members' health needs changed.

People knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People, relatives and care

Summary of findings

staff were encouraged to provide feedback on the quality of the service during regular meetings with care staff and the registered manager as well as the completion of customer satisfaction questionnaires.

The provider's values of care were communicated to people and care staff. Care staff understood these, people told us and we saw these standards were evidenced in the way that care was delivered.

The registered manager and care staff promoted a culture which focused on providing individual person centred care. People were assisted by care staff who were encouraged to raise concerns with them and the registered manager. The provider had a routine and regular quality monitoring process in place to assess the quality of the service being provided.

Care staff told us they felt supported by the registered manager.

We found a breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not always safe.

The provider did not obtain a full employment history of all care staff. The provider could not identify if care workers had any unexplained gaps in their employment which may make them unsuitable to deliver care.

People were safeguarded from the risk of abuse. Care staff were trained to protect people from abuse and knew how to report any concerns. Risks to people's health and wellbeing had been identified, assessed and appropriate guidance provided on how to mitigate any risk of harm.

Contingency plans were in place to cover unforeseen events such as care staff sickness and fire or flooding to ensure people's safety.

Medicines were administered by nurses whose competency was regularly assessed by senior care staff.

Is the service effective?

Good

The service was effective.

People were supported by care staff who had the most up to date knowledge and specific training available to best support their needs and wishes.

People were supported to make their own decisions and where they lacked the capacity to do so care staff ensured the legal requirements of the Mental Capacity Act (MCA) 2005 were met. Care staff understood the principles of the MCA 2005 and understood the Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink enough to maintain their nutritional and hydration needs. Care staff knew people's preferences regarding food and drink and encouraged people to drink to maintain their health.

People were supported by care staff who sought healthcare advice and support for them whenever required.

Is the service caring?

Good

The service was caring.

People told us that care staff were caring. Care staff were encouraged and motivated to develop positive relationships with people.

People were encouraged to participate in creating their personal care plans.

Relatives and those with legal authority to represent people were involved in planning and documenting people's care. This ensured that people's needs and preferences were taken into account when developing their care plans.

Summary of findings

People received care which was respectful of their right to privacy whilst maintaining their safety.

People's end of life wishes were documented and respected. Guidance was provided to care staff on how to best support people.

Is the service responsive?

Good

The service was responsive.

People's needs had been appropriately assessed by senior care staff. Care staff reviewed and updated people's care plans on a regular basis, additional reviews were held when people's needs changed.

People were encouraged to make choices about their care which included their participation in activities and where they wished to spend their time at the home.

There were processes in place to enable people to raise any issues or concerns they had about the service. Issues, when raised, had been responded to in an appropriate and timely manner.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a culture which placed the emphasis on care delivery that was individualised and of high quality. The provider sought feedback from people and their relatives in order to continually improve.

Care staff were aware of their role and felt supported by the registered manager. Care staff told us they were able to raise concerns and felt the registered manager provided good leadership.

The provider and registered manager regularly monitored the quality of the service provided. Quality assurance audits were completed to identify where improvements could be made to the home and increase the quality of the service provided

Winton Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory function. 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 inspection took place on the 17 and 19 November 2015 and was unannounced. The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who use this type of care service; on this occasion they had experience of family who had received nursing care. The Expert by Experience spoke with people using the service, their relatives and visitors.

Before this inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make.

During the inspection we spoke with four people, four nurses, four relatives, two senior care staff, one member of care staff, the chef, activities coordinator, the deputy manager who was also a registered nurse and the clinical lead for the home as well as the registered manager who was also a registered nurse. We looked at five care plans and associated daily progress and evaluation notes, 10 care staff recruitment files, care staff training records and five medicine administration records (MARS). We also looked at care staff rotas for the dates 20 October 2015 to 20 November 2015, quality assurance audits, the provider's policies and procedures, maintenance records, complaints and compliments. We also viewed care staff, visitor and resident meeting minutes. During the inspection we spent time observing care staff interactions with people including lunch time sittings. After the inspection we subsequently spoke with two more relatives.

The home was previously inspected in 1 October 2013 where no concerns were raised.

Requires improvement

Is the service safe?

Our findings

Relatives we spoke with told us they felt their family member was safe living at Winton Care Home. One relative told us, "Yes, she's as safe as she can be".

Safe staff recruitment procedures were not always followed by the provider to ensure people were supported by suitable care staff. The provider did not obtain full employment histories from care staff before they began to deliver people's care. The provider could not be assured therefore that staff were suitable to provide care and support to people living in the home.

The provider did not have an effective recruitment procedure in place to ensure that care staff provided full employment histories before being employed to deliver care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to Fit and proper person employed.

Care staff had undergone other recruitment checks as part of their application process to ensure their suitability to be employed to deliver care and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of care staff who may be unsuitable to work with people who use care services.

Care staff were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Care staff were also able to describe physical and emotional symptoms people suffering from abuse could exhibit. Care staff were knowledgeable about their responsibilities when reporting safeguarding concerns. The provider's policy provided guidance for care staff regarding how and where to raise a safeguarding alert. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. Care staff had received training in safeguarding adults and were required to refresh this training annually. People were protected from the risks of abuse because care staff understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of harm. All people's care plans included their assessed areas of risk for example, skin care, communication and people's mobility and safety needs. Risk assessments included information about action to be taken by care staff to minimise the possibility of harm occurring to people. For example, some people using the service had restricted mobility due to their physical health needs. Information was provided in their risk assessments which provided guidance to care staff about how to support them to mobilise safely around the home and when they were being transferred. Care staff understood these risks and were observed supporting people in a manner which ensured people's safety. Records showed people had received the appropriate support which followed their risk management plans. Risks to people's care were identified, documented and care staff knew how to meet people's needs safely.

There were robust contingency plans in place in the event of an untoward event such as accommodation loss due to fire or flood. Care staff knew the fire drill procedure and this was practised to confirm their understanding of the actions to take in an emergency. If rooms were no longer suitable for habitation then people would be moved to a local hospital or two other homes within the county to ensure continuity of care. These plans allowed for people to continue receiving the care they required at the time it was needed.

People were supported by sufficient numbers of care staff to be able to meet their needs safely. The provider determined overall care staffing numbers using an occupancy dependency and staffing tool. This was completed on a weekly basis and when people's health and wellbeing needs changed.

People's dependency level was assessed by the registered manager using specific criteria to identify the correct number of care staff who would have to be employed to meet people's needs safely. Where shortfalls in the rotas had been identified these had been supported by the use of agency and bank care staff. The registered manager ensured consistency of care by using a regular pool of agency care staff. Another member of care staff told us, "Never had a problem (with not enough staff) you meet people's basic needs and you do more, you always find the time to spend with people". A recruitment process was on-going and new care staff were due to commence

Requires improvement

Is the service safe?

employment the week following the inspection. This would assist care staff and people by limiting the number of agency and bank care staff being employed to deliver care. People were cared for by sufficient numbers of care staff to meet their needs safely.

People living at the home received their medicines safely. Nurses received additional training in medicines management and records showed that medicine administration records were correctly completed to identify that the right medicines was given at the right time by the right route. Nurses were also subject to competency assessments to ensure medicines were managed and administered safely. There were policies and procedures in place to support nurses and to ensure medicines were managed in accordance with current regulations and guidance.

Guidance was provided in people's Medicines Administration Records (MARS) for nurses on when the use of additional medicine would be appropriate. This is referred to as 'when required' medicines and can include additional painkillers or medicines to control people's anxiety when they are stressed or upset. We saw that appropriate information was provided as to when medication for anxiety and agitation was required.

Medicines were stored, administered and disposed of correctly. There was a medicines fridge which was kept at the appropriate temperature. Records confirmed a safe temperature was maintained. The provider used a nationally recognised policy to ensure that controlled drugs were managed effectively. Some prescription medicines are controlled under the Misuse of Drugs Act 1971, these are called controlled drugs Controlled drugs stocks were audited at the end of the working shift, to check that records and stock levels were correct.

Good

Is the service effective?

Our findings

People we spoke with were positive about the ability of care staff to meet their care needs. People and relatives said that they felt care staff were well trained and had sufficient knowledge and skills to deliver care. One person we spoke with said, "They (care staff) are excellent". A relative told us, "My family member is very well looked after", another relative told us "Yes, definitely (the staff are experienced and skilled)".

New care staff received an effective induction into their role at Winton Care Home . This induction included a period of shadowing to ensure they were competent and confident before assisting people. Shadowing is where new care staff are partnered with an experienced member of care staff as they perform their job. This allows new care staff to see what is expected of them.

Care staff were required to complete the Care Certificate induction standards. These are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. The provider had identified courses that had to be completed by care staff during their induction period of 12 weeks prior to commencing working with people. These included courses in health and safety, moving and handling and infection control. All care staff had additional training in areas such as food hygiene, equality and diversity and diet and nutrition.

Care staff understood the information provided and demonstrated this when providing care. For example, during care delivery care staff communicated with people what actions they were going to undertake in an effective way so they understood what was happening. We saw care staff taking time to assist people in moving and transferring in a respectful, unhurried and enabling way during the inspection. New care staff were provided with the guidance and information they needed to enable them to undertake their duties safely.

Care staff were also encouraged and enabled to ask for additional training in areas that interested them. During the inspection one member of care staff had requested and received additional training in end of life, palliative care, as they felt their knowledge could be improved. This had been encouraged and supported by the provider's training representative.

People were assisted by care staff who received support in their role. There were documented processes in place to supervise and appraise all care staff to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help care staff develop in their role. Care staff told us and records confirmed supervisions occurred every two to three months. This process was in place so that care staff received the most relevant and current knowledge and support to enable them to conduct their role effectively.

People's freedom was not unlawfully restricted without the appropriate authorisation being sought.

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager, clinical lead and nurses showed a comprehensive understanding of the DoLS which was evidenced through conversations and the appropriately submitted applications and authorisations. All care staff spoken with understood when and why DoLS were required.

If care staff had any concerns regarding a person's ability to make a decision this was reported to the registered manager and action taken to ensure appropriate mental capacity assessments were undertaken. This was in line with the MCA Code of Practice which guides staff to ensure practice and decisions are made in people's best interests.

Staff were able to describe when a best interest decision would be most appropriate. Best interest decisions are made when someone no longer has the capacity to make a specific decision about their life. Records showed that

Good

Is the service effective?

appropriate mental capacity assessments and accompanying decision specific best interest meetings had been held for people when they no longer had the capacity to agree to a certain course of action involving their care.

Care staff assisted people to make decisions and sought their consent before delivering their care. During the inspection people were asked their permission before being moved or assisted with their mobility within the home. Explanations were provided by care staff about what action they were going to take, for example, when using the hoist to move a person to enable them to go to the toilet. Care staff took the time to explain what was happening allowing the person to respond and ensure they were happy with the action that was going to be taken.

People were supported to maintain good health and could access health care services when needed. One person told us, "I saw the GP last week". Records showed that when required additional healthcare support was requested by care staff. We saw that people were referred to their dental surgery and opticians when required. There was evidence of referral to the community mental health services when required and collaborative working with healthcare professionals, families, people and care staff. The registered manager had sought the use of a specialist opticians agency who understood the specific visual needs and difficulties of people living with dementia. A 'Lifestyle Passport Questionnaire' was completed by the agency for people who required assistance with their vision. This was specific to people's mobility, medical condition and activity needs to enable them to provide tailored advice and treatment. The registered manager ensured that healthcare advice was sought from professionals with specific knowledge and ability to best meet people's needs.

People praised the food provided and were supported by care staff during meal times. One person told us, "Yes, it's lovely", a relative said, "We had lunch today, it was lovely, the meal was very tasty". Where people had been identified as at risk of malnutrition, food and fluid charts were implemented. These ensured people were receiving the food necessary to regain and retain a healthy weight. Records showed that people had been regaining weight and were being assisted to maintain a healthy weight as a result of regular weighing and additional food supplements. People's care plans also contained information on how to fortify people's diets so they were taking in additional calories when their weight had been identified as low. This included information to care staff to add cream to porridge or providing milky tea and encouraging people to enjoy additional snacks. The provider ensured that people had meals which suited their needs. One relative told us that their family member had specific dietary needs, "She's on a special diet now as she was getting some tummy pains but now she gets special food". People's dietary needs were recognised, menus adapted and suitable food provided accordingly.

Good

Is the service caring?

Our findings

People experienced comfortable and reassuring relationships with care staff. Relatives and people told us that support was delivered by caring care staff. One person we spoke with told us, "They (care staff) are absolutely lovely, can't say anything against them, they do anything for you". Another person told us, "They (care staff) are very nice people". One person said, "They (care staff) are very kind and caring". A relative told us, "It's lovely, all the staff are great". Another relative said, "Oh definitely 100% they're kind and caring, they're all really nice there".

Reassuring and caring relationships had been developed by care staff with people. People's care plans had been written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People's care plans included information about what was important to them such as their hobbies, how people wished to be addressed and what help they required to support them. Care staff were knowledgeable about people's personal histories and preferences and were able to tell us about people's families, previous work and hobbies. All care staff in the home took time to engage and listen to people. People were treated with dignity as care staff spoke to them at a pace which was appropriate to their level of communication. Care staff allowed people time to process what was being discussed and gave them time to respond appropriately. Care staff told us that they saw people living at the home like family and there was a family atmosphere in the home with enjoyable, supportive and positive interactions between people and all care staff. This included engaging people in friendly conversation. Whilst care staff were busy they continued to treat people with respect and showed a genuine care for people's wellbeing.

People who were distressed or upset were supported by care staff who could recognise and respond appropriately to their needs. Care staff knew how to comfort people who were in distress. One person was seen to be agitated during the inspection and care staff were kind, compassionate and gentle with their approach to this person. This person exhibited repetitive behaviour and care staff encouraged this person to assist them with tasks as a way of soothing their distress. Information regarding this person's agitation was recorded in their care plan and the actions required to ease this distress clearly known by care staff.

People were supported to express their views and where possible be involved in making decisions about their care and support. Care staff were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or how they would like to spend their day. Where people were unable to express their views family members were involved in decision making processes to ensure people's views were expressed wherever possible. We saw that daily care and food choices were being offered to people.

People were treated with respect and had their privacy and dignity maintained. Relatives told us that people were treated with respect by the care staff and this matched our observations. People were also respected by having their appearance maintained. Attention to appearance was important to people and care staff assisted them to ensure they were well dressed, clean and had their hair styled as they preferred. A relative said, "My family member is always clean and tidy and her hair looks nice…the care staff all say they love her and I genuinely feel they are respectful and kind to her."

Policies were in place and information provided in care plans to remind care staff of the importance of treating people with dignity and respecting their privacy at all times. These were understood and practiced by care staff. Care staff were able to provide examples of how they respected people's dignity and treated people with compassion. People were provided with personal care in their rooms with the curtains and doors shut and care staff knocked on people's doors awaiting a positive response before entering to assist.

People had been supported to ensure their wishes about their end of life care had been respected and documented accordingly. Care plans provided personalised information for people regarding the support they required and their wishes for their funeral arrangements. People's concerns regarding their end of life care, for example feeling out of control, were documented and guidance provided to ensure that care staff supported people in the way they wished. Care plans detailed the healthcare professionals who were required to provide assistance during this time. Guidance was also provided to staff to ensure a continual presence and offer continual reassurance when those

Good

Is the service caring?

people's family members could not be present with them. Care staff were made aware of people's end of life care plans and the need for maintaining the person's privacy and dignity at all times.

Good

Is the service responsive?

Our findings

People we spoke with told us the care staff took time to know who they were and addressed them as individuals. People were engaged in creating their care plans and where they agreed, relatives were able to contribute to the assessment and planning of the care provided. People not able or unwilling to engage in creating their care plans had relatives who had contributed to the assessment and the planning of the care provided.

People's care needs had been fully assessed and documented by the registered manager or the deputy manager before they started receiving care. These assessments were undertaken to identify people's support needs and care plans were developed outlining how their needs were to be met. Records showed that the care plans reflected the information which was gathered during the pre-assessment stage. People's individual needs were routinely reviewed at a minimum of every month and care plans provided the most current information for care staff to follow. People, care staff and relatives were encouraged to be involved in these reviews to ensure people received personalised care. Care plans were updated where a changed need was identified. One person's records showed that their health had deteriorated. As a result their dependency level and the level of support they required from care staff had increased. This had been documented and reviewed on a monthly basis to ensure that all possible action was being taken to ensure they were receiving the care that was required.

A relative told us that the home had always responded positively when requests had been made to change any aspects of their family members care. Their family member required additional support due to their behaviour which could sometimes challenge. Other agencies had wanted to initially move their family member to another home however the registered manager had ensured that a suitable placement was made in the more secure wing of the home so their needs could be accommodated. When a downstairs room had then be requested this had been accommodated by the provider to ensure the person was receiving care which was and continued to be relevant to their needs.

Handover between nursing and care staff were held in the main house and wing. These were held between the nurses and this information was then shared with care staff. The home used a handover sheet which contained specific and detailed information in relation to people's needs, such as, their health diagnosis, recent changes to care plans such as changes in mobility and medicines needs, medical appointments due and moving and handling needs. This enabled any agency nurses and new care staff to obtain a greater understanding of people they were caring for and their required needs.

The provider sought to engage people in meaningful activities. Care plans detailed the need to help people participate in activities to prevent them from becoming socially isolated. Care plans detailed people's particular social interaction needs. One person's care plan specified that they only wished to enjoy watching television in the ballroom. We could see that this person had been enabled to do this during the inspection.

The home had a dedicated activities coordinator who was responsible for ensuring that people were involved and encouraged to participate in activities which kept them socially active. These activities included both internal and external events to interest people and also involved family members. The activities coordinator completed a weekly activities list which at the time of the inspection included events such as exercise classes, singing, holy communion, a visit to the New Forest and Christmas card making but this was flexible to meet peoples needs. During the summer, a fete and dog show had been organised which had been enjoyed by those who had participated. Compliments had been received by people and relatives who had attended, a selection of these were viewed and included the following, ;'I want to thank you for a most enjoyable and delicious summer lunch yesterday, as always the organisation was superb and all the staff so very helpful to other guests as well as the residents' and 'Thank you all for a lovely lunch party at Winton, it was a happy occasion with delicious food….it was also good to meet some of the other resident's guests, our thanks go to everyone'.

During the inspection one relative brought their pet dog to the home and with the activities coordinator played music and encouraged people to participate in party games. People who were not participating in throwing a balloon or playing games were seen to be enjoying the atmosphere. Music played in the background and people were smiling, singing and clapping their hands. The activities coordinator adopted a tactile approach encouraging and supporting people to become involved. People taking part had varying

Good

Is the service responsive?

levels of mobility and communication however all were included. People were encouraged to participate however if they did not wish to their views were respected and they continued smiling whilst watching the activities. For people who were unable to participate in group activities the activities coordinator visited people in their rooms and ensured they received one to one contact. A relative told us, "My family member cannot concentrate on activities but she loves dogs and she has massages which I think are great for her and lovely". Alternative activities were sought to assist people to remain socially active preventing them from becoming socially isolated.

People were encouraged to give their views and raise any concerns or complaints. Relatives told us they knew how to make a complaint and felt able to do so if required. Relatives were confident they could speak to care staff or the registered manager to address any concerns. One relative told us they had initially had concerns regarding the medicines which had been prescribed to their family member by their GP. This had been raised as a concern with registered manager. Immediate action had been taken and a meeting was arranged with their relatives health team and the issues discussed and resolved.

The provider's complaints procedure was available to people in their care plans. This listed where and how people could complain and included contact information for the provider and the Care Quality Commission. One person told us, "I have never complained but if I did I'd go to the registered manager, she's terribly nice". The registered manager documented complaints and kept these within a folder in the office. These were viewed, three formal complaints had been made in the last year concerning agency staff, medicines and the numbers of new staff. We saw that these complaints had been raised, investigated by the registered manager and responded to appropriately.

Good

Is the service well-led?

Our findings

The registered manager promoted an open and supportive culture at Winton Care Home and sought feedback from people living at the home, their relatives and care staff to identify ways to improve the service provided. People and relatives said they were very happy with the quality of the service. One relative told us, "All I can say is that it's excellent here, do I need to say any more." Another relative said, "I'm confident that it's the best home, if you're going to do it (receive care) it's got to be here".

The registered manager was keen to promote a culture which was based on people, relatives and care staff feeling that the home was like a family environment. This was reinforced from new members of care staff initial interviews, through supervisions and appraisals through to team meetings. The registered manager told us that it was important that the home felt like a family for people and welcomed people, relatives and care staff approaching them. The registered manager provided people with her email address and promoted an 'open door' policy of always being available to people. She toldus, "This is their home, they need to have someone they can talk to". Relatives told us they could always speak to the registered manager if required.

Care staff we spoke with recognised and acknowledged the values of the service. One member of care staff told us, "it's about the provider wanting the home to be people's home…for people to be treated as we'd like to be treated ourselves, it's their home". Quality service questionnaires had been completed by people living at the home and their relatives. People agreed that the vision of wanting people to feel like they were living in their own home was being promoted. One person commented in the completion of the quality service questionnaires, 'I am extremely happy and content and class the nursing home as my 'new home.' Another person wrote, 'Feels like a home, calm atmosphere'. One more person commented, 'There is a homely atmosphere'. Relatives were able to visit without restriction and were encouraged to do so, one relative told us, "I always turn up at an inconvenient time and whatever time you go the care staff are always being kind to people." Other relatives were visiting during the inspection and had been provided with a private lunch sitting in the conservatory to enjoy private time with their family members. One of the relatives told us, "They put us in the conservatory for privacy, very lovely".

The registered manager actively sought feedback from people and their experiences to identify how, the service people received, could be improved. Feedback was sought from people during regular care plan reviews and from care staff during their team meetings. The provider also used a satisfaction questionnaire to ensure that people could express their views. The last questionnaire and results had been received in August 2014. 21 questionnaires had been received and all bar one contained 'good' and 'very good' ratings in all the aspects of the care delivery and the quality of the service provided. People were asked a variety of questions which included feedback about the following, quality of the care provided, general atmosphere of the home, and whether people felt their views, opinions and choices are respected by staff and the home. People were then encouraged to record the strengths and any areas where the service could be improved. People's reported the home's strengths as,, 'undoubtedly the caring attitude of all staff led by the registered manager. Run as a true home, does not feel like a commercial enterprise'.

People and relatives when they had raised concerns said these had been addressed, for example one person said that there were no disabled parking bays available to people, we could see during the inspection that a number of disabled parking bays had been nominated next to the front door of the home. Another person had requested that residents be encouraged to enjoy the grounds during the summer months, the registered manager had identified this need and was in the process of working with the provider to try and improve access to the 20 acres of grounds available for people to enjoy.

The registered manager was a visible presence to relatives and care staff. Care staff were positive about the registered manager and the support they received to do their jobs. They told us that the registered manager was open to their concerns and needs. Care staff said that they were able to approach her and were confident that she would be proactive in dealing with issues raised. The registered manager was available for care staff if they needed guidance or support. One member of care staff said, "I can speak with the registered manager and the deputy manager, she's brilliant. The registered manager always lets

Good

Is the service well-led?

us speak to her, she's really good if we need to talk them about anything." Another member of care staff said, "There's definitely strong leadership, the deputy manager is also always around, I could say to them anything, they've been very supportive so far, it's been a brilliant experience".

The provider also completed a number of quality assurance audits at the home to monitor the service provision. Home audits included assessing the quality of care plans, medicines administration and documentation, dignity in the home, health and safety and infection control. Any actions from these were then used to complete a rolling action plan for the home. Previous quality assurance audits were viewed, in January 2015 it was identified that there was a need to complete call bell audits, these were completed to identify how long it takes care staff to attend to people's needs when they request assistance. The audits were viewed throughout the year on randomly generated dates. The audit showed that the majority of people were having their needs met within five minutes of requesting assistance. In March an audit identified the need for all staff to receive and undertake regular fire training. We could see from the training records that this was being completed with care staff having to attend fire drills at least twice yearly. A 'dignity in the home' audit was completed in May and October 2015. This checked whether residents were being treated with dignity and respect at all times. No negative aspects had been identified during these audits.

The service sought to deliver high quality care and this was evidenced in the compliments that were received by the registered manager. Compliments when received were kept in a folder in the registered managers office and the feedback provided to care staff. Recent comments received were viewed. The following are a selection of those received. A relative wrote, 'We felt that we had to express our thanks for all the wonderful care that you gave our family member in the years she spent at Winton. She always seemed so happy and well looked after whenever we visited her and that gave us great piece of mind, we know she was in safe hands and we thank you for that'. Another relative wrote, 'Please pass on all our thanks to your staff for all the care and support you have my family member and the family over the last months, you all have been simply outstanding, you really do have a great team and it's very much appreciated.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19(2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Fit and proper persons** The provider did not have an effective recruitment procedure in place to ensure that all of the information specified in schedule 3, notably full employment histories, was available in relation to all members of care staff employed.