

HC-One Oval Limited

Winters Park 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 ●

Summary of findings

Overall summary

The inspection of this service took place on 28 November 2017 and was unannounced.

Between the inspection of this service and the publication of this inspection report, the registration has been transferred from Bupa Care Homes Limited to HC-One Oval Limited.

Winters Park 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.

Winters Park accommodates 41 people, some of whom may be living with dementia, in one adapted building.

There is a registered manager at the service, who was in attendance throughout our inspection visit.

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.

We found that personal records had been stored securely. The records we viewed did not consistently give an accurate account of people's care and support needs. However, health and social care professionals commented that care records had been completed to a high standard and that staff always appeared warm, welcoming and always engaged well with people living at Winters Park and visitors. People told us that they had been involved in the development of their care plans and staff were able to give us a verbal account of people's care needs and we observed them supporting people. No one raised any concerns with us about the support they received from staff. Medicines were mostly managed in a safe way. We did observe some poor practices with regards to recording the use of creams and ointments.

We have made a recommendation about keeping written records up to date and accurate.

There were times when staffing levels had not been sufficiently maintained. We received both positive and negative comments about staffing levels. The registered manager was reviewing staffing at the home. Staff had been provided with appropriate training to help keep their skills and knowledge up to date. However, we found that there were limited opportunities for staff to meet regularly with their line manager to discuss their work and performance.

We have made a recommendation about staff support and supervision.

The home was maintained to a good standard and the registered manager was aware of where

improvements needed to be made. Refurbishment plans had been put on hold as the service was in the process of being sold to a new provider. People who used the service were able to personalise their own rooms as they chose. The home was clean, tidy and there were no unpleasant odours. Staff were mindful of good practices around the control and prevention of infection.

The home does not normally admit people living with dementia. However, there were some long term people who had developed dementia illness. We have suggested that the provider considers making some environmental adaptations in order to help meet the needs of people living with dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Everyone that we spoke with during our inspection of Winters Park were very complimentary about the staff and the service they received. We did not receive any concerns or complaints about the service during or immediately after our inspection. We noticed that people looked well-groomed and well cared for. Staff approached people in a friendly manner and showed respect for people's privacy and dignity. A variety of meaningful activities were available at the home and within the local community. People were supported to access health and social care professionals if they wished and family members told us that they were kept up to date if their relative was unwell.

People were generally well supported with their nutritional needs. Where nutritional concerns had been identified, we found that advice from the dietician and speech and language therapist had been sought. However, people who needed help to eat and drink did not always receive the support they needed. This was due to either insufficient numbers of staff on duty or the poor deployment of staff at mealtimes. We have asked the registered manager to review this matter.

There were systems and procedures in place to help ensure people living at the home were protected against the risks of harm or abuse and of being cared for by inappropriate staff. People were aware of the complaints process at the home and knew who to direct any concerns to. People were able to have their say about the service provided. Everyone that we spoke to was confident that any concerns would be listened to and acted upon quickly.

The service had a system in place to assess and monitor the quality and safety of the service. Where shortfalls in the service had been identified, action plans had been developed to address these matters. Although most of the shortfalls in quality and safety had been addressed, we have made some recommendations where further improvements should be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Records and personal information was securely stored. However, it did not always provide an accurate account of people's care and support needs.

Medicines were mostly managed and administered in a safe way. There were some concerns about the way in which creams and ointment records were maintained.

We have made a recommendation about keeping written records up to date and accurate.

The service had systems in place to help ensure people using the service were protected from the risks harm or abuse.

Staff were very busy all day. People said that staff mostly attended when needed. However, we noted that there were not enough staff at mealtimes to support people in a timely manner.

Requires Improvement ●

Is the service effective?

The service was mostly effective.

Staff received training to help them carry out their duties. Staff supervision sessions were not held regularly.

There were few environmental adaptations to assist people living with dementia.

The service was working within the principles of the Mental Capacity Act 2005, although records could have been better organised.

People received support with their nutritional needs. However, people sometimes had to wait for direct support at mealtimes.

Good ●

Is the service caring?

The service was caring.

Good ●

People who used the service appeared well groomed and well care for.

Staff demonstrated a caring and friendly approach towards the people they supported. They were mindful of respecting people's rights of privacy and dignity.

Staff knew people very well, communicating with them effectively and providing explanations and choices. This helped to reduce any anxieties or worries people had.

Is the service responsive?

Good ●

The service was responsive.

People had been involved in the development of their care and support plans.

People had been consulted about their hobbies and interests. Activities and social events had been developed around personal interests, with the people who lived at Winters Park.

People who used the service were aware of who to raise concerns and complaints with. They were confident that their concerns would be listened to and taken seriously.

Is the service well-led?

Good ●

The service was mostly well led.

People told us that the registered manager was approachable and helpful.

Staff at the service understood their roles and responsibilities. They had been provided with training to help make sure their skills and knowledge were up to date.

There was a system in place to review the safety, quality and effectiveness of the service. People who used the service were able to contribute to this process by satisfaction surveys and regular meetings with the management team.

Our inspection identified some shortfalls in the service. We have made some recommendations for improvements.

Winters Park 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 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.

The inspection took place 28 November 2017 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with regards to older people.

Prior to our inspection visit we reviewed the information we held about the service. This included notifications; (notifications are changes, events or incidents the provider is legally obliged to send us within required timescales). We planned our inspection using this information.

The service was not requested to complete a Provider Information Return (PIR) on this occasion. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We observed staff interacting with people who used the service, in the communal areas and lounges throughout the inspection.

We spoke to 15 of the people who used the service, received comments from six relatives and spoke to five members of the staff team, including the registered manager. We spoke to one health care professional who was in the home at the time of our inspection. We also contacted health and social care professionals for their views on the services. The registered manager gave us a copy of the report from a Healthwatch Cumbria visit that had taken place in June 2017. We reviewed the comments and findings of this report.

During our visit we reviewed the care records of five people who used the service including a sample of the medication administration records and medication storage arrangements. We reviewed the recruitment,

training and supervision records (in detail) of two members of staff. We also reviewed the training records of all the staff employed by the service.

We reviewed a sample of the policies and procedures in place at the service including safeguarding, complaints and compliments and infection prevention and control. We also looked at the systems in place for the management and oversight of quality improvement and auditing of the service.

Is the service safe?

Our findings

We looked at the way in which the service managed records, particularly those relating to people who lived and worked at the service. We found that records containing personal and sensitive information had been stored safely and securely. However, we found that records had not consistently been kept up to date as people's needs changed. One person needed to use food thickeners in their diet but this had not been reflected in their care plan. Another person had been recorded as having "poor" mobility and needed one or two carers to support them. The strategies and guidance for staff to follow were not clear around why and when two carers might be needed. We noted conflicting information had been recorded in another person's care records too. Their plan recorded that they could use the call bell system, but in another section of their records it stated that they could not. This meant that people were, at times, placed at risk of receiving care and support that was not safe.

We spoke with staff about people's care needs. Although the records did not always give a consistent and accurate reflection of people's needs, staff were able to give us a very good verbal account about the people they cared for. We observed that staff appeared to have a good understanding of people's life histories and individual needs. One of the relatives we spoke with was happy that staff seemed to know about their relative. They said; "Even if I ask a random carer about my (relative) they all know about her."

The health and social care professionals that we contacted as part of our inspection told us that they had found care plans were comprehensive. They said that any amendments or updates they requested had been made in a timely fashion. They told us that daily records were factual and showed that staff were responsive to people's needs and followed care plans.

We recommend that the service reviews and updates care records and risk assessments in order to ensure people's needs and expectations are accurately recorded at all times.

We looked at the way in which people were supported with their medicines and at how medicines were stored. The provider had policies and procedures in place with regards to the safe management and administration of medicines. Medicines had been safely and securely stored. There were appropriate arrangements in place for the safe keeping, recording and administration of controlled drugs. Special instructions, including side effects and contra indications were in place for some special medicines such as Warfarin.

Some people were able to manage their own medicines or manage with minimal support from staff. Risk assessments had been carried out to help make sure people were able to do this independently and safely. There was no one at the home receiving their medicines covertly, hidden in food or drink. There were care plans in place for 'when required' medicines such as pain killers. Where pain relief medicines had been administered as a patch, a system was in place for recording the site of the application. This helped ensure that application sites were rotated to help prevent side effects.

We found that medicines were checked regularly by the registered manager and senior staff in order to

ensure medicines were managed and administered safely. The system helped to identify any issues and mitigate the risks of mistakes happening.

Topical ointments and creams were kept in people's own rooms. This helped to make sure that staff administered them at the right time, for example after bathing. Records had been completed to show that people received their creams as their doctor had intended. However, we observed that these records were not completed, individually nor at the point of administration. Therefore we were unable to check if these were an accurate record of the administration of these medicines. We spoke to the registered manager about this matter.

We recommend that the service seek advice from a reputable source, based on current best practice and guidance, in relation to the administration of creams and ointments and take action to update their practice accordingly.

The service had policies and procedures in place with regards to safeguarding and protecting people from the risks of harm or abuse. Staff had received training to help them understand abuse and their responsibility to report any concerns they may have. Staff were aware of the 'Speak Up' procedures (formerly known as whistle-blowing) should they have concerns about the behaviours and practices of colleagues or the registered manager. We asked staff about their safeguarding knowledge. They told us that they had received training with regards this matter and they were able to answer our questions on the topic. One member of staff told us; "If I saw anything I didn't like I would go to the senior or the manager. I wouldn't stand for any poor practice or behaviour."

The people we spoke with during the inspection all indicated that they felt safe at the home. People did not raise any concerns with us during our visit to the home. One person who lived at the home said; "I feel very safe here, the staff are so kind."

One relative told us; "The staff are very good. I have never seen anything to worry or concern me. I am happy that my relative is safe here." Another visitor also said that they had, "Never seen anything wrong here during my visits." One of the relatives we spoke with said; "(Name) can be very difficult at times. Staff are very tolerant and I have never seen anything to worry or concern me."

Health and social care professionals commented that the home acted appropriately when raising any safeguarding alerts, kept people safe and kept relatives up to date with significant information when necessary.

We found that the home was well maintained. On the day of our visit the home was clean and there were no unpleasant odours. Housekeepers were clear about their roles and duties. We observed staff used good infection control practices. Personal protection, such as gloves and aprons, were available throughout the home and used when necessary. We noted that safety checks had been carried out appropriately to help ensure equipment, such as hoists and other mobility aids were maintained in good and safe working order. Regular checks of fire, water and gas safety had also been carried out. At the time of our inspection new carpets were being fitted. Appropriate actions had been taken to help reduce the risks of accidents during this work. Contingency plans were in place. The plans were designed to help ensure the least disruption to services and to people using the service in the event of a major incident.

There were systems in place to help monitor and manage incidents and accidents. The information helped the manager to identify trends and take actions to mitigate the risks of incidents re-occurring.

We observed that staff were visible about the home all day, but were constantly busy moving from task to task without much pause. We received variable opinions about the numbers of staff on duty. One person told us; "They (staff) are very busy and I think they work too hard, there seems enough at night and they do come if you call, well mostly." Another person commented; "I think they struggle for staff during the day, night time seems alright, but the girls (staff) work so hard." A visitor to the home said; "I don't think they are short staffed. My relative seems to get support when they need it and usually without waiting. I feel that the staff team is fairly stable; you don't see a lot of changes. I hope they keep them they are golden jewels." The staff we spoke with during our inspection did not raise any concerns with us regarding the number of staff on duty at the home. The registered manager told us that staffing levels were under review and that there were plans to increase the staffing levels in the afternoon. She also said that there was a "good staff team" at the home and that she had been "lucky" to recruit the right type of staff. The manager confirmed that staff retention was very good as a number of staff had worked at the home for many years.. A stable staff base helps to ensure people using the service receive consistent support from people they know well.

We reviewed the recruitment records of two recently appointed members of staff. We found that the registered manager had carried out the recruitment process in a safe manner. We noted that all the necessary checks, including identity and criminal record checks had been carried out. Information had been obtained about past employment including any training that prospective staff had undertaken.

We looked at the way in which the registered manager and the provider had dealt with issues around staff discipline and performance. Robust records had been maintained about investigations and any actions taken.

Is the service effective?

Our findings

Winters Park is a purpose built care home. The registered manager told us that the premises had been due to be completely refurbished. However, this was now "on hold" as the home was about to be transferred from BUPA to the new provider, HC-One Oval Limited.

We observed that people were able to individualise their personal space (bedroom). Some had double beds to accommodate people's personal preferences. Most people had their own telephone or mobile phone. There were accessible communal areas and specially adapted bathrooms and toilets to accommodate the needs of less mobile people. The home did not specifically provide services to people living with dementia. However, some of the people currently living at the home have developed some mental frailty. There were few environmental adaptations to support people with orientation around the home and help maintain independence; for example appropriate signage. The provider may wish to consider finding out more about environmental adaptations based on current best practice, in relation to the specialist needs of people living with dementia.

We checked whether staff received regular support and supervision with their work. We saw some evidence to confirm that staff met with their line manager on an individual basis and as a team, but the registered manager told us that this had not been carried out with any regularity. Staff supervision and appraisals help make sure staff are competent and work in line with the expectations of the organisation. However, we noted that the registered manager had provided individual staff with further training and competency checks when poor practice or shortfalls in knowledge had been identified.

We recommend that the service develops and implements a robust system of appropriate ongoing or periodic supervision to support staff in their role and to make sure their skills and competences are maintained.

We reviewed the staff training records during our inspection of this service. We found that when staff first commenced their employment at the service, they were provided with induction training. This covered the policies and procedures of the organisation as well as mandatory training such as moving and handling, infection control, food safety, safeguarding, dementia awareness and fire evacuation. Staff had also been supported to access further training such as National Vocational Qualifications (NVQ).

One member of staff told us; "I am doing my NVQ2 if fact my assessor is here today. Also, I've just done my moving and handling training." Another member of staff confirmed that they were regularly provided with training and updates to help keep up their skills and knowledge.

We spoke with the external NVQ assessor. They told us that almost all of the staff had completed their NVQ training. They told us that staff were to be provided with further training once the new owners took over Winters Park Care Home.

People who used the service told us that the staff were "very good" and "very kind." No one that we spoke to

felt unsafe with the staff. We observed staff putting their training into practice. We saw staff supporting people in some of the communal areas. We noted that staff helped people with their mobility in a safe and appropriate manner this included the use of equipment such as wheelchairs, hoists and various walking aids. We also saw that staff were mindful of good hygiene practices and used gloves and aprons when they needed to deliver care.

Although the staff training records indicated that all staff had completed training to help them support people with behaviours that could at times be challenging, we saw that there were some staff who did not quite know how to handle more challenging behaviour. However, they did treat people with respect and were mindful of their dignity but they did not seem to know how to use appropriate techniques such as diversion or distraction, in order to help calm behaviours and anxieties. We shared this feedback with the registered manager.

We reviewed the nutritional records of two people who lived at Winters Park Care Home. They had been identified as being at risk of malnutrition. We found that nutritional assessments had been completed to help identify the level of risk and significant factors that might impact on the risks associated with poor nutrition. We noted that people at risk of low body weight were weighed regularly. The registered manager had ensured that specialist, professional advice and assistance had been sought from the dietician or speech and language therapist where appropriate. Information about people's special dietary needs was not always accurately recorded but staff were able to explain the support individuals needed. We discussed this with the registered manager during the inspection. Poorly documented information could result in people not receiving the support they needed with eating and drinking.

We observed the service of the mid-morning refreshments and the service of lunch during our inspection. People had access to sliced fresh fruit, biscuits, scones and a variety of hot and cold drinks. Although there were no drinks stations around the home, we observed that staff refilled jugs of water and squash for people when asked and there was a water cooler in one of the corridors that everyone had access to.

Most of the people we spoke with described the food as "excellent" and the chef as "very good." One person told us; "The food is good, well that's what you look forward to isn't it, a nice meal." Another person said; "The food is very good but it's not always hot." Later in the day we heard another person telling the registered manager that lunch was not hot when served. One of the relatives we spoke with said; "The food is very nice but sometimes (Name) would like a light meal, scrambled eggs or something and they don't seem able to do that." We discussed this with the registered manager. They told us that people could ask for a lighter meal if they wished and we were shown a copy of the 'light bite' menu. We asked the manager to ensure this information was made more easily available to people using the service.

Most of the people who used the service came into the dining room for lunch. Although there were two dining areas, once people had been helped to the table in wheelchairs or support chairs, there was little room for manoeuvre. People could also choose to eat in their own room if they wished. We observed one person choosing to eat their lunch in the lounge, whilst watching the lunchtime news on TV. Tables in the dining room were clean and set with placemats, glasses and cutlery. Adaptive cutlery was laid at some places. This type of cutlery helped people to eat more independently. We observed that people sat in friendship groups and there was some conversation. Some of the more able people sometimes helped their table companions to cut something or find a spoon.

Meals were served from the hot trolley and staff showed everyone plates of the two meals on offer at lunch time. This helped people remember what they had ordered, or change their minds if they wished. People who needed to have a soft diet were also shown the 'whole' meal so they could choose prior to the meal

being processed for them. People had access to a variety of hot and cold drinks. We observed that the meal looked appetising and was obviously enjoyed by most of the people we saw.

We noted that the meal was served quickly but some people had to wait between being served and receiving assistance from staff. Staff were not always present in the dining rooms as they left to answer call bells or help in other parts of the home. This meant that people who needed support with eating and drinking did not always get the help they needed. We asked the registered manager to review the deployment of staff at mealtimes to help ensure people received undisturbed support when eating or drinking.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 had systems in place to help ensure people were not deprived of their liberty unlawfully. Where DoLS applications had been made and granted, the registered manager ensured the authorisations were met. Where decisions on applications were awaited, the registered manager had kept these under review and periodically followed them up.

All of the staff that were employed at Winters Park Care Home had undertaken training in relation to the MCA and DoLS. The staff that we spoke with were able to demonstrate an awareness of the requirements of these matters. Information about consent, best interests and the MCA had been included in the staff handbook. The provider also had policies and procedures regarding these matters to help and guide staff.

We saw from the personal records we reviewed, that people had access to the community mental health team and that some people had direct support with decision making processes, including access to independent mental capacity advocates. However, as with other personal records, information had not always been recorded in a clear and consistent manner.

Is the service caring?

Our findings

During our inspection of this service, we spent time in some of the communal areas of the home observing staff interacting with people living at Winters Park Care Home. We also spent time speaking with people, including relatives and visitors to the home.

We observed that people who lived at Winters Park Care Home were all very well groomed and dressed appropriately. A number of people were able to manage to care for themselves and make choices about their clothing, jewellery and other personal items. Some people needed the support of care staff to help them. We observed that staff were very busy for most of the day but they tried to find time to spend with people who used the service. We noticed that staff approached people in a friendly and kindly manner, showing people respect and protecting privacy and dignity.

Staff had a good understanding of people's needs and life histories. Where people needed support with aspects of their care, staff communicated well, offering choices, providing information and explanations to help reduce any anxieties people may have had. We observed friendly and meaningful conversations between staff and people using the service and appropriate hugs and kisses were shared at times. People were supported to maintain and develop relationships. The home had links with the local community and people could choose whether or not they wished to be involved.

All of the people we spoke with were very complimentary about the staff and about the kindness shown to them. People told us they were able to make choices and decisions about their day to day lives. People said they could get up and go to bed when they liked. One person said; "I look after myself really, I get up and dress myself and I go for a walk every day. I have a couple of cigarettes outside too." Another told us; "Well it is very nice here. I am very comfortable. My family come in often to see me. The girls (staff) are very nice to me and most kind. They do ask me what I want and always let me choose." Another person said; "I can't fault it really. They (staff) always ask me what I want, they are really very good." One of the relatives that we spoke with told us; "(Name) doesn't join in activities but the staff have not given up on them. One member of staff takes my relative out into the garden. They get exceptional care from very, very caring staff who go way beyond our expectations. They (staff) know my relative backwards!"

On the day of our visit one person was having a birthday. A large number of people came into to see the person, there was cake and balloons and a round of 'happy birthday.' Visitors were made welcome and offered tea and coffee. Another person was reading the newspaper, but had poor light. A member of staff brought an extra lamp so that the person could read more easily.

People told us that they had access to the doctor if needed and that staff supported them with this. A relative confirmed; "My "(relative) has been going down these last few months but they (staff) let us know about anything straight away. We get asked about (Name) care plan and they are good at getting the doctor if needed."

Health and social care staff commented that the families they were involved with had "voiced high praise"

for the home. They also told us of the involvement they have with the manager and senior carers at Winters Park and that they generally found this to be "A positive experience."

Is the service responsive?

Our findings

People and their families (where appropriate) were involved in the development of their care and support plans. The people that we spoke with during the inspection were all aware of their care plans. People confirmed that they had been consulted about them and were involved in the periodic reviews and updates. Health and social care professionals commented that care plans were up to date and well completed. We were told that the deputy manager in particular was "Brilliant, really person centred and professional. She does her best to promote independence and takes a 'no nonsense' approach, which is really good."

We reviewed a sample of care records during our inspection of the service. We spoke to staff about the content of the records and we observed them delivering the care. Although the records could have been better organised to provide a more consistent approach, information about people's needs and choices had been recorded and staff followed the directions in the care plans.

Care and support plans included information about people's life history, their hobbies and interests. People were supported to make choices about their lifestyle and encouraged to remain independent.

People had access to meaningful activities and were able to pursue interests. We saw that there were regular religious services held at the home, whilst others went out to their own church. Visitors to the home included local entertainers and school children from the local community. People had been asked about the kind of things they wanted to happen in the home. Requests for more variety of mentally active games had been acted upon. We observed the activities co-ordinator doing crossword puzzles as a small group activity. People who were being cared for in bed received one to one time too, to help prevent social isolation. Communal areas were equipped with televisions and music, which people could switch on or off as they wished as well as choosing the programme they wanted to watch. Many people had newspapers and there was a variety of books and magazines about.

The registered manager maintained an 'Enrichment File'. This contained information about activities, links with the local community, thank you cards and photographs of people enjoying the social and leisure events provided at the home.

People who used the service and their relatives, told us that they knew who to speak to about the service. Relative and resident meetings had been held. People were able to ask questions about the service and make comments or suggestions about improvements and additions. A recent satisfaction survey had been undertaken and the registered manager was awaiting the outcome of this. People told us that they felt confident that the registered manager and staff at the home would listen to and act on any concerns they might raise. One visitor to the home told us; "The registered manager is accessible and active in the home. She is a friendly person and approachable. Any issues I have raised have been minor, but they have been dealt with straight away."

At the time of our inspection there was no one receiving end of life care. We saw from care records that people had been supported to make decisions about the care and support they would like when this time

came. Some of the decisions had been made in conjunction with their family, friends and doctor. The service worked closely with the community nursing service, who provided support with nursing care when needed

Is the service well-led?

Our findings

People who used the service, staff, visitors and health and social care professionals commented on the leadership at the home. One person said; "The leadership is open, accessible and appears effective." Another told us; "I have always found the manager approachable and helpful."

The registered manager told us that she tried to maintain a high profile at the home and that she walked round speaking to staff, visitors and people using the service at least on a daily basis. The people we spoke with during the inspection all knew who the registered manager was and told us that she was "approachable" and "listened" to what they had to say.

Staff at the home understood their roles and responsibilities. They were able to access training to keep their skills and knowledge up to date. Feedback on their performance was limited because supervision and appraisal systems were not implemented with any regularity. This included the registered manager. The registered manager told us that there had been limited opportunities for her own learning and development. However told us they had attended management meetings and professional conferences to help keep their skills up to date. The registered manager had not received regular supervision from her line manager. However, she was able to contact her peers for support and assistance when needed.

The registered manager had been at Winters Park Care Home for just over a year at the time of inspection. In her efforts to create a good service she told us that she had a "good staff team". Few staff had left the service, which helped to make sure that people received a consistent service from people they knew well and trusted. The registered manager acknowledged and valued the efforts and hard work of her staff team.

The home had a system in place to review and audit the safety, quality and effectiveness of the service provided. This included the registered manager carrying out their own checks and audits regarding various aspects of the service provision. We reviewed the actions taken by the registered manager when things had gone wrong with the administration of some medicines. Appropriate action had been taken, including arranging additional training, support and competency checks of the staff involved. We also saw that people using the service had asked for improvements to the range of social and leisure activities available at the home. The limited range of activities and lack of activities co-ordinator had been reflected in a recent Healthwatch report. However, at our inspection we found that the registered manager had taken action to make improvements to these matters including consultation with people using the service.

The registered manager told us that the environment at the home had been due to be refurbished, but these improvements had all been put on hold as the home was due to be taken over by another provider. However, there were arrangements in place for the general day to day maintenance and upkeep of Winters Park. One of the people who lived at the home said; "My only grumble is there isn't a veranda or a porch. There is nowhere to go outside for some fresh air and stay dry. I think the manager would like a conservatory but I would like just somewhere for fresh air and keep your feet dry."

The home was subjected to a monthly review of quality and safety by a senior manager from the

organisation. Shortfalls had been identified in the audits carried out by the registered manager. An action plan had been developed with the shortfalls rechecked at subsequent quality reviews. Although most of the issues identified in the quality audit had been actioned by the registered manager, we found areas where improvements could be made. We have made recommendations in this report about the areas where improvements should be made.

Winters Park worked in an open and transparent way with external agencies and stakeholders. This helped to make sure that people using the service received the right level of care and support. The external people we contacted as part of this inspection were mostly very positive about Winters Park, the staff and the registered manager.