

WAYPOINTS (UPTON) LTD

# Waypoints (Upton)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 5 December and was unannounced. The inspection continued 7 December 2016 and was announced.

Waypoints (Upton) is a purpose built nursing home registered to provide care for up to 67 people in the centre of the village of Upton. At the time of our inspection there were 46 people living there. People were living across three floors. Only half of the third floor was open. The people living in the home had complex care needs associated with their dementia.

Our last inspection on 2, 7 and 8 September 2015 found that systems and processes were not in place to ensure robust assessing and monitoring of quality, safety and risks. We saw that accurate records were not maintained. We also found that some people did not receive safe care and treatment. Risks were not assessed or mitigated effectively. People did not receive their medicines safely and the risks of cross infection were not being managed effectively. During this inspection we found that improvements had been made.

The service had a registered manager in place. 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.

People, relatives, a health professional and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about their lives. Each person had an online care record and associated files which included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by on duty nurses that were trained and qualified to give medicines.

Staff had a good knowledge of people's support needs and received regular local mandatory training as well as training in response to people's changing needs for example some people were displaying behaviour which challenged the service and staff had been trained in this area.

Staff told us they received regular supervisions which were carried out by the management team. Staff told us that they found these useful. We reviewed records which confirmed this.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in

this. Capacity assessments were completed and best interest decisions recorded as and when appropriate.

People and relatives told us that the food was good. We reviewed the menu which showed that people were offered a variety of healthy meals. We saw that food was regularly discussed and recorded on food preference sheets. The chef told us that the majority of meals are home cooked.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. Records we reviewed showed that people had recently seen the GP, physiotherapist, mental health team and a chiropodist.

People told us that staff were caring. We observed positive interactions between staff, managers and people. This showed us that people felt comfortable with the staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes and interests. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before being admitted to the service and care packages reflected needs identified in these. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

Relatives and stakeholders were encouraged to feedback. We reviewed the relative's satisfaction survey results for 2016 which contained mainly positive feedback. We were told that the service would start to produce a results report following these for easy analysis.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People and staff felt that the service was well led. The registered and service manager both encouraged an open working environment.

The service understood its reporting responsibilities to CQC and other regulatory bodies they provided information in a timely way.

Quality monitoring audits were completed by the registered manager and head of care. The management team analysed the detail and identified trends, actions and learning which was then shared as appropriate. This showed that there were good monitoring systems in place to ensure safe quality care and support was provided to people.

Waypoints Upton had a set of Aims and Values which put people in the centre of the care they received. These reflected delivering a professional service which was person centred, customising activities to suit individuals and meeting their needs. During our inspection we found that staff and management demonstrated these through using person centred approaches by acknowledging them, promoting choice and talking them through the support they were providing in an empowering way.

## 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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and personal emergency evacuation plans were in place and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by nurses that were trained and qualified to give medicines.

### Is the service effective?

Good ●

The service was effective. The service was acting in line with the requirements of the MCA.

Staff received training and supervision to give them the skills they needed to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People were supported to eat and drink enough and dietary needs were met.

People were supported to access health care services and other professionals as and when required.

### Is the service caring?

Good ●

The service was caring. People were supported by staff that spent time with them.

People were supported by staff that used person centred approaches to deliver the care and support they required.

Staff had a good understanding of the people they cared for and

supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive. Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities within the home.

A complaints procedure was in place. Relatives told us they felt able to raise concerns with staff and/or the management.

Relatives meetings took place which provided an opportunity for people to feedback and be involved in changes.

### **Is the service well-led?**

**Good** ●

The service was well led. The registered manager and head of care promoted and encouraged an open working environment.

The management team had a good oversight on the delivery of care to people through the use of robust quality monitoring systems which were in place.

Waypoints Upton was led by a management team that was approachable and respected by the people, relatives and staff.

# Waypoints (Upton)

## Detailed findings

### Background to this inspection

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

This inspection took place on 5 December and was unannounced. The inspection continued on 7 December 2016 and this was announced. The inspection was carried out by two inspectors on day one and a single lead inspector on day two.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had not submitted a Provider Information Return (PIR) to the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this feedback from the registered manager during the inspection.

We spoke with three people who used the service and four relatives. We met with one health care professional who had an understanding of the home. We had discussions with seven staff including agency workers and the head chef.

We spoke with the registered manager and head of care. We reviewed five people's care files, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2016 quality survey results. We observed staff interactions with people, a meal time and a morning management meeting. We looked at four staff files, the recruitment process, complaints, training, supervision and appraisal records.

We used the Short Observational Framework for Inspection (SOFI) at meal times and during activities. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

During our last inspection on 2, 7 and 8 September 2015 we found that some people did not receive safe care and treatment. Risks were not assessed or mitigated effectively. People did not receive their medicines safely and the risks of cross infection were not being managed effectively. During this inspection we found that improvements had been made.

People commented to us they felt safe living in the service. One person said, "I'm ok here, it's nice". A health professional said, "It's safe here, there is 24 hour nursing, I have no concerns". A relative told us, "Waypoints is safe. The security is good, staff are good. My loved one can be aggressive at times; I am given a personal alarm for my own safety".

Staff told us that they believed the home was safe for those who lived there. One staff member said, "People are safe, staff are confident, communication is good, concerns are shared/handed over and people are cared for safely".

Staff were able to tell us how they would recognise if someone was being abused. Staff told us that they would raise concerns with management. Staff were aware of external agencies they could contact if they had concerns including the local safeguarding team and Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. The service had a safeguarding policy in place which detailed definitions, preventative measures, the investigation process, key contacts and record keeping. We noted that the policy was slightly out of date, it referred to the Criminal Record Bureau (CRB) as appose to the Disclosure and Barring Service (DBS). The CRB was replaced by the DBS a number of years ago. The policy also did not reflect the new Care Act 2015.

Risks to people were managed and appropriate assessments completed. We reviewed five care files which identified people's individual risks and detailed control measures staff needed to follow to ensure risks were managed and people were kept safe. Staff we spoke to were aware of people's risks and controls in place to protect them from harm.

We found that people who were at risk of skin damage were regularly checked and observations recorded using a SSKIN care bundle tool. This tool helped prevent the risk of pressure sores and also monitored the healing of them. This tool recorded if mattress's, cushions and equipment was working safely, recorded if checks to skin, areas of pressure and redness were completed and if regular re-positioning took place. Continence and nutrition were also logged. Staff told us that they found these very useful for daily monitoring and handovers to other staff at the end of shifts. The records we reviewed were complete and up to date. This demonstrated that systems were in place to manage risks of skin damage, malnutrition and continence to people and ensure that safe care was delivered.

People had Personal Emergency Evacuation Plans in place. These plans detailed how people should be supported in the event of a fire. We reviewed the fire safety record which recorded regular fire alarm and

equipment tests. Waypoints Upton had an emergency plan in place for staff to follow should there be any type of emergency. Situations covered included; loss of power, gas leak, flooding or laundry disruption.

The registered manager told us the general ratio number of people to staff but added that this can vary depending on people's individual needs for example if people need 1:1 care or safe holds. The registered manager told us that new people were only admitted to the service when appropriate numbers of staff had been recruited. We were told the staff numbers currently on each floor of the home. We reviewed four weeks of the rota which reflected the numbers given to us by the registered manager. Staff and relatives told us that there were enough staff. A relative said, "I think there are enough staff. There is always someone around". A staff member told us, "There are enough staff. People's needs and care are never compromised because of a lack of staff". Another staff member said, "Enough staff, good levels to meet complex needs". This told us that the home ensured there were sufficient staff in place to keep people safe and meet their needs.

Recruitment was carried out safely. Checks were undertaken on staff suitability before they began working at the home. Checks included references, identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where gaps in employment history were apparent on the member of staff's application form, these gaps were explored and documented as part of the recruitment process.

People's medicines were managed safely. Medicines were stored securely and keys to medicine storage were held by authorised staff. People's medicines were signed as given and absent from the medicine packages indicating that they had been administered. When medicines had not been administered there was a recorded reason for this on the medicine administration record. We reviewed a number of stock check records and counted the tablets against the numbers recorded. We found that these numbers matched. Some people received covert medicines. We found that capacity assessments and best interest decisions had been made and authorisation from GP's sought. The Head of Care showed us that these people were reviewed monthly with the GP and next of kin.

We saw that daily nurse audits were completed. We were told that this was in response to one nurse who regularly forgot to sign the MAR sheet. The Head of Care told us that when this was identified they met with the staff member in a formal supervision and introduced a new audit tool for nurses to complete at the end of shifts which ensured MAR sheets were checked and signed for. This demonstrated that there were systems in place to manage medicines safely. We found that nutritional supplement bottles were stored in a cupboard but not rotated. We discussed this with the Head of Care who said that they will raise this with the nursing staff and add it to the audit. No bottles found were out of date at the time of our inspection. Where people received medicines administered covertly we found that appropriate paperwork was in place which included a signed letter from the person's GP and in some cases next of kins. A relative told us, "I was asked about (name) receiving medicines covertly, I have written to the home and agree".

People were protected from infection. We observed staff regularly wearing Personal Protective Equipment (PPE) such as gloves and aprons throughout the two days of our inspection. Hand sanitisers were wall mounted and in various areas of the home. Hand washing guidance was readily available. There was a comprehensive infection control audit in place and up to date. We observed domestic staff regularly cleaning people's bedrooms and communal areas. Domestic staff worked around people and always asked if they could enter people's rooms to clean them. The home was free from offensive odours.

## Is the service effective?

### Our findings

Waypoints Upton was effective. 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.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training record we reviewed confirmed this. A staff member told us, "MCA is in place to protect people who lack capacity or are vulnerable to harm due to their condition".

Waypoints Upton had a comprehensive system in place to ensure consent to care was sought and the principles of the MCA were followed. The head of care was the lead for this and was able to confidently take us through the process. We found that people had individual files which held all relevant and up to date paperwork. We reviewed a sample of these and saw that capacity assessments had been completed on people and best interest decisions recorded in relation to areas such as medicines, safe holding, personal care and sensor mats. We found that appropriate people which included health and social care professionals had been involved in each best interest decision. A relative told us, "I'm involved in all best interest decisions to do with (name), for example, safe holds".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The registered manager told us that 50 Deprivation of Liberty Safeguards (DOLS) applications had been sent to the local authority. 22 had been authorised and 28 were still pending. We saw that one person's capacity had been assessed for living at Waypoints Upton. The outcome resulted in a best interest decision being made for the application of a DOLS. We found that this was in place with a condition that staff continued to monitor and record the person's responses to personal care in relation to potential objections. We saw that behaviour charts were completed for this person. The head of care was able to show us the homes DOLS summary log which captured who had a DOLS in place, any conditions attached to these and how the home was meeting them. This demonstrated that effective systems were in place and in line with relevant legislations and guidelines.

Staff were knowledgeable about people's needs and received regular training which related to their roles and responsibilities. We reviewed the training records which confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; mental health and dementia, fluids and nutrition, crisis prevention and safe holds. A staff member told us, "I receive enough training and we do annual refreshers. We can always request additional training". A relative said, "Staff are competent and understand my husband's needs. I am confident they are doing a good job".

We saw that all supervisions were completed by the registered manager, head of care and the HR and administration manager. The registered manager told us they aim to do these three monthly and complete

annual appraisals. Supervisions were mainly on a 1:1 basis and we noted that there was also an 'open door' policy if issues were to arise in-between 1:1's. We were told that the service was introducing peer supervisions which consisted of a group of peers coming together. The registered manager told us that during peer supervisions staff were able to discuss any issues that may have arisen, more efficient ways of working, their link roles and identify any training needs they may have amongst themselves. These were led by the staff which meant they could take ownership of the process. The registered manager, HR administration manager or head of care also attended these in order to action outcomes and facilitate. We were told that staff must attend at least six of these meetings per year as part of the supervision process. A staff member told us, "I receive regular supervisions. They are very useful. They help me".

People were supported to maintain a healthy diet and food and fluid charts were maintained where appropriate. A person told us, "I like the food". Another person said, "Food good here as usual". A relative told us, "Food is nice, I've eaten here". We met with the head chef who told us that there was a four week menu in place with two choices each day. We reviewed the menu, which was in a visual format and contained a variety of nutritious food. The head chef told us that most of the meals were home cooked with fresh vegetables. We were told us that alternative options including a daily specials board which offered a number of other meal choices and snacks was available to people on request. We found that food preference sheets were completed on admission. These detailed people's likes and dislikes and were reviewed monthly.

The kitchen staff had a good understanding of people's dietary requirements and the safe swallow plans which were in place. A new person was moving into the home the next day. The head chef told us that they had had a meeting with the head of care and that another had been arranged. We reviewed the records and found that the kitchen had received a safe swallow plan which told them that the person required a mashed diet and small spoonfuls. This demonstrated that effective communication had taken place to make sure the persons dietary needs were going to be met. The head chef showed us that they had started to use food moulds for mashed/pureed foods. We saw that there were moulds for different meats and vegetables. The head chef told us that this makes the food more appealing and that people using the moulds were eating more.

We observed people eating and found that there was a relaxed atmosphere. Staff wore blue aprons, spoke softly to people and made them comfortable in their chairs. People who ate in their rooms had food brought to them promptly whilst it was still hot. We saw one staff member going to assist a person in their room. We noted that they knocked on the person's door and said hello. We observed a new staff member come along the corridor after assisting someone to eat in their room. They asked a more experienced staff member if they needed to record the support. The staff member said, "Yes on his food and fluid chart. I will show you".

We noted that different colour cups, saucers, bowls, spoons and plates were used. Using different colours helps make objects and food more visible and stand out to people who may have dementia and or visual impairment. This demonstrated that a dementia friendly approach was embedded to support people with their meals.

We were told that the kitchen had been awarded their five star food standards rating which the head chef was proud of. We noted that birthday cakes were made by the kitchen for every person and each floor had a Christmas cake made.

People had access to health care services as and when needed. Health professional visits were recorded in people's online care files which detailed the reason for the visit. One health professional told us that they had not seen a staff member record the outcome of a visit made this morning. We asked the registered

manager about this who looked on the system and then contacted the staff member to update the person file. Recent visits included; District Nurse, GP, Chiropodist and hospital appointments. On day one we noted that a staff member was supporting a person to the local hospital and that the hairdresser was in the salon doing people's hair.

## Is the service caring?

### Our findings

We observed staff being respectful in their interactions with people. During both days of the inspection the atmosphere in Waypoints Upton was relaxed and homely. We noted a number of relatives and friends visiting people in the home. A person said, "Staff are OK". A relative told us, "The staff are brilliant. They are on the ball. (Name) can speak to any member of staff". A health professional said, "Care staff are helpful. Staff are caring, polite, listen to people and give them time to respond". Another relative told us, "All levels of staff are very good. Absolutely caring and empathetic to people".

A staff member told us, "I am caring. I like to make people happy, seeing people happy makes my day. I'm a selfless person". Another staff member said, "We use person centred approaches here. Care is focused around people. We assist and support to promote independence".

We observed staff and management acknowledging people as they entered the communal areas on several occasions. We noted that staff got down to people's level when in conversation with them. People seemed comfortable in staff and management company and often engaged in conversation. We noted that the registered manager knew people's names, said hello and asked how people were. This showed us that positive caring relationships were established between people and staff at Waypoints Upton.

The care files we reviewed held pen profiles of people, recorded key professionals involved in their care, how to support them, people's likes and dislikes and medical conditions. This information supported new and experienced staff to understand important information about the people they were supporting.

Staff promoted choice and decision making. They supported people to make these in relation to their care and support as much as possible. For example, we observed people being asked for choices of food, drink, activities and places to sit on several occasions. Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "I give people options to choose from for example colour of clothes and shoes. I use a mix of verbal and visual prompts. I promote independence".

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's privacy and dignity was respected by staff. Communal toilets and bathrooms had locks on them. People's individual records were kept securely in locked cabinets to ensure sensitive information was kept confidential.

Staff we observed were polite, treated people in a dignified manner throughout the course of our visit and knocked on doors before entering people's rooms or communal bathrooms. We asked staff how they respected people's privacy and dignity. Staff told us that they close doors, cover private areas and talk to people at their level. We observed this practice during the course of our inspection.

## Is the service responsive?

### Our findings

Waypoints Upton was responsive to people's changing needs. Some people presented behaviour which challenged staff and the service. We found that behaviour support plans were in place and up to date. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour (ABC) charts were completed by staff, these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored by the head of care and analysed. We found that Waypoints Upton had good working relations with the local mental health team and came together with them in response to new trends occurring and/or a set review. A relative told us, "The service respond to my loved ones changing needs. An example is how they have supported them with their behaviour".

Staff had received crisis prevention and safe holding training. A staff member told us, "We only use safe holds if it has been agreed that it is in the person's best interest. Safe holds are never used immediately. We follow plans; stage four is a last resort. If behaviours are presented we log it on ABC charts and complete accident/incident forms if necessary". The head of care and registered manager told us that they carried out debriefings with staff.

The registered manager told us that they carry out call bell response checks regularly. We were shown a log which recorded location, date, time and type of alarm. It also captured the response time and staff members' name. We observed staff promptly responding to peoples call bells on several occasions. These approaches demonstrated that staff were responsive to the people they supported.

Care records had completed pre admission assessments which formed the foundation of basic information sheets and care plans. We noted that there were actions under each key area of care which detailed how staff should support people. As people's health and care needs changed ways of supporting them were reviewed. All changes were recorded on the online care system which each staff member had access too.

We observed an 11 o'clock meeting which took place in the sweet shop room to ensure confidentiality. The head of care led the meeting and those present gave updates on their key areas such as; maintenance, training, care and kitchen. We reviewed these meeting notes and found that new admissions and audit findings were discussed. One finding we noted was about out of date creams being found in a recent medicines audit. We saw that actions had been carried out which included reminders to staff and regular checks being completed. We were told that a copy of these meeting notes are displayed in each staff room and that staff were expected to read them. Staff we spoke to said that they found these useful and that they found the notes supported them to remain responsive and consistent to people's care and support needs.

People's care and support packages were reviewed regularly. A health professional told us, "I'm involved in reviews which we coordinate and the mother is involved in review meetings with the head of care. Waypoints Upton have been quick to respond to UTI's and seizures which has had a positive impact and reduced hospital admissions". The head of care told us that they lead the review meetings. We were told that people and those involved in their care meet to discuss people's current needs, review care plans, risk

assessments, celebrate success and discuss any MCA paperwork or DoLs authorisations which may be in place. The head of care said that they also use this opportunity to ask if everyone is happy with the service and level of care. All paperwork was then updated and staff informed via the 11 o'clock meeting notes, senior staff and staff meetings.

A full time activities coordinator was employed and worked across the home. They had a good understanding of people's social needs and what people's hobbies and interests were. There was a people's notice board in the main dining room. This displayed photos of previous activities and listed upcoming events such as, memory café, Christmas decoration making, sewing club and a Christmas musical. We observed people being given the choice to take part in biscuit decorating. People who chose to participate appeared happy to be involved

People and relatives were provided with opportunities to feedback to the service. Relatives meetings took place six monthly at Waypoints Upton and were chaired by the Registered Manager and/or Head of Care. We reviewed the last meeting notes and found that 15 relatives attended as well as other staff. We noted that one person had said that they found it difficult to locate key workers as shifts change. We saw that an action had been set against this and that it had been completed. The action had involved referring relatives to senior staff or nurse on duty and if urgent then to contact the registered manager or head of care using the on-call duty rota. We saw that relative's feedback had been logged. We noted that there was a relative's notice board which displayed a summary of the last inspection report, a newsletter and information about what to do if they had a complaint or concern.

We reviewed the relative's surveys from June 2016 and sampled seven out of 14 responses. The general feedback was positive. We noted that one person's husband had written in the comment box; "Just a big thank you to all the staff. I have been very impressed and grateful from day one". We asked the HR and administration manager if there was an overall summary report which captured percentages and actions for analysis. We were told that currently there wasn't. the HR and administration manager reviewed them and highlighted any issues with the registered manager. The registered manager then actions these and feeds back in the relatives meetings. The HR and administration manager told us that from January they will start to use analysis reports for future survey results.

The service had a complaints system in place. The registered manager told us, "Complaints allow us to reflect and learn". We were shown the registered managers quarterly complaints audit tool. The last complaint logged involved concerns from a relative. We saw that steps had included contacting the relative which had resolved the concern. We found that there were no outstanding actions or open complaints recorded. Relatives and staff we spoke with all said that they would feel able to raise any concerns they may have. A relative said, "I would discuss a complaint or concern with the registered manager. I have never had to. I feel happy any concerns would be listened to and responded to". We were told that compliments were also recorded and noted that a health professional had said; "(name) is much improved and I am amazed at how they are doing".

## Is the service well-led?

### Our findings

During our last inspection on 2, 7 and 8 September 2015 we found that systems were not in place to monitor and assess quality, safety and risks. Complete and accurate records were not maintained. During this inspection we found that improvements had been made.

We found that the registered manager and head of care at Waypoints Upton had worked hard over the last year to develop and embed more robust quality monitoring systems. Staff we spoke with told us that there have been a number of positive changes brought in by the management team. We reviewed a number of audits and checks the management team carried out which included; infection control, medicines, environment, care plans and slings. We also looked at spot check records. These checks were completed by the registered manager and head of care. We saw that they were done at different times in the day or night. We noted that the last two took place at 10.15am and another at 2am. During these checks we noted that different areas were reviewed which included care practice, SSKIN bundle records, bed rails as per any best interest decisions, adequate lighting and staff conduct.

The registered manager told us that following these they get together with the head of care, discuss the outcomes and plan any actions as necessary. Any individual feedback to staff noted during the check was fed back via a recorded supervision. We noted that in one visit it had been recorded that hourly checks and food charts had not been completed. An action plan had been set which included the introduction of a new system for nurses having responsibility to sign off end of shift checks. The registered manager told us that this has had a positive impact. This demonstrated that the management promoted a positive culture which was inclusive and empowering for staff.

The registered manager showed us how they monitored and reviewed accidents and incidents. We saw that once staff have completed the first part of the form it was submitted to the registered manager who reviewed the information given and looked for preventative actions which could be taken. The registered manager showed us a log of the total numbers of incidents such as falls, deaths and aggression. We were told that this is reviewed and analysed for trends regularly and that the head of care would update the registered manager of any incidents that may have occurred over a weekend. This demonstrated good management and effective ways to quality monitor, analyse and reduce future risks of incidents involving people.

Waypoints Upton had a set of Aims and Values which put people in the centre of the care they received. These reflected delivering a professional service which was person centred, customising activities to suit individuals and meeting their needs. During our inspection we found that staff and management demonstrated these through using person centred approaches by acknowledging them, promoting choice and talking them through the support they were providing in an empowering way.

Relatives and staff commented on how well the service demonstrated good management and leadership. A relative told us, "The management is good and are regularly in contact. I would rate the home 10/10; I can't fault it and can't think of any improvement needed". A staff member said, "The management are open to the

needs of people and new ideas". Another staff member told us, "The head of care will carry out personal care, is supportive and approachable if additional support is required. The registered manager is good too". We found that the management all had very good knowledge and were open to learning and further developing the service. They were all responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

Staff meetings took place bi-monthly and the last recorded meeting was 06/09/2016. We noted that the head of care discussed their role and other topics discussed included creams training, audits and outcomes, clocking in and out and the opening of the third floor. We found that actions were clearly logged and met.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.