Wessex Care Limited

Kimberly West & East Care Centres

Inspection report

27 Tollgate Road
Salisbury
Wiltshire
SP1 2JA

Tel: 01722336933
Website: www.wessexcare.com

Date of inspection visit:
14 November 2019
25 November 2019
05 December 2019

Date of publication:
05 June 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Kimberly West & East Care Centres is a residential care home providing personal and nursing care to 48 people aged 65 and over at the time of the inspection. The service can support up to 54 people.

The home was purpose built and accommodated people over three floors in two adjoining buildings. One building is known as Kimberly West, whilst the other is Kimberly East. Both are identical in layout but share a central kitchen and laundry. In addition to long term care, the home provided intermediate and 'step up' care. This type of care aims to reduce the number of hospital admissions and enable people to regain their independence and return home.

People's experience of using this service and what we found
Before the inspection we received concerns from some people and their relatives that there were not enough staff. Feedback included people waiting for assistance with their personal care, including using the bathroom. During the inspection we did not see any evidence that the service was short staffed. Staff were recruited safely, and the provider used a dependency tool to calculate the number of staff needed.

While staff know people's needs well there were some minor shortfalls in the written records. Some records did not show people had enough to drink and information within people's care plans was variable. Some areas were detailed but others did not reflect individual needs. The provider told us that this was due to change from a written recording system to an electronic system

We also observed positive interactions and received positive feedback about the staff being kind and caring. People had a range of social activities available to them. Volunteers were used to help this provision. People's religious, cultural and spiritual beliefs were known and supported.

People and their relatives knew how to raise a concern or make a complaint.

Staff were aware of their responsibilities to identify and report possible abuse. Staff spoke highly of the training they received. They received a range of training to help them do their job effectively.

There were systems in place to prevent and control infection

People's medicines were safely managed and administered by registered nurses. Detailed wound treatment plans were in place and records showed effective wound care had been provided. People were supported by a range of health and social care professionals to ensure their wellbeing.

People were supported to have choice and control of their lives. The policies and systems in place supported people in the least restrictive way possible and in their best interests.

The buildings were purpose built, in line with best practice guidance.

Staff were passionate about providing good end of life care. Good outcomes for people were given.

There were a range of audits to assess the quality and safety of the service.
The registered manager was supported by a wider management team. Each had their own roles and responsibilities and showed a passion for ensuring people received a good service. There was a commitment to ongoing learning and development and clear networking took place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 26 January 2019).

Why we inspected
The inspection was prompted in part due to concerns received about insufficient numbers of staff and people's care. A decision was made for us to inspect and examine those risks.

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Kimberly West & East Care Centres

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was undertaken by two inspectors 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.

Service and service type
Kimberly West & East Care Centres 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.

In Kimberly West, the service looks after up to 8 "step up patients", which means that they help to care for people who are too ill to remain at home or in their care home. The aim of these beds is to try and prevent the need for people to be admitted to hospital.

Kimberly East has 7 "step down" beds, which provide rehabilitation support for people who have been discharged from hospital but who are not quite ready to return home.

The service also has 4 "discharge two assess" beds. These are for people that have been in hospital and are waiting for a placement in a care home or a package of care.

The service can also provide support to young adult's for end of life care and bariatric care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced on the first day.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with 12 people who used the service and 6 relatives about their experience of the care provided. We spoke with 13 members of staff including the director, operations director, registered manager, care workers, housekeeping and catering staff. We reviewed a range of records. This included 18 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We asked the provider for contact details of those health and social care professionals involved in the service, who would be happy to give us feedback about the home. Of the list provided, we contacted 34 health and social care professionals and two responded.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same

Staffing and recruitment

● The management team told us staffing levels were determined using a sophisticated dependency tool, and regularly monitored within weekly and quarterly meetings. They said there were enough staff. We saw no evidence at the time of the inspection that the service was short staffed , but this was not the view of two other people. A relative told us, "They definitely need more staff. They're run-ragged. [Family member] always has to ask to go to the toilet in good time, as they always have to wait." A health and social care professional told us staff shortages had negatively impacted on people's support. They said one person had to wait to use the toilet, particularly at night.

● Staff responded promptly to people's call bells. One person told us they felt "like a film star", when they had a spa bath. They said they only had this once a week rather than more frequently, as it took two staff to assist them. After the inspection, the provider told us they had applied for additional funding, so the person could be assisted to have a bath more often.

● Staff told us there were enough staff, if nobody was absent at the last minute. However, some staff felt the home would benefit from having two nurses instead of one on each side of the building. This was because of the level of clinical need and covering three floors. A health care professional confirmed this. They told us, "I don't think there are enough staff. I don't understand how they can say one nurse for 27 people is enough." Following the inspection, the provider told us there were usually two registered nurses and two adaptation nurses on duty during the day

●.A safe recruitment process was used when employing new staff. This included checks of the applicant's skills and previous performance, their right to work in the UK and a Disclosure and Baring Service check (DBS). This helped employers make more informed recruitment decisions.

Assessing risk, safety monitoring and management

● Risk assessments had been undertaken.

● The home had a closed-circuit television system, (CCTV) throughout the home, to promote safe care. The system included an audio function. People and their relatives told us they felt this enhanced safety.

● The operations director told us well managed risk taking was promoted and considered within multidisciplinary meetings.

Preventing and controlling infection

● The home was clean

● There were various views about cleanliness, although the provider told us extensive cleaning schedules were in place. One person told us, "There is no thorough cleaning. It's a big place and there are not enough cleaners, so it does not get done every day." Another person was more positive and said, "My bed linen is changed every 3-4 days, or every day if there's the slightest mark on it. They clean my room and bathroom

every day." Following the inspection, the provider told us rooms were deep cleaned when people were not in them. They said they had gained people's views about cleanliness, and 89% of people gave excellent feedback.

● Designated housekeeping staff were deployed but there was one vacancy. Staff told us this had impacted on the amount of more thorough cleaning they could do. The operations director told us recruitment was taking place to fill the vacancy. They said extensive cleaning systems and equipment were in place, and they did not feel the vacancy impacted on the home.

● Staff had access to personal protective equipment (PPE) to reduce the likelihood of cross-contamination. This included gloves, aprons and antibacterial hand gel.

Systems and processes to safeguard people from the risk of abuse

● Staff understood their responsibilities to identify and report any safeguarding concerns. They told us they could report concerns to the management team or external organisations.

● People were supported by staff who had received safeguarding training.

● People told us they felt safe. One person told us, "I've got this excellent call bell thing, so they know I need help." Another person said, "I feel safe knowing that staff are here, and that they wouldn't let anybody in."

Using medicines safely

● People's medicines were safely managed. An electronic medicine administration system was used which promoted greater accuracy. The system maintained a stock balance and highlighted when people were due to have their medicines.

● Medicines were stored securely and accessed only by trained staff.

● There was guidance for staff for those medicines to be taken, as required. Some information however, contained limited detail. One record for example, showed a medicine had been prescribed for constipation but there was no guidance for staff about when it should be administered. After the inspection, the operations director told us this had been addressed. Records showed how people liked to take their medicines.

● Audits were undertaken to ensure medicines were being safely managed. This included a recently positive, external pharmacy inspection.

Learning lessons when things go wrong

● The registered manager told us lessons were learnt when things went wrong. They said they had learnt there would have been different outcomes, if they had reacted earlier to certain situations.

● Accidents and incidents were reviewed and audited each month. This ensured appropriate action was taken and any trends were identified.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

Supporting people to eat and drink enough to maintain a balanced diet

- Some concerns about people not receiving enough to drink were raised. One relative did not feel staff encouraged their family member to drink enough. They told us visited regularly to ensure this. A health and social care professional told us, "[The person] didn't have any drinks, [they] had a dry mouth. I gave [them] a drink and [they] were so grateful."
- During the inspection we did not see any evidence that anyone was dehydrated. We saw that people had access to fluids.
- Fluid monitoring charts had not been consistently completed or evaluated. On one day, it was documented a person had only been offered 30ml, which they drank. On other days, they had drank more, but still had minimal amounts. There was conflicting information about people's recommended daily fluid intake. The provider explained that the lack of fluid recording was due to a change in the recording systems and that these shortfalls were being addressed. The provider explained that the use of the electronic care records were in the process of being developed further and this would incorporate an alert to prompt staff to ensure people had regular drinks.
- All meals were delivered, pre-packed from an established company. The meals were nutritionally balanced and cooked when needed. The provider told us the meal provider enabled them to offer a wide range of choice for people with different dietary or cultural requirements. There was a snack menu in addition to the main menu and snack bowls were positioned around the home. These included fruit, crisps, cereal bars and chocolate. There were also quiet lounges with water dispensers and drink making facilities. In addition, there was a chef available who was able to make homemade soups and cakes and other meal choices if people did not like the main meal on offer.
- People gave variable feedback about the meals. One person said, "The meals are quite nice, there's a choice of two things. They're both quite nice or they will do you something else." Another person told us, "The food's not very good, it's not home cooked. There's enough choice, and I've got the list of things I can have if I want something different."

Ensuring consent to care and treatment in line with law and guidance

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.
In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● The principles of the MCA could not be confirmed as being implemented and followed by all staff. For example, some consent forms in relation to photography, had been signed by the registered manager on people's behalf, others were signed by relatives on behalf of their family member, but there was a lack of evidence readily available to staff in the person's care plan to show who had legal authority to do this
● Consent had been sought for people who had the audio and visual CCTV system enabled in their room. If the person had lacked the capacity to make the decision, their relative with legal authority, had been consulted with. One person told us, "There's a clear written procedure about who knows [about the CCTV] and who can access it, which is good."
● Staff understood the principles of the MCA and how to apply it to their role.
● DoLS applications were made to the local authority and were overseen by the management team.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People were assessed before being offered a service and regularly thereafter. This ensured each person's needs could be met effectively, and any amendments to support made if required. One member of staff told us, "If there are any changes, we ask for [a health care professional] to visit. We can request things like SALT (Speech and Language Therapist) to come and assess people."
● Health and social care professionals told us they were regularly involved in the assessment of people's needs. They gave advice, reviewed the person's progress and arranged equipment as needed. Some people had assessments of their daily living skills before returning home.
● People told us they were given the opportunity to discuss their needs before moving to the service. One person told us, "I was asked a lot of questions about likes and dislikes." A relative said, "Before [family member] came here, we were able to explain their needs, and they also had a report from the other home. They understood [family member's] needs fairly quickly, and care has also evolved, as things have changed".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported by a range of health care professionals, to keep well and maximise their independence. This included GPs, physiotherapists, occupational therapists and the care liaison service.
● There were regular multi-disciplinary meetings, which the registered manager attended. The meetings discussed people's support and reviewed their progress.
● Staff received guidance from health and social care professionals, to help re-enable people. For example, one staff member supported a person to take their medicines, whilst checking their understanding and independence skills. This joint working enabled most people, who were receiving short-term care, to return home successfully.
● Details of people's health care needs were stated in their care plan. This included oral health and the support one person needed to manage their diabetes.
● There was positive feedback about the support people received from other agencies. One person told us, "The physiotherapists have worked wonders." Another person said, "Over time it's remarkable what they've helped me to achieve." Staff told us they valued being able to see people progress. One staff member said, "Six to eight weeks down the line, you are saying bye to the person, as they can go back home. It is one of

the most rewarding parts of this job."

Staff support: induction, training, skills and experience

● Staff received a range of training to help them do their job effectively. This included vision and hearing and moving people safely.

● Staff were complimentary about the training they received. One member of staff told us, "The [management team] are always open to requests for training. We have access to short diploma's and they are good at swapping shifts to let us go on training." Another staff member said, "I would say our training needs are met quite well."

● All new staff received a programme of training, mentoring and shadowing more experienced members of staff. This enabled learning and an understanding of the provider's expectations.

● Records showed staff received regular one-to-one meetings with their manager. This enabled them to discuss their performance, training needs and any concerns they might have.

● People and their relatives told us the staff were well trained. One person told us, "Most of the staff are alright, they know how to use the hoist safely." A relative told us, "I'm confident they know how to manage [family member's] seizures."

Adapting service, design, decoration to meet people's needs

● The home was purpose built and designed in line with best practice guidance. Kimberly West & Kimberly East were two separate, yet adjoining buildings. Both contained clusters of rooms, wide door openings and various communal areas. There was a spa room in each, which contained a spa bath and manicure area. There was also a small kitchen where people could increase their ability to make drinks and snacks, thus increasing their independence. A club room, including a bar and cinema, could be used for meetings, parties and people's rehabilitation.

● All areas were comfortable, light, well-furnished and pleasantly decorated.

● People had spacious rooms, which they were encouraged to personalise as they wished. All rooms had en-suite facilities

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

Respecting and promoting people's privacy, dignity and independence

●During the inspection we observed one staff member speaking disrespectfully about a person. We raised this with the provider who told this was not acceptable and took immediate action to address this.

●Some people gave us examples where their dignity was not always promoted. One person told us, "Sometimes I've had to wait [to go to the toilet] and you know it'll be an accident in the bed. It's happened sometimes, and it's upsetting." However other People told us their privacy and dignity was respected. Specific comments were, "They always wash me in private and keep the door closed. They tell me what they're going to do and keep me covered up" and, "They always knock on the door, I can be private, having the door open is my choice."

● Staff told us they promoted independence. One person confirmed this and said, "When I have a shower, I sit on the chair and do my top half, while they make the bed or something, then they come in and do my legs." Another person said, "Over time it's remarkable what they've helped me to achieve. They've helped me to be more independent, and I'm amazed at the improvement in me." A staff member told us about a person they had supported to become more confident in socialising.

Ensuring people are well treated and supported; respecting equality and diversity

● The registered manager told us there were systems in place to ensure staff treated people well. This included training and role modelling. A member of the management team told us they had addressed the poor practice we had identified on the first day of the inspection, with the staff concerned.

● Staff spoke positively about working at the home and providing care to people. One staff member said, "I treat the residents how I would treat my mum and how I would want to be treated. That is how it should be. I love working here." Another staff member said, "I think the residents are well looked after, and staff interact with them well. Most days there is a sense of fun and everyone has a laugh."

● There were some positive, kind and friendly interactions between people and staff. This included staff supporting a person to move safely using a hoist and another person being sensitively assisted to eat. One person confirmed this. They told us, "[Staff] all know how to use the hoist, I hate it, but they always explain. We were in fits here earlier, it was hilarious."

● People and their relatives were complimentary about the staff. One person told us, "The staff are magnificent, they've made me feel welcome, like part of the family. They've bent over backwards." Another person said, "The carers are very good, we have a laugh and a joke. They're respectful and they listen, they're more like friends to me." Comments from relatives included, "The staff are lovely" and, "They're very kind and caring." A health and social care professional told us, "I was incredibly impressed by their attitude and approach to the person and to me. Their bedroom was spotless, and it had been really nicely personalised."

● People's religious, cultural and spiritual beliefs were known and supported. One member of staff told us, "We have some people who are religious. We can go and read prayers and bible verses to them." Another

staff member said, "There are people here that have their priest or vicar come to see them if they request. One holds communion regularly."

Supporting people to express their views and be involved in making decisions about their care

● People were encouraged to be involved in the review of their care plan. One person told us, "Every so often, someone comes in and we go through the care plan. I think it reflects my needs, and it matches with my expectations." Another person said, "I've seen my care plan, and the first time I read it, I complained that some things had been put in that were wrong. I asked if it could be put right and I've been through it again with a male nurse, and I'm happy with it now."

● People and their relatives could attend meetings at the home, where they were asked to share their feedback and views.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remined the same. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Information within people's care plans was variable in content. Some parts were detailed and contained information regarding personal preferences. This included one person who had a 'weakness for cheesecake'. Other areas were less detailed. For example, records showed a person often declined personal care but written guidance for staff to follow at these times to prevent self-neglect, was limited.

● Daily records lacked person-centred information and did not reflect how people had been supported. People's behaviours and mood had been rated by staff on a scale of 1-10. The numbers related to judgements of their mood, such as 10 being 'content'. It was unclear whether staff had spoken with people, if people had told them how they were feeling, or how the judgement had been made. Staff knew people needs well so there was limited impact from this lack of recording however staff might not always have the written information they needed to know how to meet people's needs consistently.

● There were detailed records of any wounds people had and the treatment they were receiving. A member of the management team told us they were very proud of the wound care staff provided. They said the service had a good reputation for healing wounds.

● People were happy with the care they received. One person told us, "They do everything they can. They try to meet the needs of people from all backgrounds. I feel understood here, the staff are absolutely fantastic." Another person said, "I can't think of any improvements they could make. It's all satisfactory and I mean that in the true sense. It's not your home, but you're made to feel at home. I'm lucky to have great support here, I've got rapport with the staff and I'm getting to know them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● The home deployed a designated staff team, to provide people with a range of social activity provision. This included musical entertainers, memory and reminiscence groups and manicures. Staff told us a group had been instigated for the younger people who used the service, known as the Wessex Warriors.

● People were complimentary about the social activities offered. One person told us, "We have movement and music, sometimes we go out for a meal or to an exhibition. I went to a wonderful thing called 'the roaring 40s'. It was absolutely fantastic." Another person said, "Yes, there are enough activities going on. They do armchair yoga, and, in the summer, I go outside, and we have a barbecue. A couple of singers come who are very good, I love them."

● During the inspection people and children from a local nursery joined in an Intergenerational Workshop. This was a regular occurrence. Everyone joined for a group sing-along at the end. One relative told us of the positive impact attending this session regularly, had on their family member. They said, "He said 'boo' to a baby earlier, he was so engaged. It is a really important session for him." The provider told us that "this

experience fosters a greater sense of community for our relatives and residents as everyone feels a special connection with the children."

● There were 14 volunteers, who worked across all of the homes within the organisation. They assisted people with social activities and going out. One staff member explained, "They support people who don't have regular family member visits." Following the inspection, the provider told us the volunteers were trained in key areas such as safeguarding and infection control.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The AIS were being met. The registered manager told us information was available in large font if needed. They said in addition, there was a translator, which enabled information to be translated into different languages.

Improving care quality in response to complaints or concerns

● People and their relatives told us they knew how to raise a concern. They said they would usually speak to a member of staff, rather than the registered manager. One person told us, "I complained once, it was a misunderstanding between me and a carer, and it got sorted out quickly." Another person said, "Any niggles get sorted out easily with the staff."

● The operations director told us they investigated any formal complaints in line with the provider's complaint procedure. A record of these complaints and the action taken, were maintained.

End of life care and support

● The management team told us they were proud of the high standard of end of life care staff provided. The operations director said, "The staff have done some incredible end of life work." They gave examples of good outcomes for people. This included helping one person write letters to their family, and another who had their nails painted and had their final wishes come true.

● Staff spoke with compassion and kindness about providing good quality end of life care. They said they also tried to support relatives as much as they could. One staff member said, "Good end of life care is the last important thing you can do for a person."

● A room was made available for relatives if they wanted to stay with their family member, as their health deteriorated.

● People had treatment escalation plans, which detailed things such about medication, treatment and preferences of going into hospital or staying at the home. However, there was little information about people's preferences regarding their actual care. This could include any religious or cultural needs, people the person might want with them or if they wanted to be quiet or have music in the background.

● The home had subscribed to a five-week end of life training course through the local hospice. The registered manager and registered nurses were trained as end of life link nurses, and in methods of pain relief.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● There were a range of audits to assess the safety and quality of the service. This included checks of the medicine administration systems and the environment. However, some minor shortfalls in the recording systems were identified at this inspection. This included some aspects care planning, risk management records, and fluid monitoring. The management told us that these shortfalls were due to a change from a paper recording system to an electronic system. Work to integrate all the records still needed to be completed. The provider told us that they were was working on this, but it was not yet completed and embedded

● Call bell response times were not routinely checked. This did not identify if people had to wait a long time for staff support. Management told us there was a member of the management team in the building 7 days a week so were aware if call bells were ringing for long periods. The management told us response times were checked if a concern had been identified, but they would do this more frequently in the future.

● The registered manager was supported by a wider management team. They said this worked well, as expertise was appropriately utilised, and they did not have to manage all areas of the home on their own.

● Staff were aware of their roles and responsibilities. There were regular meetings and handovers to ensure staff received the information they required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Some people and their relatives did not feel they could freely give us feedback about the service. There was some concern about the CCTV cameras identifying them. One relative told us, "We are not very happy with a lot of things, but I do not feel I can talk to you because the cameras are recording. I would rather you did not give me a card, as they will see you giving it to me." The operations director told us they were surprised with this, as in their experience, people and their relatives were very open and willing to give their views.

● The management team were passionate about providing people with a good service. They invested in the service and had clear expectations of how staff should go about their work.

● There was a clear ethos that was adopted throughout the staff team. This included enabling a homely atmosphere, where people could achieve, regain skills and go home if they were able to. The management team told us there had been good outcomes for many people. A health and social care professional confirmed this. They told us, "We think very highly of Wessex Care, they are open and transparent, and have a strong person-centred ethos."

● There was positive feedback about the registered manager. One member of staff told us, "[The registered manager] does a good job, we have good communication and the team trust her. I feel like the team can count on her."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

●The registered manager and the management team were aware of their responsibilities regarding the duty of candour. They told us they would address and report any incident of concern or harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Systems were in place to enable people, their relatives and staff to give their views about the service. This was in the form of surveys and regular meetings. The operations director told us an external company sent out surveys each year and coordinated the findings. This enabled all participants to remain anonymous.

● Some people told us they saw the registered manager, who asked them if they were happy with their care. One person told us, "The manager comes round occasionally, now and then."

Continuous learning and improving care

● The management team told us learning and improving were integral to the service. They said any shortfall would be immediately addressed if brought to their attention.

● Improvements had been made to the cleanliness and organisation of the kitchen. This was in response to a less than satisfactory local authority food hygiene inspection. The kitchen had been awarded a rating of three, with the highest being five. A later kitchen inspection, awarded the service a rating of five.

● Records showed a comprehensive development plan was in place. This included the full implementation of electronic care planning and the evaluation of the mentoring role.

Working in partnership with others

● The management team was involved in many committees, boards and working groups. This enabled them to keep up to date with best practice and be involved with new initiatives.

● There was regular contact with various health and social care professionals, as part of people's support. Other work, such as the development of information for relatives about bereavement, was being developed with the local hospice.

● Appropriate advice was gained from Public Health England in response to a recent outbreak of diarrhoea and vomiting. The home was closed to visitors and measures implemented to minimise others becoming unwell

.