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

About the service
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 61 people living there. People were living across three floors. The people living in the home had complex care needs associated with their dementia.

People's experience of using this service and what we found
People who could speak with us told us they felt safe and happy living at Waypoints (Upton). Relatives were reassured by the care and attention their family members received. Staff understood how to keep people safe and felt confident that they would be listened to, and timely action taken, if they had any concerns that people were at risk of harm and abuse.

People were supported by well trained staff who were competent in helping them meet their individual needs, desired outcomes and live their lives with as much independence as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood the importance of helping people to stay healthy by supporting them to access relevant healthcare services. A local GP practice provided pro-active weekly visits which helped people to stay well and access specialist services when required. Risks people faced were minimised by the actions staff had taken and regularly reviewed.

People were supported by staff who were patient, caring and respectful. Staff had got to know people well which created warm and mutually beneficial interactions. People were listened to and encouraged to make decisions about the care and support they received. Staff supported people to make meaningful choices throughout their day and gained their consent before providing them with care.

People had the opportunity to participate in various group and individual activities that reflected their interests and abilities. People could choose to spend their day how they wished with freedom of movement actively encouraged. When people wanted to spend time alone or with visitors this was respected and supported. Relatives felt welcomed and involved.

People, relatives and staff had the opportunity to submit their views and influence what happened at the home via annual surveys. Team meetings were used to discuss issues such as upcoming training, regulatory changes and practice development.

The home had a strong senior management team whose skills and vision complemented each other. Some staff felt the registered manager was not always approachable. The registered manager told us they were

aware of this perception and were actively working to improve this, for example, by being more visible around the home and making opportunity for conversations with staff.

The culture of the home was open, friendly and supportive. Staff felt valued and recognised. Their professional development was encouraged and supported.

Regular quality and safety checks helped ensure people remained safe and were protected from harm. A programme of audits helped identify areas for improvement with learning shared with staff. This oversight helped ensure practice standards were maintained and improved.

The home had developed good working relationships with other agencies including district nurses, clinical commissioning group, GP practice and a local university to support student nurse placements.

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 3 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Waypoints (Upton)

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
The inspection was carried out 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
Waypoints (Upton) 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.

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.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also sought feedback from the local authority and Dorset Clinical Commissioning Group (Dorset CCG). This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and four relatives about their experience of the care

provided. We spoke with 14 members of staff including the registered manager, head of care, administration manager, receptionist, senior and regular support assistants, registered nurse, activities coordinator, agency workers, domestic assistant and the chef.

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

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files and two agency worker profiles in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We contacted two healthcare professionals by telephone. One of these emailed us with a consensus of feedback from five colleagues who regularly visit the home. We considered this feedback when making our judgements in this report.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who could speak with us said they felt safe living at Waypoints (Upton). People said: "Definitely. I always have my buzzer to call for someone", "Oh yes, I feel safe. Being serious, I'm never frightened. They look after you so well" and ""Yes because there is always someone around."
- People had support from staff who understood the signs and symptoms of harm and abuse. One staff member said, "There might be behavioural changes, marks on the body or they may become withdrawn." Staff knew how to escalate concerns internally and to external agencies.
- Staff told us they would be confident to whistle blow should they observe or hear about poor practice by colleagues. They felt management would listen and take timely action.

Assessing risk, safety monitoring and management; Staffing and recruitment; Preventing and controlling infection

- People had personalised risk assessments to help reduce risks in their lives such as: poor dietary intake, epilepsy, vulnerable skin and mobility. People who had lost two kilograms or more were weighed weekly and given dietary supplements after consultation with relevant healthcare professionals. A relative stated, "They try to get a lot of fluids down [name]. [Name] was having a drink when I got here."
- On day one we observed two staff supporting a person to transfer from their wheelchair to an armchair in a way that was not in line with best practice. We raised this with the registered manager immediately who spoke to the staff. We identified no further concerns with staff practice in this area during the inspection.
- General environmental risk assessments had been completed to help ensure the safety of the home and equipment. These assessments included: water system checks for legionnaires' disease, intruder system, lifting equipment and gas safety.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.
- There were enough staff on shift to meet people's needs and respond flexibly. The home created dependency profiles for each person. These were reviewed monthly and helped ensure safe staffing levels.
- The home had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people at the home. This included verified references from previous employers and criminal record checks.
- The home was visibly clean and had no malodours. There was an infection control policy and cleaning schedule to ensure risks were minimised. One person commented, "It's very clean. I get clean towels every day and they clean my room and bathroom every day." A relative said, "It's always clean. I never know when they go home. They are always cleaning."

Using medicines safely

● Medicines were managed safely. People received their medicines on time and as prescribed from registered nurses with the relevant training and competency checks.

● Medicine Administration Records (MAR) were completed and legible.

● Where people were prescribed medicines that they only needed to take occasionally guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

● Where people required covert medicines, GPs had provided written authorisation and relatives had been consulted.

Learning lessons when things go wrong

● Accidents and incidents were recorded and escalated appropriately. Body maps were completed and crossed referenced with accident and care plan records.

● The registered manager and nursing team reviewed incidents and accidents to investigate what had happened, determine the cause, identify themes and develop an action plan to help reduce the risk of a re-occurrence. Learning was shared via the electronic messaging and recording system, at team meetings, staff handovers and supervision.

● Door finger guards had been added around the home following an incident where a person's fingers had become entrapped between a bedroom door and the frame.

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had pre-admission assessments that supported their move to the home. On moving in, people were provided with a key worker and named nurse who worked with the person, other staff, their family and relevant professionals to create a personalised care plan. This identified needs such as one to one support, behavioural triggers and achievable outcomes. A relative told us, "[Name] settled in the first day. I was amazed."
- Care plans detailed regular, timely input from healthcare professionals such as speech and language, chiropodist, optician, community nurses and GPs. Healthcare professionals felt, due to the size of the home, there were 'sometimes issues with communication as it is difficult for staff to find each other.' We observed that the home had introduced walkie-talkies for staff with the intention it will resolve this issue.
- Weekly GP 'rounds' meant issues with people's health and well-being were identified with appropriate action taken, including specialist referrals. A healthcare professional, on behalf of their practice colleagues, fed back to us via email: 'We are very aware that the level of care that many of the residents need is very high and we feel that the staff manage this well in sometimes quite difficult circumstances.'
- Management promoted the importance of good daily oral health care to support other aspects of people's health. For example, one person's plan advised staff, 'to remain vigilant of tongue dryness/redness which may contribute to difficulty in eating. The home was part of a pilot with a local dentist to provide dental care to existing and new residents.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction which included three shadow shifts with a senior carer and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff received mandatory training including privacy and dignity, fluids and nutrition and mental capacity. They also had training in areas specific to people's needs including: meal preparation for people with dysphagia (a problem swallowing), syringe drivers (used to manage the administration of pain relief) and support for people with epilepsy.
- Relatives felt staff had the skills to support their family members. For example, one relative said, "[Name] is brilliant with [family member] and has been since day one. When you talk to [staff member] on the phone you get straight answers and a lot of detail."
- Nursing staff were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures

they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. The head of care supported clinical staff with this process.
● The home used agency workers alongside its permanent staff. An agency worker told us they had received "a good handover of information, felt supported and staff have been helpful."

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to maintain a well-balanced diet and remain as independent as possible with their meals, for example, with adapted cutlery and crockery. Where people required support from staff to eat and drink this was provided in a patient and encouraging way.
● People told us they liked the food. Their comments included: "It's good", "Plenty of choice" and, "I love when it is chicken, it's so tasty." One relative told us, "The food is fantastic. If [name] doesn't want it when they bring it they tempt [name] with something later."
● People chose their preferred meals and drinks each day. Menus were displayed prominently in dining rooms and on menu picture sheets. This approach helped people remember what they had ordered. One of the menu boards was displaying information that was two days old. We informed kitchen staff who immediately updated it.
● People's dietary needs were known and met. Where specialist advice had been sought this was followed. For example, some people had their food pureed to help with swallowing. Pureed food was plated using moulds which helped make it look appetising and encouraged intake.

Adapting service, design, decoration to meet people's needs
● People lived in an environment that had been adapted to meet their needs. Clear and colourful signage helped people understand what each room was used for.
● Wide corridors included points of interest such as small lounges and photographs of the local area. This provided stimulation, resting points and freedom of movement for people who enjoyed walking around their home. A relative said, "[Name] is a walker and down here there is so much space."
● People had access to a large, secure garden which included a veranda and raised planters. The registered manager told us the gravelled circular pathway would be refurbished to ensure people in wheelchairs could enjoy this area more easily.

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.

● People had mental capacity assessments for each decision affecting their day to day lives including: personal care, mobility, covert medication, nutrition/hydration and continence care. Best interest meetings were held with involvement from relatives, health and social care professionals and staff familiar with the person.
● The home had applied to the local authority for each person that required DoLS and kept a record of when

these were due to expire. There was evidence the registered manager had chased pending DoLS applications. Some people had conditions attached to their DoLS. Staff were meeting these conditions.

● Staff consistently asked for people's consent before supporting them. One person said, "They always ask me."

● People were given information that helped them to make meaningful choices. This included where they wanted to eat and how they wished to spend their day.

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were consistently kind, caring and attentive. One person told us, "The staff are good. I haven't had a bad one yet." Another person said, "The [staff] make life fun." Two relatives expressed, ""The staff have been so kind to me. If I have any questions they are always eager to help" and "[Name] has been here four years and I have nothing but praise for everyone. They look after [name] very well." An agency worker added, "I would 100% feel comfortable with my parents living here."
- People's needs and right to sexual expression had been explored in their care plans. This included who they wanted to spend time with, when they wanted time alone, preferred clothing and gender of carers for personal care.

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

- People who were able to told us they were happy with the care they received and felt involved and listened to by staff.
- People's cultural and spiritual needs were acknowledged, respected and met. This included when they wished to eat particular types of food, practice their faith or spend time alone. One person's plan noted, 'Ensure an ambient and peaceful environment' at their preferred bed time.
- People had personalised their rooms with their own furniture and other items of sentimental value such as photos and objects. These celebrated their interests and achievements.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated an awareness of how to maintain people's privacy. For example, during personal care by closing doors, curtains and covering people with a towel.
- People were treated with dignity and respect. One person's care plan advised: 'Staff to support [name] in a dignified manner.' Our observations confirmed this. One person who had lowered their trousers while walking along a corridor was immediately supported to maintain their dignity by two staff members.
- People's clothing was treated with the respect it deserves. Items were observed neatly pressed and hung in the laundry room. One relative commented, "The laundry system is fantastic. "The shirt [name] has on will be laundered overnight and be back in the wardrobe in the morning."
- Staff supported people to remain as independent as possible. Staff knew what people were still able to do themselves and what they needed support with. One person's plan advised, 'Allow [name] to complete tasks and offer help if needed.' One person commented, "Sometimes I can manage to get out of the chair, sometimes they [staff] help me with the stand aid."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

● People received personalised care. Their needs, abilities, life history, and preferences were documented, known and supported by staff. The home had received feedback from people's relatives which included: 'Your team do a fabulous job' and 'Waypoints is a super place for dementia care and may you continue with the tremendous work you do.'

● Staff understood the importance of supporting people to have choice and control in their day to day life. One person said, "I can choose to stay in my room or to go in the lounge." Another person told us, ""They leave you to get up when you choose."

● People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. One relative said, "Staff are always polite and greet me." One person's plan emphasised the benefits of contact with family when noting, 'Family visits have a calming effect.' We observed this person enjoying a visit from their relative.

● People had the opportunity to participate in a range of activities including visiting musicians, hairdresser, manicures, audio books, film club in the home's cinema, annual community fayres and trips to local cafés. One to one activities were provided for people who preferred this or were at risk of social isolation. Activity records did not always note when people had declined one to one or group activities. We raised this with the activities coordinator who said they would ensure this happened.

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.

● People's communication support needs were identified, recorded and highlighted in care plans. These were shared appropriately with others, including health and social care professionals.

● People's plans noted where they required hearing aids and glasses and also the tone of voice or approach to take to best support each person's ability to communicate and understand information. For example, one person's plan noted, 'Give short and uncomplicated answers.' Another person's plan advised, 'Call [name] by their name with each interaction to reinforce name recognition.' We observed staff following this guidance with both people.

● Newsletters and home activity plans displayed around the home used large print and pictures.

Improving care quality in response to complaints or concerns

● The home had an up to date complaints policy which was available in reception and publicised in other

areas of the home. Complaints were logged, tracked and resolved in line with this policy. People told us that if they needed to complain they would speak to the registered manager or head of care.

End of life care and support

● Staff had been trained to support people with end of life care needs and had received compliments from relatives. These included: 'I particularly appreciate all of your efforts in making sure that [name's] final days were comfortable and dignified. These things do not happen by accident, your conduct in all of [name's] care is a real credit to all of you.'

● People and, where appropriate, their relatives had been given the opportunity to discuss their end of life wishes and these were documented. The home had worked closely with people's relatives and GPs to ensure people's final wishes were respected and followed.

Good

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Despite staff commenting positively about the registered manager's attention to detail, some felt they were not always approachable. One member of staff said, "[Name of registered manager] is the best manager I've had. The most pro-active although sometimes the warmth can be missing." When we raised this with the registered manager they said they were aware of this perception and were taking actions to improve, for example, by being more visible around the home and making more opportunity for conversations with staff.
- The home had a strong senior management team. The skills, knowledge and drive of the registered manager, head of care and administration manager complemented each other.
- Healthcare professionals said they found visits more difficult when the head of care was not available as they had 'a very good knowledge of both the residents and all of the [nursing] staff.' They suggested a deputy head of care could resolve this issue.
- The management and staff were clear about their roles and responsibilities. When practice issues arose, staff were encouraged to make the required improvements. This was monitored in supervision and appraisals. The registered manager carried out each new member of staff's first supervision to ensure adequate training and support was identified and delivered.
- Staff felt valued and recognised. One staff member said, "I got praised at my six-month probation and we get thanked on shifts. It's a challenging job but rewarding." Compliments were passed on to staff which they had found motivating.
- The registered manager had ensured all required notifications had been sent to external agencies such as the local authority safeguarding team and the CQC. This is a legal requirement.
- The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home had a friendly and welcoming atmosphere. A relative commented, "We looked at several homes but this one is ideal." Staff comments included: "There is a sense of family here. We all get along", "We're like a little family. This is the best care home I've ever worked for" and, "This is one of the best homes I've worked in – we work as a team, not units."

● The home held twice yearly relatives' meetings. One relative said, due to work, they were unable to attend but the home ensured they received a copy of the minutes. Meetings included updates on issues previously raised, upcoming events and feedback following local authority quality monitoring visits.
● Annual relatives' and staff surveys were used as an opportunity to find out what the home was doing well and what could be improved. In March 2019, 20 relatives responded with almost all positive feedback. For example, one relative stated, 'I know [name] is looked after by the most wonderful staff.' Another relative had queried the language skills of agency workers. In response, feedback forms were introduced to help identify agency workers with the required language proficiency.
● Staff had received an incentive to participate in the annual survey with one staff member randomly chosen for a financial bonus.
● Staff meetings were held with staff telling us they could speak freely at these. Minutes included discussions about people, training and practice development.
● The registered manager held a '11@11' meeting each day. This was used to improve communication between staff from each area of the home. Minutes were displayed on the staff room noticeboard.
● The home had established community links with organisations including local schools and a cub group. Waypoints (Upton) had joined its two sister homes in running a local school's competition on the subject 'What is dementia?' Pupils prepared and read stories for people, shared interests and created memory boxes. This initiative was an opportunity for cross-generational understanding.

Continuous learning and improving care; Working in partnership with others
● The registered manager completed regular checks which helped ensure that people were safe and that the service met their needs. Audits included areas such as: medicines administration records (MAR), pressure relieving equipment, food and dining, complaints, and care plans.
● The management used audits to identify 'opportunities for improvement.' For example, a recruitment audit had resulted in a tracker to identify the type of background checks done and a list of documents reviewed.
● The provider's head office supported the home by undertaking quarterly quality assurance audits to check compliance against CQC's key lines of enquiry.
● The registered manager told us they kept their skills and knowledge up to date by attending regular registered managers' hub meetings and provider events organised by Dorset Care Homes Association. They were also part of a mentoring programme by a non-statutory partnership in Dorset that runs local networks to share good practice and enhance managerial skills.
● Staff were encouraged to develop professionally. For example, one staff member had chaired a recent team meeting as part of their level five diploma in health and social care.
● The home had developed good working relationships with other agencies including district nurses, Dorset Clinical Commissioning Group (CCG), GPs and NHS continuing health care teams. One healthcare professional fed back via email, 'Overall, from a difficult start [when the home first opened in 2015] we feel they have continued to improve every year and that we work well with the staff at the home.'
●The home supported student nurse placements from a local university. The registered manager and administration manager had attended a seminar in order to support nurse apprenticeships at the home.