

Woodlands Manor Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 11 and 12 January 2018. When we inspected the service in June 2017 there were six breaches of legal requirements. We took enforcement action against the registered provider, rated the service as Inadequate and placed the service in special measures. When services are placed in special measures we inspect again within six months and during this time keep the service under close review. Following publication of the inspection report the provider submitted their action plan to CQC and then updated action plans on a monthly basis. We have checked during this inspection that the proposed improvements and actions have been taken.

Woodlands Manor Care Home is registered to provide accommodation and nursing care for up to 40 people, however two bedrooms that were registered as shared rooms were only used by one person. At the time of this inspection there were 22 people in residence. The numbers were low because the local authority and NHS had not been making placements, enabling the service to consolidate and make the required improvements.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was also the registered provider.

Since the last inspection the registered provider had been working with a healthcare consultant to make the required improvements with the service and to rectify the breaches. A new clinical lead nurse/ deputy manager had been appointed since the last inspection and new qualified nurses had been recruited. These measures had brought about a marked improvement in the leadership and management of the service.

The service was safe however some improvements were still required with infection control and prevention procedures. Whilst infection control audits had been carried out it was not evident what actions had been taken as a result of identifying shortfalls. The slings to be used with hoisting equipment were shared between people. Although the registered manager knew this was a priority issue, it had not been addressed.

Staff received safeguarding adults training and knew what to do to report any concerns regarding people's care of bad practice. Three safeguarding alerts had been raised by other parties since the last inspection and the staff team had worked hard to address the concerns raised. The service remains the subject of on-going organisational safeguarding monitoring however this will be reviewed 5 March 2018.

Risk assessment processes and the management plans in place ensured any risks to people's health and welfare were reduced or eliminated. Moving and handling procedures were carried out following safe procedures. The use of sensor equipment was in place where people were at risk of falls. There was a regular programme of checks in place of the premises, facilities and equipment.

The number of nurses and care staff on duty each shift was calculated based upon the level of care and

support needs for each person who lived at Woodlands Manor at that time. This was reviewed on at least a monthly basis or whenever any changes were identified. The recruitment of new staff to the service followed safe recruitment procedures to ensure unsuitable staff were not employed.

The management of medicines had significantly improved since the last inspection. There were robust audit and checking procedures in place to ensure people received their medicines as prescribed by the GP. Some changes were identified regarding the times of day specific medicines were administered and this was discussed with the clinical lead nurse.

The procedures in place for assessing people's care and support needs prior to admission to Woodlands Manor ensured any placement in the service was appropriate. The service had however not admitted new people who were funded by the local authority or the NHS since the last inspection.

The registered provider now ensured staff received the training they needed to do their jobs effectively and had changed their training provider. Improvements had been made to the induction training programme for new staff. Staff were receiving regular supervision sessions with a line manager and the qualified nurses were now more actively involved in supervising staff work performance and the delivery of care to people.

People were provided with sufficient food and drink, or dietary supplements to meet their requirements. They were complimentary about the food and were given choice about what they would like to eat. Each person was registered with a GP and arrangements were made for them to see the GP and other healthcare professionals as and when they needed to do so.

Staff were aware of the need to gain consent from people before offering care and support. The service worked within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been submitted to the local authority where people were unable to consent to live at Woodlands Manor.

People were looked after by staff who were kind and caring. The registered manager had received many complimentary letters and cards and we saw positive interactions between staff and people. Care staff spoke about the people they were looking after nicely and ensured they were treated with respect and dignity. People were supported and encouraged to express their views and have a say in how they were looked after.

People were provided with personalised care that meet their specific care and support needs. Whilst care planning arrangements had improved since the last inspection improvements were still required in respects of the care notes kept where staff were monitoring certain aspects of a person's care. For example food and fluid charts, re-positioning charts, topical medicines administration charts. These charts were not consistently being checked by the qualified nurses at the end of their shift, nor had this shortfall been identified by their auditing process.

People were able to participate in a range of meaningful activities. The activities and care staff liked to find out what people wanted to do and where possible incorporated this information in to the activities programme. The provider had a complaints procedure in place and provided a copy of this to each person. People felt able to raise any concerns or complaints they had and the records of those that had been raised evidenced they had been handled correctly.

The Care Quality Commission received good feedback from one family regarding the standard of care provided for one person who was receiving palliative and end of life care.

The procedures in place to monitor the quality and safety of the service were more robust than when we inspected the service in June 2017 however still require improvement. The audits and checks were more in-depth but where shortfalls had been identified it was not evident what action had been taken to address this. For example an audit of housekeeping and infection control procedures scored only 92.3% on three consecutive months with no record of any action taken to improve the score.

The registered manager ensured that any accidents, incidents or complaints that occurred were analysed in order to identify trends. This meant the opportunity to make any changes to reduce or eliminate a reoccurrence was now being acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was safe.

There are still some improvements required with infection control and prevention procedures.

The staff team received safeguarding training and knew what to do to protect people from harm. Risks to people's health and welfare were assessed and measures were in place to reduce or eliminate the risk. The management of medicines was safe.

Staff recruitment procedures followed safe processes to ensure unsuitable staff were not employed. Staffing levels for each shift were reviewed and adjusted as and when required.

Is the service effective?

Good 

The service was effective.

Peoples care and support needs were assessed so they received the level of care they needed.

People were looked after by care staff and nurses who received training to ensure they had the necessary knowledge and skills to be able to look after them. The staff team received regular supervision sessions with a senior member of staff.

People were provided with sufficient food and drink. The records kept to monitor how much people eat and drink must be consistently monitored by the nursing staff. People's health care needs were met and staff ensured the GPs and other healthcare professionals were involved in people's care when needed.

People were asked to consent to care and support. The service worked within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), making applications to the local authority where necessary.

Is the service caring?

Good 

The service caring.

People were looked after with respect for their dignity. The staff provided kind and caring assistance and ensured they had a say in how they were looked after. People were involved where possible in care reviews.

Is the service responsive?

The service needed to improve to be consistently responsive to each person's needs.

The assessment and care planning processes should ensure people received person centred care which met their individual care and support needs. However, some care records were not completed with full details. The service provided to people who required end of life care had improved.

Any complaints were handled according to the provider's own complaints policy.

People were able to participate in a range of different activities.

Requires Improvement ●

Is the service well-led?

The service was not well-led in all areas although significant improvements had been made.

The leadership and management of the service was more robust but quality assurance measures needed further improvement to demonstrate actions taken as a result of any shortfalls identified.

The service was keen to receive feedback about their service. Outcomes of any accidents, incidents, complaints or concerns raised were used to make changes which reduced or eliminated the chances of the event reoccurring again.

Requires Improvement ●

Woodlands Manor Care Home Limited

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 follow up on the actions we asked the provider to make following the last inspection. We also checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of three inspectors (two adult social care inspectors and a CQC pharmacist inspector) and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to the CQC. A notification is information about important events which the service is required to send us by law. We also looked at the Provider Information Record (PIR) submitted by the provider on 7 December 2017. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they planned to make. Since the last inspection in June 2017 the provider had been submitting monthly updates of their action plan. This was so we could monitor that improvements were being made and the breaches of regulations were being addressed. We have received feedback from two social care professional and two health care professionals prior to our inspection. We used the information they provided to guide our inspection. The home has continued to be the subject of organisational safeguarding monitoring since the last inspection and the issues identified during the investigations have been followed up during this inspection.

During the inspection we spoke with 14 people who lived at Woodlands Manor and 10 visitors who were with their relatives. Some people were not able to talk with us about their care, because they were living with a degree of cognitive impairment or were physically frail. Therefore, we spent periods of time during the

inspection when we observed care being delivered and watched the interactions between people and the staff. This helped us to understand the experience of people who could not talk with us.

We spoke with the registered manager, the clinical lead nurse, plus 11 other members of staff (qualified nurses, care staff, activities staff, catering and housekeeping staff).

We looked at seven people's care records in full and other care records in order to check out specific details. We looked at six staff recruitment files, training records, staff duty rotas and other records relating to the management of the home.

Is the service safe?

Our findings

People told us, "I feel really safe here", "Yes, safe at night too", "They come and check on you at night" and "Recently we had a power cut everything went black and I was frightened. (Named care staff) came and sat with me". One relative told us, "(named person) is always falling but they always ring me and let me know what's happened".

During the inspection we observed care staff using hoisting equipment to move people from one place to another. These hoisting interventions were carried out by two staff members and people looked relaxed, were not upset or agitated throughout. We asked one person if they felt the staff were competent in using the hoist and they said, "Yes, always". All the staff we spoke with during the inspection said they felt people were well looked after and there was no abuse happening in the home. One said "It's not happening here and I've never seen anything like that."

Infection control and prevention measures had not been adequate when we inspected in June 2017. Whilst improvements had been made since then, there are still areas of improvement that need to be addressed. The new clinical lead nurse had taken responsibility for infection control procedures and had completed several audits. Moving and handling slings were still being used communally. The registered manager was aware of this issue and had plans to provide individual slings as a priority. The other issues we had identified in June 2017 were not evident on this inspection (gloves not being used whilst wounds were being redressed and the unsafe management of waste materials outside in the bin area).

The home had received a visit from the local authority Environmental Health food safety team in October 2017. A letter sent to the registered manager stated that due to the findings of the visit, the homes food hygiene rating had been reduced to two stars. The registered manager stated that the recommendations of the food safety team had been carried out and they had revisited the home to check the improvements had been made. We saw the documentation to support this second visit.

The clinical lead nurse was in the process of completing a level five diploma in leadership and management. For the project part of this qualification, they were planning to look at infection control covering uniforms, hand washing and auditing and action improvement plans.

All staff complete safeguarding training as part of the mandatory training programme. A training matrix had been put together but there was on-going work in place to ensure this was up to date and an accurate reflection of who had done what. The four care assistants spoken with confirmed they had received training regarding safeguarding adults. They were able to say what they would do if they witnessed abuse, including contacting an outside agency. Although all said they would inform the Care Quality Commission there seemed little awareness of the role of the local safeguarding team. Details regarding how the staff team could report directly to the local authority safeguarding team, the CQC or the Police were available in the provider's safeguarding policy and will be displayed in the staff room when this is refurbished (part of the upgrading works in the service along with the new build extension).

Since the last inspection three safeguarding alerts have been raised regarding people being looked after at Woodlands Manor. These were raised by families or the continuing healthcare nurses. The service have worked hard to address the concerns raised and put measures in place to improve the standards of care and care documentation. On-going organisational safeguarding by South Gloucestershire Council was in place.

Risks assessments were completed for each person in respect of the use of bed rails to maintain a person's safety, falls, eating and drinking, moving and handling tasks, the likelihood of developing pressure ulcers and continence. These risk assessments were reviewed on at least a monthly basis. An individual moving and handling plan was written for people who needed assistance to move from one place to another. These plans included information about what type of equipment was to be used, the type of sling and number of care staff required. During the inspection we observed many occasions where people were being moved using a range of different equipment. These transfers were completed competently. Four members of staff had completed a train the trainer course to enable them to assess people's moving and handling needs and write safe moving and handling plans.

Infrared sensors were fitted in people's rooms and on their door frames in order to alert staff should they get out of bed. The registered manager stated these were only in use for people who were at risk of falling and where consent had been sought.

Personal emergency evacuation plans (PEEP's) were prepared for each person. These detailed the support people required in the event of the building needing to be evacuated in the event of fire or other emergency. The plans contained a sufficient level of detail. These documents were kept in the red grab box located in the office and available to the staff member in charge should any emergency occur.

A health and safety file contained a policy and procedure which was dated June 2008. Guidance relating to health and safety risk assessments was available. Many generic risk assessments seen were several years old, although they had been signed as being reviewed every year. It was recommended to the registered manager that these be updated.

There was a regular programme of checks in place of the premises, facilities and equipment. These were either completed on a weekly, monthly, quarterly or six monthly basis. Since the last inspection a new maintenance person had been recruited. The fire safety file contained a copy of the homes fire safety procedure. Part of the procedure said that people should move to 'the place of assembly' however where this was, was not stated. A further fire safety policy and procedure was on file, which related to residents, visitors and contractors. A copy of this was on display in the entrance lobby. A record of fire drills undertaken in the home showed that four drills had been held in 2017, two of which were in December. Eighteen staff had been recorded as attending the drill on the 20 December and 17 on the 22 December. A review of the fire risk assessment had been carried out in December 2017. There were no recommendations recorded following this review. We would suggest the registered provider fully review their fire risk assessment for the whole of the premises when the new building works are ready for occupation.

A fire safety log book indicated that weekly alarm, fire doors and emergency lighting tests had been carried out. A weekly record of bath, toilet and bedroom hand basin water temperatures was seen. Action had been taken in response to high temperatures, by turning down the boiler and recent records indicated that this had been successful. The registered manager stated there was an on-going programme to install thermostatic control valves for all water outlets in the home.

The maintenance file contained details of routine maintenance of the lift, lifting equipment and laundry

equipment along with a gas safety certificate and electrical safety certificate. Although not all of the information relating to gas safety, lifting equipment and PAT testing was current, the registered manager was able to confirm that these safety tests had been recently completed.

At the last two inspections, June 2016 and June 2017 building works were in progress. On those occasions we found that unsafe areas of the grounds had not been cordoned off and the building site storage area was unsightly and accessible. Health care professionals we contacted prior to the inspection commented on the untidy external environment. Whilst we have recognised that some improvements have been made to the grounds at the front and right hand side of the property, the registered provider must consider complete improvements when the building work is completed at the end of the Spring 2018.

At the time of this inspection there were 22 people living in Woodlands Manor. Staff spoken with stated that staffing levels were currently five or six care staff and two qualified nurses during the morning shift, four or five care staff and one nurse during the afternoon and evening and two care staff and one nurse overnight. Staff felt the staffing levels were appropriate given the current occupancy. However, one member of staff said that levels were occasionally lower due to last minute sickness but confirmed the management team tried to contact staff who were off duty to cover shifts when this occurred. A look at the staff rotas for the last four weeks confirmed these arrangements. The clinical lead nurse used a dependency tool to determine safe staffing levels. During an audit of call bell response times the registered manager had identified a busy time during the lunch time period, therefore an extra member of staff was employed at this time. New qualified nurses had been recruited since the last inspection along with a number of new care staff.

In addition to the care team there were housekeeping, maintenance, catering and activities staff employed to meet the daily living needs of people living in Woodlands Manor. The registered manager worked their hours from Monday to Friday. The clinical lead nurse was also supernumerary to the staffing numbers however would cover shifts if necessary.

We checked the files of new staff recruited since the last inspection. We did this to check that safe recruitment procedures were followed. Each file contained an application form, an interview assessment and pre-employment checks. These included written references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for convictions that may prevent them from working with vulnerable people.

At the last inspection in June 2017 we found that the management of medicines was still unsafe despite us identifying a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (safe care and treatment) at the inspection in June 2016. We issued the service with a warning notice and expected the service to have taken action by 30 November 2017. At this inspection, we found that staff had made improvements to address the issues raised in the warning notice, so people's medicines were looked after safely.

We looked at the medicines administration records (MARs) for 21 people and at care records relating to medicines for four people. We also looked at arrangements for storing medicines, the policies and procedures in place for managing medicines and the checks carried out by the service.

At our last inspection, we had found that some people's medicines were not available to be given as prescribed. During this inspection, people's medicines were available for them. Nurses had completed MAR charts to show that people had received their medicines correctly. We saw a small number of gaps in these records where nurses had not recorded they had administered the medicine, or recorded a reason if the

medicine was not given. However the lead nurse had identified these gaps and was taking action to make sure records were always completed correctly.

We saw nurses give some people their morning medicines. The nurse was able to describe how people liked to be given their medicines. However, there was no written information with people's MARs to help ensure that all staff could follow people's wishes. One person was prescribed two medicines that needed to be given at particular times of the day to be most effective. Staff had systems in place to make this person received these medicines at the correct time. However, two people were prescribed a medicine that should be given 30 to 60 minutes before food but both were given this after their breakfast. Staff said they would look at changing this so they could follow the advice on the label.

Some creams and ointments were stored in people's bedrooms and applied by the care staff when they gave people personal care. There was care documents in place so care staff knew where and when to apply creams and ointments, and record when they had done so. However, there were some gaps in these records.

Medicines were stored and transported around the home securely. The medicines refrigerator had been replaced. Staff could check the actual temperature and the minimum and maximum temperatures since the last reading. Staff recorded these temperatures every day. Records showed these were in the safe range for storing medicines, so staff could assure themselves medicines were stored correctly.

At our last inspection we found that arrangements were not in place to prevent medicines beyond their expiry date being given to people using the service. During this inspection we found that, where necessary, staff recorded the date of opening on the medicine label; so it was clear when they were safe to use and when they needed to be replaced.

A medicines policy was available for staff to follow. This had been updated since the last inspection. This helped ensure staff were aware of the correct procedures to follow to keep people safe.

The service carried out regular audits to check nurses looked after people's medicines safely. This included the nurses making regular checks of all the MARs to make sure they were completed correctly. Nurses made a note of any discrepancies so they could be followed up. The home's pharmacy supplier had also carried out a medicines audit. The service had taken action to address the issues previously raised.

Is the service effective?

Our findings

People were asked if they felt the staff were good at their jobs. Their comments included, "Yes, they know what they are doing", "Yes and they do it with a smile", "They always ask what I need doing" and "They always ask can I do this or that". One relative told us they always got involved in their loved ones care and the person confirmed, "I leave that sort of thing to (named family member)".

Pre-admission assessments were carried out by the registered manager prior to people moving in to Woodlands Manor. These assessments covered all aspects of the person's daily life and identified specific care and support needs. One person's assessment had identified the need for particular nursing equipment. The service had not been able to offer placement to people whose care was part funded by the local authority or the continuing health care team since the last inspection but this will now be reviewed because of the improvements made. The registered manager had assessed and offered placements to people who privately funded their own residential and nursing care. These measures ensured the service was the right place for the person and the staff team had the necessary skills and experience to meet the person's care and support needs.

The registered manager had changed their training provider since the last inspection. Improvements had been made to the induction training programme for new staff. First shifts were always supernumerary to the staffing numbers and they would shadow with an experienced member of staff. The service had an induction checklist that was worked through and all new recruits completed the Care Certificate. The Care Certificate was introduced for all health and social care providers in April 2015 and consists of 15 modules to complete. The completion of the Care Certificate was overseen by the clinical lead nurse. One staff member described the induction training they had received and said that they had worked with two other experienced care staff for two weeks whilst they gained confidence. They said "It was good. I was always shown what to do. The support was good. It still is now."

For the whole staff team the mandatory training was now provided by an external training provider. In September 2017 three face to face training sessions were organised and all staff had to attend one session. These sessions covered moving and handling, infection control and fire safety. The clinical lead nurse had been given delegated responsibility of overseeing staff training. In addition on-line training covered dementia awareness, communication, complaints handling, and consent. Dignity and privacy, record keeping and duty of care. Staff spoken with confirmed they had received mandatory training in subjects such as first aid, moving and handling, health and safety, infection control and safeguarding vulnerable adults. Training had been a mixture of face to face and e-learning. Future face to face training had already been organised about dementia awareness and sepsis.

There were opportunities for the qualified nurses to do clinical training in order to meet the conditions of their registration with the Nursing & Midwifery Council (NMC). Since the last inspection the clinical lead nurse and one of the other nurses had undertaken end of life training with the local hospice. Nurses had also completed in depth medicines training, catheter care and syringe driver training.

Care staff were encouraged to complete recognised qualifications in health and social care. At the time of the inspection 85% of the care staff had either achieved a level two or three award or were working towards this. The registered manager and the clinical lead nurse were working towards the level five award in leadership and management.

Since the last inspection and with the employment of the new nurses the programme of staff supervision was now shared between the registered manager, clinical lead nurse and the qualified nurses. Supervision is where a member of staff meets one to one with their line manager and is able to discuss their performance and any training needs. Staff confirmed they had received supervision and an annual appraisal. One staff member said, "I had mine three weeks ago. Supervision is done by the nurses and management do the yearly appraisal. It's useful and you're able to voice an opinion".

People were able to exercise choice and were given sufficient food and drink. Risks regarding malnutrition and dehydration were identified during the assessment process and then reviewed on a monthly basis. Body weights were generally re-checked on a monthly basis but where people had lost weight, they were re-weighed on a weekly basis. The risk of choking was also assessed and people were referred to the speech and language therapy team for assessment.

One person had been prescribed thickening agent for use in their drinks due to swallowing difficulties. They had a care plan in place that had been based on the recommendations of a speech and language therapist (SALT) following a swallowing assessment. Staff we spoke with about this person were able to state the correct amount of thickener to be used to create the recommended consistency and that the person was given fluids using a spoon.

We looked at the food and fluid intake charts for one person who was being monitored. We found that the total daily intake was not being reviewed at the end of a 24 hour period. The person's total intake for 7th January 2018 was 120mls plus sips and no drinks at all had been recorded between 1:00pm and 9:00pm. Totals for the 6th, 10th and 11th January 2018 were 395ml, 415ml and 345ml respectively. These records suggest this person was not being given sufficient fluids however other documentation we looked at for other people provided a better level of recording and adequate fluid intake. We discussed with the nurses regarding their responsibility at the end of a shift to check and countersign these charts. We saw a couple of occasions where this had been done but it was not consistent practice and requires improvement.

People said, "The food is good", "You get a choice", "There is plenty of food", "They are always offering hot or cold drinks and reminding me to drink plenty" and "If you don't like the meals on offer and the kitchen staff know in good time, they will make you something else". During our observations of the lunchtime experience we saw that the meals came out of the kitchen ready plated, the staff encouraged people to be as self-managing as possible, but were attentive to the needs of people who required assistance. We did note that medicines were administered during the lunchtime meal to some people and this was quite disruptive and may lessen the enjoyment of the meal.

Since the last inspection there has been a change in the allocated GP contracted to provide health care support to Woodlands Manor. This change was made in September 2017. The GP told us they initially had concerns but "things were much better now" and "the nurses were pro-active and prepared for their visit". They reported there had been significant improvements in the monitoring of food and fluid intake, body weights and other health care issues and good working relationships were being established with the clinical lead nurse and the other nurses. The GP told us they visited each Thursday for a 'ward round' and relatives were able to make appointments via the registered manager if they wanted to discuss their loved ones care. The GP would visit people at other times as well, as and when needed.

Other healthcare professionals that were involved in people's care included nurses from the continuing health care, clinical commissioning group, occupational therapist and physiotherapists, speech and language therapists and foot care specialists. The service made appropriate referrals to other services as and when these were required. A national early warning scoring tool had been introduced so the nurses could record clinical observations and then identify when a person was showing signs of ill health.

Woodlands Manor is a purpose built care home with level access from the car park. All bedrooms rooms were well furnished with nursing profile beds and the majority of them having en-suite facilities of a toilet and wash hand basin. Bedrooms were fitted with a telephone socket, TV point and a nurse call bell system. There were sufficient assisted bathroom facilities to meet people's needs and toilets were sited near the lounge areas. There were two lounges and two conservatories (one conservatory was not being used at the time of the inspection because of a heating issue). The main conservatory looked out over a large pond filled with koi, and the landscaped gardens. The grounds were also home to peacocks and white doves. Areas in the back garden unsafe for people to access were cordoned off.

The service had a policy and procedure in relation to the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and staff had received training in this key area. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised. The registered manager had submitted 11 referrals to the local authority for authorisation to restrict people's liberty for their safety but these had not been processed by the local authority so far.

Staff asked people to consent before they provided care and support. During the inspection we heard the staff offering people choices. Examples included being asked what they wanted to eat or drink, where they wanted to sit, whether they wanted to go back to their bedroom and whether they wanted to participate in social activities. As part of the care assessment and planning process a person's capacity to make decisions was recorded. Where the person lacked capacity a record of best interest decisions made on their behalf were recorded.

We noted in the care file for one person who lacked capacity, that consent forms relating to sharing of information, photography and the use of bedrails, height adjustable bed and floor mattress had been signed by a relative who had power of attorney for health and welfare. A copy of the relevant document was available in the care file.

Is the service caring?

Our findings

When we visited in June 2017 we found that people were not always treated with respect and some staff were unkind and lacked compassion. During this inspection we were told by one person who lived in Woodlands Manor that they were "happy here" and added "my name is (given name) but I like to be called (preferred name)". Another person said, "I have no complaints here, the staff are lovely and look after me". A third person referred to a particular member of the care team as being "my angel". Relative we spoke with were also very complimentary about the staff team with comments such as, "Everyone listens to you here, not just me, all my family", "No problems here at all. I am involved in planning the care for my relative".

A person who had not lived at Woodlands Manor for very long told us they had chosen to have a short stay at the home after hospital treatment and then returned home. Following a second operation they had chosen to return to Woodlands Manor. They told us, "I have a disability and the girls and boys look after me very well, this place is just like my own home. I can't look after myself anymore. This is my home now".

All letters and cards of compliment received by the service were kept and dated. Comments that were made about the care and support received and the staff team included, "Many thanks for all the care you gave mum", "(named person) was really happy at Woodlands. You were all so kind to him", "Thank you for your help and kindness with mum", "We would like to thank you for all your love and care. She very much appreciated your warmth and care" and "Thank you for all your help. Mum has enjoyed her stay".

The service ensured that people were always treated with dignity and during the inspection we saw many examples of kindness. We heard one of the care staff introducing a new person to the others sat at the same breakfast table, explaining they had only just arrived and didn't know anyone yet. On another occasion we watched whilst a member of staff assisted a person with their meal. This was done sensitively, and there was a nice rapport between the two. The family of one person who had died wrote to us in November 2017 telling us how well their father had been looked after in his last couple of hours of life. They said when they had arrived at the home, a named member of staff was "sitting with dad and holding his hand". They referred to another member of staff who had the "highest respect for dad" and to one of the nurses who provided "amazing support for the family".

During the last inspection we heard call bells ringing for an unacceptable period of time. Since that inspection the registered manager had processes in place to robustly audit the call bell records. Where it was identified that a call bell had taken a longer time to be answered, the registered manager had looked to see why this was. On most occasions it was identified this was because several other calls were ringing at the same time. As a result of this auditing, the registered manager had identified a key time – this being during and after the lunch time meal when people needed to be assisted back to their bedrooms for personal care. As a result of this an extra member of staff was deployed at lunch times.

Staff we spoke with were kind and caring. They spoke about people respectfully and genuinely cared for them. They told us they liked to get to know people so that they knew likes and dislikes and by what name they preferred to be called. The registered manager told us they assessed new staff for their kindness and

ability to show care and compassion during the recruitment process. Potential new staff had to demonstrate they were respectful and encouraging to people without enforcing their own views. Staff had a six month probation period to ensure they were suited to the role and this allowed for any issues to be addressed.

People were able to express their views and be actively involved in making decisions about their care and support. Care plan reviews were arranged on a monthly basis and the new qualified nurses explained this was completed with the person and where appropriate and agreed, with family and friends.

One of the staff had completed a 'resident for the day' exercise in order to experience what it felt like to be 'looked after at Woodlands Manor. Following the exercise the member of staff had reflected on how the care she received made her feel. They talked about being welcomed on admission, being offered refreshments and noticed the smiley staff. The negative feelings they had were in respect of being scared about the stand aid, the plain plastic beakers, feeling a nuisance when wanting the toilet and a feeling of being abandoned when left at the table. They also said they felt they had waited at the table for half an hour but it was only five minutes. The staff member said the registered manager was going to be using this reflective report as a training exercise with the rest of the staff team.

The registered manager had put together an 'Above and beyond' evidence file since the last inspection and this had four entries in there. In July 2017 one of the people who lived at Woodlands Manor celebrated their 105th birthday. Staff had found out they did not want a birthday cake but instead wanted pink iced buns. A staff member had organised this and collected them from a local bakery in their own time. There were photos displayed in the home of a very happy person with their iced buns. In September 2017 it was a staff members wedding day and a minibus was organised to take six people along to the ceremony. The staff arranged this as a surprise for both the six people and the staff member. In October 2017 the staff arranged a family day out to Slimbridge, at people's suggestion and the staff fund raised to achieve this. Each person who had expressed an interest in this outing had been able to attend. Also in October 2017, the staff had arranged a Halloween party, with people being offered a 'trick or treat' option and having made headbands for the occasion.

Is the service responsive?

Our findings

People made the following comments when we asked them if they felt the service responded to their specific needs. They made the following comments, "When I was feeling unwell a couple of weeks ago, I asked if I could stay in bed for the day. They respected my request and I got up next day feeling so much better", "I like to get up early in the morning and the staff know that" and "You only have to ask the girls and they would do anything for you".

Relatives told us, "A member of the family visits every day, we are always consulted about everything", "(named person) had a fall in the past and the home suggested they had a sensor device fitted in the bedroom, I was really happy with this once I understood it, no pressure but it was a good idea" and "I cannot fault the care my family member receives now. The nurses are so much better and the care staff are more motivated now. This is a happy home".

Some care records were kept in people's bedrooms and improvements were required with the quality of some of these records. These included food and fluid charts, repositioning charts, topical medicines administration charts and rounding charts (to record checks made by the care staff when people were in their bedrooms). On the whole the level of recording on these charts was improved since the last inspection however this was not consistent. The nurses must check these at the end of their shifts in order to identify any concerns and ensure people received all the care they needed. Health care professionals we contacted prior to the inspection still felt the service was slow to respond to weight losses (no specific detail given) however those charts we looked at did not give cause for concern.

People's care and support needs were assessed and a care plan written detailing how their needs were to be met. Since the last inspection and with the recruitment of new nurses the care plans were now being written by clinical staff. The plans we looked at included people's likes and dislikes and what was important to that person. They also provided details about people's personal care needs, their mobility, the support they needed with eating and drinking, managing continence and wound care management (where required) for instance. For those people who lived at Woodlands Manor long term, their care needs were re-assessed on at least a yearly basis.

Improvements had been made in respect of the quality and content of daily records kept for each person. We found these to be accurate, complete and contemporaneous. Some minor fine tuning was required with some care plans and these were discussed with the registered manager and clinical lead nurse at the end of the inspection.

Where people were being assisted with wound care management there were good accounts of the progress or deterioration of the wound. We saw evidence that specialist tissue viability nurses had been consulted with where advice was required regarding wound care. Where people had multiple wounds, the separate records were kept for each wound. The records were supported with photographs and these were generally repeated on a monthly basis.

People were provided with meaningful social activities. The service had three activity organisers (AO) and

they had discussions with each person regarding their hobbies and interests. As much as was possible was incorporated in to the activity programme. The activity programme consisted of a mixture of in-house activities and external entertainers. On the first day of our inspection a group of people in the lounge watched a magic session and appeared to enjoy this. Unfortunately a moving and handling procedure was carried out by staff in the room whilst the activity went on around them. When the activity had finished the AO went and did the tricks with people who were confined to their bedrooms or did not like group activities. Health care professionals we contacted prior to the inspection reported there was a lack of stimulation for those people in their bedrooms and this was discussed with one of the AO. The feedback we received conflicts with information the AO provided and activity records we looked at during the inspection.

People were supported by the care staff to access the gardens in good weather and the 'smoking shelter'. During the inspection we observed care staff taking one person who was in a wheel chair outside for a cigarette. One person told us, "We went on a trip to a bird sanctuary and we are going to a bygones museum soon" and another said "We go to the seaside in the summer and it is a lovely day out". A relative told us it had been nice for their family member to go out for the day and this has "cheered them up no end".

We asked people if they felt able to raise any concerns they may have and received positive responses. We also spoke with relatives and visitors regarding any complaints they may have raised. One relative told us their family member had lived at Woodlands Manor for five years and stated, "It's getting better here all the time" and added, "We have no complaints". Another visitor said, "If I wanted to complain I would go to the office, they would listen to me". A third relative informed us, "You can go up to the office anytime if you are worried about anything".

The registered manager kept a complaints log and had recorded eight complaints since the last inspection. We looked at the records that were kept for each of the complaints which showed that each of them had been handled correctly. A copy of the complaints procedure was included in the homes brochure. We were told this was given to each person or their family and a copy was also displayed in the main reception area. The complaints procedure stated all issues raised with them would be acknowledged, investigated and responded to within a 28 day period. The registered manager used the information gained from the complaints to make improvements to the service.

The service looked after people who were at the end of their lives. Because of concerns about the quality of nursing care to people who were funded by the clinical commissioning group and continuing health care (CHC) team no new placements had been made however the service had continued to look after people already placed at Woodlands Manor whose health status changed. We had feedback from one family who had previously had concerns regarding the care of their relative. They could not fault the 'end of life care and compassion shown to their relative and to them as a grieving family.

Where decisions had been made regarding a person's wishes in the event of a sudden collapse, a do not resuscitate form was placed in their care file. The service used the formal nationally recognised Resuscitation Council forms approved for use across all care settings. We looked at a sample of these and found that those completed when the person had been in hospital had been countersigned by the person's GP, in all but one case. This was pointed out to the registered manager. Where people had appointed a member of the family to have power of attorney, this was recorded in their care notes, and the registered manager a copy of the document on file.

Is the service well-led?

Our findings

When we inspected this service in June 2017 we found that the leadership and management within the service was weak and inconsistent. We rated the service as inadequate in this area and placed the service in special measures. When services are placed in special measures we plan to re-inspect after six months to ensure the required improvements had been made.

Our findings in this inspection have shown that significant improvements have been made. Since then there has been no change in the registered manager however a new clinical lead nurse/ deputy manager was appointed in July 2017. There had also been a change within the nursing staff team and four qualified nurses had been recruited. We were able to speak with three of the new nurses, but one was a new night nurse completing an orientation shift. We talked with these three nurses about leading their shifts and monitoring the care staff to ensure people received the care, treatment and support they needed.

In May 2017, the provider had commissioned a healthcare consultant to look at the service and help them meet the fundamental standards and the Health and Social Care Act 2008 (Regulated Activities) 2014. Their input had brought about improvements in the service which now need to be sustained by the registered manager, clinical lead nurse and qualified nurses. The registered manager advised us the healthcare consultant had not visited the service since October 2017 but was only used for telephone advice now.

Both the registered manager and the clinical lead nurse were working towards a level five health and social care qualification in leadership and management. These two managers had also undertaken additional training in the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and End of Life care. The clinical lead nurse was a qualified nurse and worked 40 hours per week, mainly supernumerary hours to the staff rota. They covered some nursing shifts including shifts at the weekend. In addition, there were qualified nurses on duty covering the full 24 hour period and most mornings there were two qualified nurses on duty. The registered Manager worked in excess of 40 hours per week in the service.

Since the last inspection the registered manager had ensured the quality assurance processes were more robust and this was confirmed by those records we looked at. Since the last inspection the service had been providing CQC with an updated action plan (based on the findings of the June 2017 inspection), showing the progress they had made in rectifying the breaches of regulations. However, improvements were still required with these quality checking processes to ensure it was evident that actions had been taken as a result of short comings identified. One example was the infection control audits. Those completed in respects of housekeeping arrangements in October, November and December 2017 had each scored 92.3% with no evidence of action taken or improvements made. There was no action plan as a result of a clinical infection control audit undertaken in October and November 2017 where the service had scored 89.47% however the score achieved in December 2017 was 100%.

In order to check on the quality of care people received at night, unannounced visits had been made to the service. These had been carried out on a monthly basis at different times of the night. – 10pm, midnight, 4am and 6am for example. These checks had been completed by either the registered manager or the

clinical lead nurse and an account of the visit was recorded. The report detailed the findings in respect of safety, observations made on entering the home, staff dress and records inspected. These checks had failed to pick up that room charts were not being checked by the nurses at the end of their shift. This was our findings during this inspection. This was an example where improvements were still required.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had a programme of audits in place. The last sample care plan audit had been completed by the healthcare consultant but from now on, this task will be completed by the clinical lead nurse. Care plan reviews and updates will be undertaken by the qualified nurses. Each of the qualified nurses were allocated a group of people's care plan reviews to complete (named nurse) and their competence in completing these monitored by the senior team.

An audit of staff files had been completed in October 2017. Weekly medicine checks were completed by the qualified nurses and on a monthly basis by the clinical lead nurse. Audits of the prevalence of falls with individual people were carried out to find out why they were happening. The registered manager told us they had provided a night light for one person who had had several falls at night when getting out of bed, because they didn't put the light on.

Any accidents and incidents were followed up after 36 hours. The number of events were monitored on a monthly basis. The registered manager or clinical lead nurse looked for trends so that actions could be taken to reduce or eliminate the chances of the event reoccurring.

The last service user quality assurance satisfaction survey was completed prior to the last inspection in February 2017 and was due to be repeated in February 2018. In 2017 the overall satisfaction rate was 75% but 94% of respondents felt the care staff treated them well, 81% said the senior staff treated them well and 87% felt able to discuss concerns with management. The registered manager told us that survey forms had recently been sent out to friends and family but none had been returned as yet. There was a supply of relative feedback forms in the reception area of the home.

The registered manager had an open door policy and both people living at Woodlands Manor and their friends and relatives, plus the staff team can request to see them at any time. During our inspection the registered manager had several private conversations with visitors. They said they encouraged relatives to discuss any concerns they may have to try to avoid an official complaint. One social care professional informed us the management team were keen to receive feedback from all professionals and visitors to the home to ensure the service improved.

Since the last inspection the service had introduced a 'colleague of the month' award and an 'above and beyond' award. The latter being for when a member of staff had done something beyond the expectations of their job role. One relative told us they knew of this awards and planned to nominate a named member of staff but they did not tell us why. A monthly newsletter was produced and sent out to all relatives and friends.

The registered manager had been open and honest with relatives regarding the outcome of the previous inspection in June 2017 and held a relatives meeting. Relatives had suggested a comments box be placed in reception and this was in place. We saw the meeting notes which clearly described what actions they planned to take. The registered manager planned to schedule another relatives meeting to discuss the outcome of this inspection and the further improvements they needed to make. The registered manager

demonstrated the service was open, honest and inclusive. Due to the location of the main office and the recent installation of CCTV covering communal areas only, the registered manager monitored how staff interacted with people and their visitors to the home on a daily basis so that any areas of concern were dealt with immediately.

Woodlands Manor liaised with professionals in the local community for example GP's, the local hospice service, the dietician and the speech and language therapy team (SALT) and the care home liaison team. The registered manager and clinical lead nurse had recently attended the care home providers forum hosted by South Gloucestershire Council and planned to do this regularly. This ensured the service was kept up to date with best practice.

The registered manager was aware when notifications had to be sent in to CQC. A notification is information about important events which had happened in the home the service is required to send us by law. The CQC use information sent to us via the notification process to monitor the service and to check how any events had been handled.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Improvements are required to ensure there is an effective system of processes in place to monitor the quality and safety of their service. This is a repeated breach of the regulation.</p> <p>Regulation 17 (1) and (2) (a).</p>