

Friends of the Elderly

# Woodcote Grove Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 19 and 23 October 2017 and was unannounced.

At our last inspection of 15 December 2014, we found that people did not have enough opportunities to take part in activities of their choice and we made a recommendation about this. We carried out this inspection on 19 and 23 October 2017 and found that the registered manager and provider had taken sufficient action to address this. However, we found the service was in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 relating to providing safe care and treatment, person centred care, staffing and good governance and a registration regulation about notifications.

Woodcote Grove Residential Home provides accommodation, personal and nursing care for up to 32 older people and those living with dementia. At the time of our inspection, 27 people were using the service.

People's accommodation was over several floors and included 32 single occupancy bedrooms all with en-suite toilets and hand basins. People had access to communal areas that included two lounges and a dining room. There was a kitchenette on each floor and a main kitchen that was used by a company contracted to prepare meals for people living at the service. People had access to a hairdressing salon on site and a guest room was available for the use of family and friends.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at risk of receiving unsafe care and treatment. The provider had not ensured staff had the competency to support people in the event of a fire. Staff were not fully supported in their roles and did not receive a regular appraisal of their performance. The provider did not provide staff with an opportunity to identify learning and development needs to improve their practice. Information and records about people were not securely stored at the service and their storage posed a risk of unauthorised access.

The quality of the service was regularly audited and action plans were put in place to make the necessary improvements. However, the provider and registered manager did not act in a timely manner to address shortfalls identified. Audit reports repeatedly identified some of the shortfalls. The registered manager investigated and resolved complaints. However, people using the service and their relatives continued to raise concerns about some aspects of the service. The registered manager did not always submit notifications as required by law.

People received support from staff who understood how to identify and report potential abuse. Risk assessments of people's health and well-being enabled the registered manager to provide guidance to staff about how to deliver safe and appropriate care. Staff followed guidance to manage identified risks to

people's health and well-being while they respected their freedom. People were supported safely by a sufficient number of staff who had undergone appropriate recruitment checks.

People received support to take their prescribed medicines. Staff competently administered and managed people's medicines.

People had their care and support delivered by trained and skilled staff. Staff received regular training and refresher courses, which equipped them with the knowledge and skills to undertake their roles effectively. The registered manager undertook supervisions and reflective sessions with staff to develop their practice.

People were supported by staff who understood and followed the requirements of the Mental Capacity Act (MCA) 2005. Staff obtained people's consent before providing care and support.

Staff delivered people's care with kindness and compassion and respected their privacy and dignity. People received sufficient amounts to eat and drink. Staff ensured they met people's preferences, dietary and nutritional needs and monitored their food and fluid intake when needed.

The registered manager assessed people's needs and developed support plans in relation to their health, background and preferences. Staff did not maintain up to date records of care plan reviews they carried out.

People enjoyed taking part in a wide range of activities provided at the service. However, some people felt that there were limited activities outside the service. People at the end of their life received support that made them feel comfortable, loved and well cared for. Staff had information about people's end of life plans and respected their wishes and preferences. People received the support they required to maintain their well-being and to access healthcare services in a timely manner.

People using the service and their relatives welcomed the opportunities provided at the service to give feedback and to discuss changes they wanted. The registered manager and provider acted on feedback to develop the service and investigated and resolved complaints. The provider had taken action to strengthen the leadership and management of the service.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. People did not have adequate protection in the event of a fire. The registered manager did not ensure that staff carried out fire drills to understand how to support people to evacuate safely.

Medicines were not securely stored at the service. People received their prescribed medicines safely. Staff were trained and assessed as competent to manage people's medicines.

People were concerned about the regular change of staff who provided their care. The provider ensured there were sufficient numbers of staff deployed to meet people's needs.

People were safe from the risk of harm. Staff knew how to identify abuse and the safeguarding procedures to follow to keep people safe.

Risk assessments identified concerns about people's health and well-being. Staff followed the guidance in place and managed the known risks to people's health appropriately.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. People received care from staff who did not receive full support to carry out their roles. Although staff received training and supervision to develop their skills and knowledge, the registered manager did not undertake an appraisal of their performance.

People had support and care provided in line with the requirements of the Mental Capacity (MCA) Act 2005 and Deprivation of Liberty Safeguard (DoLS).

People received sufficient food and drink in line with their preferences, nutritional and hydration needs. Staff supported people to maintain their well-being and to access healthcare services when needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People were not always involved in

**Requires Improvement** ●

planning their care and support. People using the service and their relatives told us staff were compassionate and caring. People received care that maintained their privacy and dignity.

People at the end of their lives were comfortable and staff respected their wishes about care delivery.

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

The service was not always responsive. Staff did not consistently carry out reviews and updating of people's care and support plans.

People had an assessment of their needs before they started to use the service. The registered manager used this information to develop care plans.

People took part in a variety of activities at the service but had limited choices of going out into the community.

People using the service and their relatives had opportunities to share their views about the quality of care and knew how to make a complaint. The registered manager investigated and resolved complaints.

**Requires Improvement** 

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

The service was not always well-led. The registered manager did not submit notifications as required by law. The provider and registered manager did not use the quality assurances systems effectively to improve the standard of care.

The quality of care provided was not consistent and varied between members of staff. Whilst the provider addressed complaints about the service, staff did not learn from the incidents which arose repeatedly.

People using the service, their relatives and staff found the registered manager approachable but not always available to discuss their welfare.

People's information and records were not kept confidentially at the service. Information about people was kept on two separate services, which increased the risk of unauthorised access to the records.

The provider had strengthened the leadership and management of the service and had a plan of action to improve the quality of care.

**Requires Improvement** 

# Woodcote Grove Residential Care Home

## **Detailed findings**

### Background to this inspection

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

This unannounced inspection took place on 19 and 23 October 2017. The inspection team consisted of two inspectors and an expert-by-experience who attended the first day of the visit and one inspector who returned for the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we spoke with 10 people using the service and one healthcare professional visiting a person at the service. We spoke with 14 members of the staff team comprising of the registered manager, shift leader, a registered nurse, a maintenance technician, eight healthcare assistants, a receptionist and an activities coordinator. We also spoke with a regional director and director of care who were visiting the service.

We looked at 13 care records and 12 medicines administration record charts. We reviewed 18 staff files relating to recruitment practices, training, supervision meetings, appraisal records and duty rosters. We reviewed management records that included health and safety checks, incident and accident reports, safeguarding concerns, complaints and audits to monitor the quality of the service. We checked feedback

the service had received from people using the service and their relatives.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. 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.

After the inspection, we contacted relatives and received feedback from eight of them about their experiences of the service. We received feedback from four health and social care professionals who were involved in the care of people using the service.

# Is the service safe?

## Our findings

People were not protected from the risk of a fire at the service. Staff did not undertake drills to ensure their preparedness to deal with an emergency at the service. We spoke with staff who showed an inconsistent understanding of what action to take in the event of a fire. We raised the issue with the registered manager who confirmed that they did not conduct fire drills regularly and had not maintained records of the practice sessions done at the service for the last 12 months. The registered manager explained and records confirmed that a health and safety manager was due to carry out fire drill training to provide guidance to staff about how to respond to an emergency at the service. Despite each person having a Personal Emergency Evacuation Plan (PEEP) in place for their safe evacuation and staff having attended fire safety training, this did not give an assurance that staff understood how to evacuate people from the building. The lack of regular fire drill practice meant that the provider and registered manager could not guarantee the safe evacuation of people from the service in an emergency.

Therefore the provider and registered manager had not done all that is reasonably practicable to protect people against the risk of receiving unsafe care and treatment.

This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014.

People using the service and their relatives were not happy about the cleanliness of some areas of the home. We received negative feedback about the condition of toilets in people's bedrooms. One relative commented, "I think one important concern that I have is about cleanliness. What is certain is the state of the toilet which is dirty. The seat has faecal stains on it from one week to the next and whilst the toilet pan is a light beige colour, below the water line it is a definite brown. I feel sure it cannot have been cleaned ever and it has to be a serious potential source of infection." Another relative said, "I wish the toilet (the seat in particular) in [family member's] room was cleaned every day instead of just a couple of times a week." The home looked clean although there were staff areas that were off limits to people which had stained and dirty carpets. On the day of our inspection, the toilets we saw were clean. We spoke to the registered manager about this. They told us the carpets were due to be removed in the month of our inspection. Staff told us they practiced good hygiene through washing their hands before and after carrying out care tasks. Records confirmed staff had received training related to infection control and that they discussed good practice in staff meetings and group supervisions. Cleaning schedules were completed and audited regularly. The home was free from unpleasant odours. We observed staff used personal protective equipment such as aprons and gloves to minimise the risk of infection.

Medicines were not securely stored at the service. Designated senior staff kept the medicines rooms locked when not in use. However, we observed one of the windows in the medicines room on the ground floor was partially open and there were no restrictors in place. This could pose a risk of theft or unauthorised access. We raised this issue with the registered manager who secured the room by the second day of our inspection.

People received their prescribed medicines safely from registered nurses who were trained and assessed as



competent to undertake this role. Staff followed the provider's procedures and protocols when supporting people with their regular and 'when required' medicines. Medicine administration records (MARs) included the person's name, room number, photograph for identification, any allergies and how people preferred to have their medicines. This helped to minimise the risk of people being given the wrong medicine. MARs were accurately completed and indicated that people received their medicines at the right dose and time. Staff checked MARs and medicines stocks at the end of each shift to ensure they identified and rectified any errors in a timely manner. The medicines audit of May 2017 identified minor issues which staff had rectified. The provider's policies and procedures for ordering, storage, administering, recording and disposal of medicines were up to date and available to staff to use for guidance when needed.

People received care that minimised the risks of avoidable harm. Comments from relatives included, "The care seems good to me. For example, [family member] needs a hoist to get out of bed and to get in and out of the chair and whenever I have been there at those times there is always two members of staff to operate the hoist." "They [staff] seem to have a reasonable balance between allowing the residents independence and autonomy and looking out for their safety." "[Family member] is safe. They installed new security fencing and more robust security on the door." Risk assessments identified the support people required with moving and handling, medicines management, skin integrity, falls, use of a wheelchair and mobility aids, nutrition and hydration and accessing the community. Staff knew the risks to people's health and how to support them safely. One member of staff told us, "I help people at mealtimes if they are at risk of choking."

Staff followed guidance in place to manage the risks to people appropriately, for example, they completed a Malnutrition Universal Screen Tool (MUST) assessment to determine a person's risk of becoming malnourished. Staff maintained up to date records of each person's monthly weight checks, which enabled them to make a referral to healthcare professionals when needed. Records confirmed staff managed risks to people's health in line with the guidance provided by healthcare professionals, for example, they turned a person regularly in bed to reduce the risk of developing a pressure ulcer and maintained accurate records of the repositioning. People had access to pressure relieving equipment such as air mattresses and cushions. We observed that staff adjusted the equipment to appropriate settings and records confirmed their regular maintenance.

People received care from staff who understood how to keep them safe from abuse. Staff knew how to identify and report any concerns about people's well-being and were confident the registered manager would act on any concerns they had. One member of staff told us, "The abuse could be financial, sexual, emotional or neglect. I would report straightaway to the person in charge if I had any suspicions." Staff had received training in safeguarding and understood the provider's procedures about reporting abuse to the registered manager, senior management or externally to the local authority safeguarding team. Staff were confident about whistleblowing about poor practices and cases of abuse that were not resolved. The registered manager told us and records confirmed that they worked closely with the local authority when there were concerns about the safety and well-being of people using the service.

People lived in an environment that was well-maintained. The maintenance technician carried out weekly checks on call bells, water temperatures and fire safety checks including means of escape, door guards, fire extinguishers, fire alarms and emergency lighting. Checks were done on equipment that included hoists, zimmer frames, wheelchairs and beds to ensure their safety. Staff told us the maintenance team responded to their requests and carried out repairs in a timely manner. People using the service and their relatives were happy with the ongoing refurbishment to redecorate the service and the provision of additional facilities.

A sufficient number of staff supported people, although we received mixed comments about the quality of care provided. Comments included, "There is always somebody about." "The regular staff know me well."

"It's a happy and safe environment with staff who mainly seem happy in their work." Concerns were around the inconsistency of the work of agency staff and frequent changes to the team who provided their care. Staff said although the environment was busy, they were able to meet people's needs in their allocated time without feeling rushed. We observed staff responding to call bells and people's requests for support without unnecessary delay. Staff told us and duty rosters confirmed the registered manager ensured there was additional support to meet people's changing needs. The provider used agency staff to cover sickness, absences and vacancies. The registered manager and provider had an ongoing recruitment exercise to recruit permanent care staff to ensure people received care from familiar staff and to minimise the risk of inconsistencies in care delivery.

People received support from staff vetted as suitable to provide their care. Appropriate recruitment checks followed at the service ensured staff had the right skills and character required for their role. The checks included character and employer references, employment history and satisfactory explanations of any gaps, criminal record checks, photographic identity and the right to work in the United Kingdom. New staff started work at the service when all checks were returned as satisfactory.

## Is the service effective?

### Our findings

People received care from staff who did not have full support to undertake their roles. Staff did not have an opportunity to discuss their learning and development needs and there was no plan in place to develop their practice. Comments from staff included, "It would be good to have a regular one to one chat with the [registered] manager." "It's also nice to have that recognition of your hard work expressed in an annual appraisal which we do not have." "I would like to have an appraisal to help me set out plans for my career development and personal growth." We reviewed 18 files and these showed that staff last had an appraisal of their performance in 2014. The registered manager had not set objectives for staff development or defined how they would measure their performance. We spoke with the registered manager about this who explained that the service had experienced a high staff turnover as they sought to embed good practice within the team. This had led the organisation to focus on recruitment, nurturing of new staff and reinforcing the provider's values to the existing team.

Staff received group supervisions, one to one meetings, observation of their practice and reflective sessions with the registered manager. Care staff received guidance from the registered nurses who worked as shift leaders on how to support people effectively in regards to their nursing needs. Supervision records showed the registered manager did not consistently follow up concerns identified about staff's practice or matters requiring one to one meetings. A "supervision and support tracker for 2017" indicated the dates of the planned one to one and group meetings with staff and reflective sessions. Records showed the majority of these took place. However, there were no scheduled dates for staff appraisals.

Despite the supervision provided, we were concerned that staff did not receive the appropriate support, professional development and appraisal necessary to enable them to carry out their duties effectively.

This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014.

The environment was not suitably adapted for people living with dementia. One person told us, "It's difficult to keep track of the time." Another person asked us what day it was and commented, "I will ask what my room number is again and they [staff] will tell me." We observed that there was no signage in communal areas and corridors or on noticeboards to provide information to people and to orient them about the place, time and day. We discussed our observations with the registered manager who told us they were aware of this issue and that this was part of the ongoing refurbishment programme at the service. The registered manager showed us a service development plan which confirmed this. We were confident that the provider would implement the changes under the redecoration exercise that was underway.

People using the service and their relatives had mixed views about the skills and knowledge of staff. Comments from people included, "The staff are generally very attentive." "Sometimes the agency staff do not know enough about me." "There have been a number of staff changes during the past few months." Relatives told us, "Variable most part. Some they are under pressure. Slightly worse at weekends." "There have been staffing and management changes and things have improved if you asked me a year ago not the same answers." "Some aspects of the skills they have lack a little common sense but on the whole I think

they really care about the people look after." "The majority of the staff are skilled. I'm happy some are absolutely excellent." One member of staff commented, "The quality of care can be variable."

New staff underwent an induction that included completing the provider's mandatory training, meeting people using the service, becoming familiar with the environment, the provider's policies and procedures, care plans, observations of their practice and shadowing experienced colleagues. Staff told us and records confirmed they completed a six month probationary period with regular reviews of their practice during that time by the registered manager. Staff new to care undertook Care Certificate training which introduced them to the standards of work expected from all health and social care workers.

People received care from trained staff. Staff told us there were good opportunities for training and that they benefitted from the regular refresher courses provided to update their skills and knowledge. Training staff had attended included moving and handling, safeguarding adults, fire safety, dementia awareness, food hygiene, whistleblowing, record keeping, complaints management, infection control and use of personal protective equipment, health and safety, medicines management and challenging behaviour. The training included completing e-learning modules and classroom based interactions and practical work. The registered manager maintained a training matrix and ensured staff were booked on to courses when they were due to ensure they remained effective in their roles.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff showed a good understanding of the MCA and described to us how they supported people in line with legal requirements. One member of staff told us, "I try to support people and gain their consent before I carry out care." The registered manager carried out mental capacity assessments on people who were unable to make decisions about their care and held best interests' meetings when needed. Staff told us and records confirmed they had received training on the MCA and DoLS. People's freedoms and liberty were restricted according to the DoLS conditions placed on them by the local authority safeguarding team and staff supported them to maintain personal hygiene, take medicines and to access the community safely.

People were happy with the meals provided at the service. One person told us, "The food is generally good." One person commented that the quality of food varied. We asked them how this was dealt with and they told us the staff provided an alternative meal. The provider had a contract with a catering company that prepared meals served at the service. People told us they ordered their meals a day before and were able to change their orders or obtain an alternative menu. Staff told us and people confirmed that they could have a cooked breakfast when they wanted. People were able to choose where to have their meal. People used adaptive cutlery to enable them to eat independently and safely in line with the support as highlighted in their care plans. We observed staff supported people who required assistance with eating and provided snacks and refreshments. We observed that meals served looked appetising and were presented well. People had different meals which indicated that they were given choices about what they wanted to eat.

People received food that met their nutritional and hydration needs. Staff had detailed information about people's nutritional needs. Staff maintained fluid and food charts and monitored people's weight and alerted the nurse in charge if they had concerns about people's nutritional and hydration intake. The registered manager ensured they made a referral when needed and then followed the guidance provided by healthcare professionals. We observed a staff handover where the shift leader identified people who required support with eating and those who required monitoring of their fluid intake.

People received care and treatment when needed to maintain their health. One person told us, "I see the GP when I am unwell." Another person said, "The [staff] arrange my hospital visits, dental appointments and general check-ups." Healthcare professionals commended staff for making a referral to them when they had concerns about a person's health and for following their guidance. Staff maintained records of people's visits and follow up appointments with healthcare professionals such as GPs, physiotherapists, opticians, chiropodists, dieticians, speech and language therapists, tissue viability nurses, dentists and community nurses. The registered manager reviewed people's treatment plans in line with the healthcare professionals' guidance. Each person had a health action plan and received the support they required to have their physical and mental health needs reviewed to ensure they received appropriate care to meet these.

## Is the service caring?

### Our findings

People were not always involved in planning their care and support. People did not always have one to one meetings with staff about the coordination of their care. A key worker system enabled a member of staff to take a lead role in liaising with the person's family, health and social care professionals and updating their colleagues of any changes in people's well-being. However, staff had not consistently carried out their key working duties. The registered manager and senior management told us that they had noted the current system that placed the keyworking responsibility with the registered nurses was not effective because of their workload. They told us healthcare assistants would be assigned the role of keyworker after they had attended training arranged prior to our visit. Healthcare assistants told us they were happy to resume the role of keyworkers that had previously been taken away from them as they felt it enhanced the quality of care and support people received.

People using the service and their relatives told us staff provided support in a caring and compassionate manner. Comments received included, "I enjoy living here." "They [staff] are all very nice." "The staff are kind, lovely and helpful." "[Staff] treat with kindness, when they put me to bed they do that really kindly. They are wonderful and helpful." One relative told us, "It's a very family orientated approach to the home, not business like." "I am very pleased with the whole care." Another relative said, "It is a very caring environment with capable staff who are very approachable. The home offers a nice balance between professionalism and homeliness, with staff trying to make a difference to the quality of resident's life." One healthcare professional commented that the staff were helpful and that they received positive feedback from people using the service. Staff knew people's needs and the support they required and said they wanted to provide a high quality service. We observed staff talking to people in the lounge and dining room and they were attentive and respectful in their approach and manner.

People enjoyed positive working relationships with the staff who provided their care. One person told us, "We chat and talk about things with the [staff]." Another person told us, "The [staff] are easy going. I can have my meals in my room." One relative told us, "It's not been perfect but we do get to sit down and talk with the [staff]." Another relative said, "Staff are always happy to talk with me about [family member's] particular individual needs. I feel confident that if there was ever a serious change in [family member's] needs then someone would let me know." Another relative said, "Staff are generally good. You get the odd one out now and again." We raised this issue with the registered manager, who explained that they were closely monitoring staff's practice to ensure that relationships between people and staff were professional and beyond reproach. People were comfortable around staff, exchanged jokes and had pleasant conversations with them. We observed staff were friendly but professional when talking to people and referred to them by their preferred names.

People received care that treated them as individuals. Staff told us they had received training on equality and diversity and understood how to ensure each person had equal access to opportunities and services. One relative told us, "There is a warm and friendly feel to the place and staff often stop and chat to the residents." One member of staff said, "I am aware of people's backgrounds and respect their culture." Another member of staff said, "There is a church service held every month. We help the residents to prepare

for the service and to attend." Records showed people had attended a church service the day before our inspection and they were pleased that staff supported them to practice their faith.

Staff provided people with information and support to make decisions about their day-to-day living, for example, staff had arranged an outing for lunch at a local golf club restaurant. Staff asked people who wanted to go and showed patience when explaining to them about the lunch times and travel arrangements. People were able to choose how they wanted to dress for the outing and staff supported them to put on their coats, scarves and gloves. Staff told us they asked people how they wanted to spend their day, how they wanted to dress and where they wanted to have their meals. We observed that people had meals where they liked and saw them eating in their bedrooms, lounge and dining rooms. People who could not express their needs had access to advocacy services to ensure staff understood and considered their views about decisions of their daily lives.

People received care that maintained their privacy and dignity. One person told us, "Staff call me by my name. They have me covered with a towel when giving me a wash." Another person said, "The staff are respectful and calm when talking to us." Staff knew how to treat people with respect. One member of staff told us, "We close doors when supporting a person with a wash. We knock on doors and wait to be told to enter." Another member of staff said, "I talk to the resident and explain what I will be doing." Daily observation records showed staff provided people's care in a manner they wished their support to be delivered.

People at the end of their life received appropriate care from staff who had received relevant training from a hospice and palliative care team. Records regarding a person's discharge from hospital showed staff had made arrangements for end of life care provision that included a suitable bed and a pain management plan. Records showed staff contacted healthcare professionals in a timely manner to ensure the person had the support and resources required to have a comfortable and pain free life when possible. We observed a person at the end of their life was comfortable in their room. Records of turning and fluid charts confirmed staff followed guidance provided by healthcare professionals to support the person to live the remainder of their life with dignity and compassion.

Staff had discussions with people using the service and their relatives (where appropriate) about their wishes and preferences for end of life care including their spiritual needs. Records confirmed people's end of life wishes and the support staff had provided was in line with their preferences. Some people living at the service had Do Not Attempt Resuscitation (DNAR) and Advance Care Plans (ACP) which indicated their wish to stay at Woodcote Grove in their last days and included a record of discussions with the person's family and the GP. Compliments written to the registered manager from relatives of people who received care at the end of their lives included, "Thank you for making [family member] very comfortable and creating a peaceful environment for them." and "We could never have wanted anything better." The service provided a guest room to enable relatives to have an overnight stay when visiting and to support those who wanted to spend time with a person at the end of their life.



## Is the service responsive?

### Our findings

People were at risk of receiving care that was not appropriate to meet their individual needs. Staff had not consistently reviewed some aspects of people's care and support plans to reflect any changes in their needs and the support in line with the provider's policy which stated that this should be completed monthly. The registered manager and senior management were aware of the delays in the care plan reviews caused by changes to staffing and told us they had plans to update the care plans. They submitted an action plan after the inspection showing how additional resources were available to enable staff to bring the care plans up to date and to ensure that they carried out regular reviews. Although staff received detailed daily updates about people's well-being, the registered manager had not ensured that they maintained accurate records of people's needs and the support they required. We did not have the confidence that people always received care that met their individual needs and reflected their personal preferences.

The above is a breach of regulation of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014.

People using the service and their relatives were able to make a complaint about the service. They were comfortable raising concerns about their care and were confident that the registered manager took their concerns seriously. We received different views that included, "I would not hesitate to speak to the manager if I had a problem or a complaint." "It's one thing after another." "The regular staff are good and the agency staff not so good. Some don't know what I like." "The staff are attentive." "There have been a number of staff changes during the past few months." Staff told us that the quality of care was variable but had begun to be consistent due to the changes implemented at the service. Team meeting minutes of February 2017 showed that the registered manager acknowledged and expressed concern about a "high level of complaints" about the service.

The provider's complaints handling process was effective, however this did not always prevent a recurrence of similar concerns. There was a record of complaints raised in the service with written acknowledgement sent to relatives and meetings held with family members when required. The registered manager and provider investigated and resolved concerns within timeframes set in the provider's complaints procedure. Records showed the registered manager provided staff with feedback regarding the outcome of investigations into complaints and lessons learnt. The systems and processes enabled the provider to identify where quality was being compromised. The provider and registered manager resolved complaints raised and had plans to monitor staff performance and to offer more training when necessary. Despite this, we were concerned that the service continued to receive complaints of the same nature indicating that staff did not learn from concerns raised about the service to prevent a recurrence.

The above is a breach of regulation of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

At our last comprehensive inspection of the service on 15 December 2014, we found people did not have enough opportunities to undertake activities of their choice. During this inspection, we found that the provider had taken action to ensure people took part in activities of their choice and received support to follow their interests. Although there were mixed views about the amount of activities people could



undertake outside the service, we were confident that the registered manager provided opportunities for each individual to pursue their interests. One relative told us, "There is always something for the residents to do. The entertainment on offer is amazing and the residents are encouraged to join if they so desire." Another relative commented, "[Family member] used to go out to a club a couple of times [a week], but not anymore. [Family member] is rather restricted there." Staff knew people's abilities and interests and supported them according to their wishes. An activities coordinator ensured people received the support they required to pursue their hobbies and interests.

People told us they took part in a wide range of activities which included flower arranging, cake decoration, music, gentle exercises, art class, preparing bulb pots for their bedrooms, quizzes and games. In addition to group activities, staff held one to one sessions in people's bedrooms and the person chose the activity such as listening to music, discussion of current affairs, reading or having a facial or manicure. People told us and records confirmed people went to external clubs where they attended art classes or played games. People had lunch at the local golf club every month. People received support to attend local churches and to visit local garden centres. People enjoyed visits from theatres and local school choirs and youth clubs who visited the service. People said they looked forward to the regular animal visits such as rabbits and dogs and loved the two resident cats at the service. Staff told us the wide range of activities catered for people's preferences and that this reduced boredom, loneliness and the risk of social isolation. The service was due to commence using their own minibus to increase the number of outings and visits to places of interest. There was a weekly and weekend timetable of activities and there was a pictorial representation of activities displayed on the noticeboard in the dining room. We read a monthly gazette that provided information for people living at the service and their families about activities at the service and in the community.

People had an individual plan for their care and support needs. The registered manager assessed people's social, physical, emotional and health needs prior to them moving into the service. They completed pre-admission assessments which included each person's personal details, past medical history, current medicines, any known allergies, personal hygiene, mobility, foot care, eating and drinking, skin integrity, sensory needs, any history of falls and sleep pattern. This helped to determine whether the provider could meet each person's individual needs. The registered manager developed care plans which showed each person's background, preferences, needs and abilities. Support plans contained sufficient guidance for staff about how to deliver people's care in line with their needs and preferences. Each person had a document called "This is me" with information which told staff about the way they liked to be supported.

People using the service and their relatives provided feedback about the care. They attended residents and family meetings and completed questionnaires. Feedback from relatives indicated that the registered manager acted on their concerns although some of the issues were recurrent for example concerns about misplaced laundry. Minutes of meetings showed the registered manager encouraged relatives to give feedback and acted on their concerns. The registered manager talked to staff about concerns received from family members and shared compliments received about their performance. Residents' meetings minutes highlighted changes people wanted to see at the service. The registered manager had acted on the issues raised which included improving the atmosphere during meal times, additions to meal options and cleanliness of their rooms and toilet facilities. The provider had made available a minibus to enable them to access the community.

## Is the service well-led?

### Our findings

People may have been at risk of not receiving safe and appropriate care as the provider's quality monitoring systems did not always effectively address issues identified. The provider audited the quality of care to identify shortfalls in different aspects of the service. However, the provider and registered manager did not resolve issues identified in audits in a timely manner to reduce risks to people's well-being. For example, the July 2016 audit highlighted that improvements were required in care planning and reviews. Subsequent audits of November 2016, March 2017 and August 2017 identified the same concerns. We also found the same issues at the time of our inspection. Whilst staff made progress to update care plans and reviews, we were concerned by the time taken to address these concerns. Minutes of a February 2017 team meeting identified care planning workshops as necessary to equip more staff with the knowledge required to carry out reviews and record information about people. In addition, staff minutes of March 2017 highlighted that a key working workshop was to be organised to enable more staff to be involved in the planning of people's care. However, these plans had not been implemented at the time of our inspection. We discussed this issue with the registered manager who explained that they were aware of the challenges when they began managing the service but had focused on building a stable staff team. Whilst we observed progress in establishing a cohesive staff team, we did not have an assurance that the provider and registered manager acted without delay to identify and make improvements to people's care.

People's information was not kept confidentially at the service. We saw people's information in the ground floor medicines room that had unsecured windows. The provider and registered manager had not ensured they kept people's records secure at all times.

The above issues constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not always submitted notifications to the Care Quality Commission (CQC) as required by law. They had not notified the CQC on the outcome of an application of a request to a supervisory body about people subject to a Deprivation of Liberty Safeguards (DoLS). The registered manager maintained a schedule of people who were subject to DoLS and those who had applications pending with the local authority safeguarding team. We highlighted this issue to the registered manager who explained that the oversight was due to their commitment to developing a cohesive staff team.

This was in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. After the inspection, we received notifications about two people whose DoLS were authorised by the local authority safeguarding team.

People using the service and their relatives had mixed views about the registered manager and the management team. One person told us, "I think the manager of the home ought to be around the home herself seeing residents." Another person said, "She is alright." Relatives commented, "The [registered] manager is stretched and relatively new." "I think that [registered manager] is doing a great job training the staff but it's also an up-hill struggle to keep on top of all the things." "[Family member] does not believe that

she has even met the current manager." "I have a high regard for the [registered] manager, but she doesn't seem to be on-site all that much. I am surprised when I see her rather than being surprised when she is not there, although she could easily be over at the other house. I feel communication could be improved."

Staff had mixed views about the management of the service. Staff told us the registered manager was supportive. One member of staff told us, "The [registered] manager is very encouraging." Another said, "I see the managers regularly and they are approachable and do listen." Another member of staff said, "The senior staff are supportive and approachable." However, some members of staff felt that the registered manager was "always busy" and did not have sufficient time to meet with all of them.

People received care from staff who were encouraged to be open and transparent about their work. One member of us told us, "The quality of care is not consistent throughout the team." Another member of staff told us, "We are getting more things right than ever before." The registered manager told us that they discussed with staff the importance of a culture of openness because it enabled them to understand areas they needed to improve on when delivering people's care. Relatives were welcome to "Walk in my shoes talk," which enabled staff to understand the family's perspective about their expectations of care delivery at the service. Staff welcomed this as it ensured they understood shortfalls in care delivery and what they needed to do to improve.

People's care was being provided by a management and staff team that had undergone changes in the past 12 months. One member of staff told us, "We have had different managers in the last few years and a lot of changes. It can be disheartening." The director of care explained that they had strengthened the leadership and management team of the service. Two receptionists were recruited to answer telephone calls and to receive visitors to the service. People using the service and their relatives were happy about this development because they said it had improved their communication with the home. An administrator was in place to support the registered manager with recruitment and scheduling of staff supervisions, appraisals and other administrative tasks. Whilst people and staff were happy about the changes to the management team, they said they would like to experience stability as they had gone through various changes in the previous months. Staff told us the registered manager was "turning things around" and one said, "the home is now more stable."

Team meetings were used to discuss how staff provided care and any issues they required support with. Minutes of meetings showed a good attendance by staff and highlighted issues such as complaints received, staff conduct, communication amongst staff and the activities provided to people. The registered manager chose a topic to discuss to inform staff on good practice, for example, they had talked about how to recognise pressure ulcers and the action to take to keep people safe.

People benefitted from the close working partnership the registered manager had with other healthcare professionals and external agencies. The registered manager attended external meetings and training arranged by the provider on changes in the health and social care sector and how to develop the service.

We discussed the issues raised in the report during our feedback session with the registered manager, director of care and regional director. The director of care sent an action plan after our inspection visit about what they were going to do to improve the standards of care in relation to the issues raised in this report.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The provider and registered manager did not notify the Care Quality Commission about the outcome of applications to a supervisory body.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	People were at risk of receiving care that did not meet their individual needs and or reflect their personal preferences.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider and registered manager had not done all that is reasonably practicable to protect people against the risk of receiving unsafe care and treatment.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	People were not protected against the risks to their health and welfare because arrangements to assess and monitor risks and improve services were not effective.
Treatment of disease, disorder or injury	
	The provider and registered manager had not ensured they kept people's records secure at all

times and that documents were only accessible to authorised staff.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff did not receive the appropriate support, professional development and appraisal necessary to enable them to carry out their duties effectively
Treatment of disease, disorder or injury	