

Woodlands Manor Care Home Limited

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Inspection report

Ruffet Road
Kendleshire
Bristol
BS36 1AN

Tel: 01454250593






Date of inspection visit:
07 June 2016
08 June 2016

Date of publication:
11 July 2016

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. When we last inspected in August 2014 there were no breaches of legal requirements.

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 our inspection there were 38 people in residence.

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 provider had not ensured the safety of people who live in the home, any visitors and the staff team. Access to unsafe areas in the grounds were not screened off therefore people could be injured if they went into these areas and fell. The registered provider had not reduced the risk of people being scalded because hot water temperatures at the point of delivery in some bedrooms were too high.

Improvements were required with some aspects of the management of medicines. Nurses need to ensure that all medicines received in to the home are recorded and any handwritten entries on medicines charts are checked by another member of staff. This reduces the risk of an error being made.

Care records were not always accurate and did not provide a sufficient level of detail. People could be at risk of not receiving consistent care. People's plans were not always updated to reflect a change in their care and support needs. Long term people did not have their needs reassessed regularly with the result that some plans had been written many years ago. An accurate account of the care and support each person received on a daily basis was not maintained. Important forms to record do not resuscitate decisions were invalid because they had not been reviewed by the healthcare professional responsible for their care.

The procedures in place to monitor the quality and safety of the service required improvement. The registered manager had not used information from any accidents, incidents and complaints to identify trends. This meant the opportunity to make any changes to prevent a reoccurrence was missed. Although there was a programme of audits and checks in place these were not effective because the registered manager did not keep a log of improvements and actions taken to resolve the issues.

Staff did not have access to the registered providers up to date policies and procedures. Some of the key policies we looked at, which would be the ones they had access to had been written in 2007-2017. The safeguarding adults policy contained incorrect contact details and placed too much emphasis on internal investigation of any safeguarding alerts and concerns.

The staff team, including the registered manager understood their responsibility to protect people from

harm and had received safeguarding adults training. A number of safeguarding concerns had been raised by health and social care professionals regarding people's care and the service had worked with the local authority to address the issues. At the time of the inspection the service was still being monitored by the local authority safeguarding team.

Risks in respect of people's daily lives or their specific health needs were assessed and appropriately managed. Plans were in place to reduce or eliminate those risks. Regular checks of the premises, facilities and equipment were undertaken but were not robust enough. We have referred to our concerns about the hot water temperatures in some of the bedrooms and the safety of outside space.

The staffing numbers for each shift were kept under review and were adjusted when people were unwell or where specific events taking place. There was always a qualified nurse on duty, two on a Tuesday when the GP visited. The registered manager and clinical lead nurse provided leadership and management for the staff team. Staff were provided with regular training and opportunities to develop their skills further. They had the necessary knowledge and skills to meet people's individual care needs.

Staff were aware of the need to gain consent from people before offering care and support and will be completing further Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) training. The service had been slow to submit DoLS application to the local authority when a person was unable to consent to live at Woodlands Manor however, seven were submitted in May 2016.

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. The new chef was in the process of revising the menu's to provide a greater variety of meals. Each person was registered GP and arrangements were made for them to see the GP and other healthcare professionals as and when they needed to do so.

People said the staff were kind to them and they were looked after. Staff spoke about the people they were looking after in a kind and respectful manner and ensured they delivered care in the way the person liked. People were involved in making decisions about how they wanted to be looked after and how they spent their time. People's privacy and dignity was generally maintained however, there was one occasion during the inspection when we noticed one person's dignity being compromised.

People's were looked after in a person-centred way and were able to participate in a range of different activities. There was a mix of large and smaller group activities and external entertainers visited the service regularly. The activity staff were in the process of gathering life histories for people in order to find out about their social interests.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Requires Improvement 

The service was not safe.

Appropriate safety measures were not in place to ensure people, visitors and staff were protected from the risks associated with unsafe areas. People were at risk of being scalded by hot water. Improvements were required with the management of medicines to reduce the risk of errors being made.

Other risks were well managed and people received their medicines as prescribed.

All staff received safeguarding training and would report any concerns. Staff recruitment procedures were safe and ensured unsuitable staff were not employed.

Is the service effective?

Good 

The staff received training and had the necessary knowledge and skills to be able to look after people effectively. They received the support needed to carry out job roles.

People's rights were properly recognised, respected and promoted. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and had made the appropriate applications to the local authority.

People were provided with enough to eat and drink and any specific dietary requirements were accommodated. Were people were at risk of poor nutrition or dehydration, measures were in place to reduce that risk.

People's health care needs were met and staff ensured the GPs and other healthcare professionals were involved in people's care when needed.

Is the service caring?

Good 

The service was caring.

People were looked after by staff who were kind and caring. Staff

provided the support people needed and on the whole treated people with dignity and respect.

Is the service responsive?

The service was not always responsive.

Care records need to provide more detail to ensure people are looked after consistently. People have a say about how they want to be cared for and relatives were included where appropriate. The staff team were aware of people's preferences, likes and dislikes.

People were able to participate in a range of different activities and encouraged to speak out if they wanted things to change or were unhappy.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The quality assurance systems the provider had in place were not always used effectively. Where shortfalls were identified there was no improvement plans in place to check that the appropriate action was taken. The provider does not evidence that the people's voice was heard, or that of the staff team.

Any accidents, incidents or complaints were not used to make changes which meant the event may happen again.

There was a management structure in place led by the registered manager who was also the registered provider.

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 check 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 two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 CQC. A notification is information about important events which the service is required to send us by law. The Provider Information Record (PIR) was not due to be submitted by the provider prior to our inspection but had been completed. 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. On day one of the inspection the registered manager advised us that the PIR had been submitted therefore we analysed this information post inspection.

We contacted three healthcare and social care professionals as part of the planning process and the feedback we received has been incorporated in to the main part of the report.

During the inspection we spoke with 15 people who lived in the home, seven visitors, nine members of staff and the registered manager.

We looked at five people's care records, six staff recruitment files and training records, staff duty rotas and other records relating to the management of the home.

Is the service safe?

Our findings

People said, "I feel safe thank you", "Everyone is nice and kind to me", "I do not have to worry about anything now. I used to fall a lot, at least there are staff here to help me up" and, "The staff are always polite". Visitors we spoke with did not raise any concerns regarding their relatives safety. One relative said, "I have every confidence in the staff team to look after my wife safely and properly".

Despite the positive comments by people and their visitors, there were aspects of serious concern that could have affected the safety of people who live in the home, visitors and staff.

Building works were in progress at the service but were not screened off to prevent entry in to the unsafe areas. From the main conservatory, the access to the outside from the right was via a deep step down to the patio. There were on-going building works at the home, and there was a large area of excavation where new drainage was being installed. This area was not covered and presented a risk of falls and injury. From the second conservatory there was also access to outside space. The pathway to the left led to a further building site and uneven ground. This was also not screened off to prevent access to an unsafe area. Immediately following our inspection, the provider erected safety screening and provided photographic evidence of the metal screens in place. We are satisfied that this minimises the potential risks we identified.

Hot water temperatures were not checked at the point of delivery in the bedrooms in the older part of the home. The explanation given was that the water was very hot. We used the home's digital thermometer and checked the water temperature in six of the bedrooms. Three of the bedrooms (rooms 4, 5 and 6) recorded 57 °C, room 13 took a while for the hot water to come through but then reached 57 °C, room 16 recorded 59 °C and room 21, 53 °C. There were no hazard warning signage displayed and people, their visitors and staff were at risk of being scalded.

When we visited the service again on 23 June 2016 the actions taken by the provider had minimised the potential risk of scalding. The boiler had been adjusted and the hot water temperatures in the affected area's had been checked on a daily basis. These will now be checked on a weekly basis.

Both these examples are evidence of a breach of regulation 15 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014. This breach is now rectified.

Each person was supported with their medicines. All medicines were looked after and administered by nurses at the prescribed times. The provider did not check that the nurses who administered medicines did so safely. One nurse said they had not done any medicine training for three years. We discussed with the registered manager whether competency assessments of the nurses were completed and were told they were not.

Nurses said the GP reviewed people's medicines on at least a six monthly basis. Medicines were re-ordered on a four weekly basis to ensure they were always available. New supplies were checked against the printed medicines administration record (MAR) charts however they were not consistently signed in when new

supplies were provided. The records showed gaps and would mean that proper stock control audits would not be possible. Hand written entries on the MAR charts had not been countersigned by another member of staff to ensure the entry was correct. One handwritten entry just recorded the name of the medicine, with no instructions of the dose or how often it had to be administered. These shortfalls increased the potential that a medicine error could be made.

All medicines were stored safely in a locked room. Although the room had an air conditioning unit in place they were not recording the room temperatures to ensure medicines were stored below 25 °C. A medicines refrigerator was available for those medicines that required cold storage and appropriate arrangements were in place for storing controlled medicines. Nursing staff checked the stock balance of the controlled medicines on a weekly basis. Where people were prescribed creams or ointments, the record of administration was the MAR chart – the sample we looked at did not evidence these prescribed topical medicines were being applied as instructed. It would be good practice if a topical medicine record was kept in people's room file and the treatment was applied by the care staff with the nurses checking they had done so.

This is a breach of regulation 12 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

All staff were expected to complete safeguarding training as part of the essential training programme. The registered manager was aware that a significant number of the staff team needed to complete refresher training and the clinical lead nurse was in the process of reorganising the training records and the staff training matrix. A new training system was being implemented which consisted of a computer based learning programme and workbooks to complete. These will be issued to all staff. Staff we spoke with had a good awareness of safeguarding issues and would report any concerns they had about people's safety to the registered manager or the nurse in charge. They were less clear they could report directly to South Gloucestershire Council safeguarding team, the Care Quality Commission or the Police. The registered manager and the clinical lead nurse were already booked on to the manager's safeguarding adults training with South Gloucestershire Council.

Since August 2015 four safeguarding alerts had been raised by other agencies and two of them were in respect of pressure damage people had sustained. Three of the cases had been investigated and completed, and one was still on-going. The registered manager had made some changes as a result of these incidents. The South Gloucestershire safeguarding team were monitoring the whole service at the time of this inspection.

Risks assessments were completed for each person in respect of the likelihood of falls, use of bed rails, nutrition, moving and handling tasks, continence and the likelihood of developing pressure ulcers. An individual moving and handling profile was devised for those people who needed assistance to move or transfer from one place to another. These profiles did not always contain specific details about the equipment to be used, for example the type of sling. The profiles did record the number of care staff required to undertake any task. During the inspection several people were observed being moved with a range of different equipment, suitable to their needs. These transfers were always completed smoothly and swiftly and the staff were keen to ensure the person was comfortable at all times.

Personal emergency evacuation plans (PEEP's) had been prepared for each person: these detailed what support the person would require in the event of the building needing to be evacuated in the event of fire or other emergency. All the plans were kept together in the 'grab file' by the fire panel.

The provider had a programme of checks of the premises, facilities and equipment and these were completed on a weekly, monthly, quarterly or six monthly basis. The registered manager checked these had been completed. The staff recorded any maintenance requests in the maintenance log and this was checked each weekday. The fire risk assessment had last been reviewed and updated in December 2015. This ensured the premises and all equipment remained in good working order.

Staff files were checked to ensure safe recruitment procedures had been followed to prevent unsuitable staff being employed. Each file evidenced that appropriate pre-employment checks had been undertaken. Disclosure and Barring Service (DBS) checks had been carried out for all staff (previously called CRB's). A DBS check allows employers to check an applicant's police record for convictions that may prevent them from working with vulnerable people. References were obtained from previous employers but only one reference had been obtained for three staff members. It would be good practice if the registered manager recorded that references had been validated and any gaps in employment explored.

The registered manager explained they did not have a procedure in place to calculate the number of staff needed for each shift in order to ensure each person's care and support needs were met. However, they had recently implemented a dependency scoring tool for each person and reviewed this on a monthly basis. Shifts were covered with a mix of management, ancillary, activity staff, nurses and care staff. A nurse was on duty for every shift including weekends and overnight. On a Tuesday morning two nurses were allocated to be on duty because the GP did their 'ward round' that day. The registered manager had seven or eight care staff on duty throughout the day and overnight there was one qualified nurse and three care staff on duty.

Staff we spoke with felt staffing numbers were appropriate but at key times of the day, it was very busy. The registered manager employed six nurses, had two bank staff and had just recruited for one more nurse. Staff were asked to pick up any unfilled shifts and agency staff were only ever used as a last resort. The branch manager of one of the care agencies happened to visit Woodlands Manor at the same time as the inspection visit. They had just started supplying care staff and were reviewing how things were going. They had supplied care staff for 20 shifts during a three month period. The same four staff had completed these calls.

Is the service effective?

Our findings

People said, "The nurses and the staff are very competent", "I get all the help I need and enough to eat and drink", "When I use my call bell, the staff come along promptly and help me" and, "The staff are good at their jobs. I have my favourite staff but the others are OK". One visitor said, "I feel very lucky that a place was available for my relative as this is the best care home setting in the area".

Staff were supported to do their jobs. Any 'new-to-care' staff starting work at the home will complete an induction training programme that meets the requirements of the Care Certificate. The Care Certificate was introduced for all health and social care providers on 1st April 2015 and consists of 15 modules to complete. New staff would initially do some orientation shifts and be supernumerary to the staff rota. The registered manager said new staff would have as many orientation shifts as needed and had to complete the training within 12 weeks. All staff had an on-going programme of mandatory training to complete and this included moving and handling, fire awareness, safeguarding and mental capacity, health and safety and food hygiene.

There was a programme of staff supervision and annual appraisal but the records were in the process of being updated to accurately record when these had taken place. Staff confirmed they had a regular supervision session where they discussed work performance, any welfare issues and any training and development needs. Nurses told us they were provided with opportunities to do clinical training in order to meet the conditions of their registration with the Nursing & Midwifery Council (NMC). One nurse said she had completed venepuncture training (taking of blood samples), catheterisation and care of the dying training recently.

Care staff were encouraged to complete recognised qualifications in health and social care. Approximately half of the care staff (19) had achieved their qualification at level two and the senior care staff had completed their level three awards.

The registered manager and clinical lead nurse were in the process of introducing a new training package. All care staff will be expected to complete the training sessions and the workbooks. One of the training sessions will be in respect of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. 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 recently completed the first four modules of a training package about the MCA and DoLS. Concerns had been raised during one of the recent safeguarding investigations regarding the registered manager's understanding of MCA and DoLS. No DoLS applications had been submitted to the local authority. At the time of our inspection there were no people subject to a DoLS authorisation however,

the registered manager had submitted seven applications to South Gloucestershire Council on 10 May 2016. The registered manager was aware CQC needed to be notified when the outcome of these applications was known.

Improvements to the assessment process for new people had been instigated to include an assessment of their mental capacity. The registered manager was aware that if the person did not have the capacity to make a decision to live at Woodlands Manor a DoLS application would be required.

Staff were aware of the need to ask people to consent before they provided care and support. When we asked them about people's capacity to make decisions and making best interest decisions on their behalf, they were less clear. Staff will benefit from the training package that is just about to be rolled out. During the inspection we heard the staff asking people to give their agreement to things that affected their daily lives. Examples of this included, where they wanted to sit, whether they wanted to go out in to the garden, what meal they wanted and whether to participate in social activities.

People's nutritional needs were assessed as part of their overall assessment of care and support needs. Where risks were identified a plan of care was devised and detailed the measures to be taken to manage that risk. The catering staff were informed of any food allergies and dietary needs. They provided fortified foods for those people who had low BMI's (body mass index) or had significant weight loss. Monthly body weights were recorded for everyone, weekly for those people at risk of weight loss. Food and fluid charts were maintained where a person's eating and drinking needed to be monitored. A new chef had recently been appointed and the menu's were to be reviewed with the aim of providing more choice. At the time of our inspection there was a two week menu which was changed every three months.

People made choices about their lunch time meal the day before but were able to change their mind if they wanted to. There was a choice of two cooked options and two puddings or cheese and biscuits for pudding. Other options can be made available if people did not want either of the choices.

People made positive comments about the meals they were served with. The majority of people were served their meals in the dining room whilst others chose to have their meals served in their own room. We noted that meal times were a social occasion, the tables were laid up nicely 'hotel-style' and there was good interaction between people and the staff team. People said, "The meals are well cooked", "My favourite meal of the day is porridge, they make it just like I like it", "My only complaint about the meals is that sometimes the portions are too big" and, "I can always ask for a cup of tea and the staff go and make me one". The registered manager told us they had plans to provide facilities opposite the main entrance where relatives and visitors could make a hot drink. This will be started when other refurbishment has been completed.

Each person was registered with a GP, most with the local GP practice where a local enhanced service contract was in place. As part of this contract the GP did a weekly 'ward round' and saw those people the nurses had identified as needing a GP visit. The GP was visiting the home at the time of our inspection. They told us they tended to see 12-14 people per visit, some of them for a review of their medicines. Nurses also requested GP visits when people were unwell or when people had asked to see their doctor. We offered two GP practices the opportunity to provide us with feedback about how their patients were looked after - they did not raise any concerns with us.

One person had recently been visited by a hospice care nurse. They had recommended that end of life medicines (comfort medicines) be ordered in preparation for when they were needed. The nursing staff had acted upon this in a timely manner and spoken with the GP to arrange this.

Arrangements were in place for people to receive support from visiting opticians, dentists and chiropodists. The home worked alongside community and hospital social workers, occupational therapists and physiotherapists in order to make sure people were well looked after.

Woodlands Manor is a purpose built care home with level access from the car park. During the day the front door was open from outside but has a key-coded lock to exit. All rooms were furnished to a high standard including the provision of nursing profile beds. We did note that many of the integral bed rails were marked and shabby. Many of the private bedrooms had en-suite facilities of a toilet and wash hand-basin, whilst other bedrooms had a vanity unit in the bedroom. Each bedroom was 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. 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. One person said, "You can't get better than this".

Is the service caring?

Our findings

People said, "The staff are lovely and so friendly, I like it when they chat to me and tell me what's happening in their lives", "I couldn't be better looked after", "It is friendly here" and, "I was worried about having to come to live here, but I needn't have. Everyone is so kind". One person referred to the staff as "her angels" and said staff were flexible in their approach, allowed her to make her own choices and "cared about everyone". Visitors said, "We have been very pleased with the care shown to (named person) and staff are very kind", "It is like one big happy family" and, "They don't seem to mind that I visit every day and they always ask how I am keeping. I have been told I can stay for lunch but I generally go home and then come back again".

Staff spoke about people in a kind and respectful manner and were aware of the different way people liked to be looked after. As part of the new training programme for all staff, equality and diversity will be one of the modules they have to complete. Staff talked about people's different needs and wishes. Staff addressed people in an appropriate manner, generally by their first name. Where people wished to be referred to by a nickname, this was respected by the staff team. This preference was recorded in their care plan. We asked some of the staff if they would recommend Woodlands Manor to friends or family, they all said they would.

During our visit we observed a number of different occasions of positive interaction between people and the care staff. Our observations included a 20 minute conversation between one person who was bed-bound and a carer. A two way conversation took place and they shared a joke together. On another occasion we heard a person being complimented by a member of staff about how nice and smart they looked. One person told us they had recently had a birthday and the staff had allowed the family to hold a party in one of the lounges. However, we did see one occasion when one person's dignity was compromised. This person was sat on the commode but their bedroom door had been left open. When we brought this to the attention of the care staff they took prompt action. This incident was discussed with the registered manager during the feedback at the end of the inspection.

For those people with hearing problems staff were seen to speak closely into their ear rather than with a raised voice. These actions benefit the welfare of both the person and the other people around them.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and were helped to get dressed in their preferred style of clothing. Their clothes were clean and ironed and they had access to a hairdresser who visited the service regularly.

The service kept families and friends informed about what was happening at Woodlands Manor and produced a newsletter. The newsletter provided information about significant events, and arranged trips and activities and significant news about people and the staff team. Copies of the newsletter were available in the main reception area.

Is the service responsive?

Our findings

People said, "I use the call bell when I need help. Sometimes at night it takes a while for the staff to get to me. They tell me they were busy", "I had a bit of a lie in today. This heat is taking it out of me", "The staff help me whenever I need support and are very helpful and kind" and, "I am very well looked after. I need more and more help now because my condition is getting worse". Visitors were all satisfied with the way in which their relatives were looked after. They said, "The staff are very good with (named person) who can be quite difficult at times", "The staff organise a lot of things to do and watch" and, "Everyone is so well looked after here. The staff work hard to ensure residents are happy".

People's care and support needs were assessed prior to being offered a place at Woodlands Manor. This ensured the service was appropriate for the person, the staff had the required skills and experience and any specific nursing equipment was available. Information gathered in the assessment process was used to develop a care plan for each person. These plans 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.

The care plans we looked at required improvement with some of them needing greater detail. This meant that people could be at risk of not receiving the exact care and support they needed. Where people had wounds, their wound care plans had very little detail in them. The service used a wound assessment and management plan and recorded details each time the wound was attended to. One of the nurses told us they decided which medical products were used to treat people's wounds but a referral would be made to specialist nurses (tissue viability nurse) when needed. All wound care plans were kept together in a folder and separate from each person's other plans. There was no reference to the wound care plan in people's own file. One person's nutrition and hydration plan stated they were on an enteral feeding regime (fed by a gastric tube directly in to the stomach). However, changes had been referred to in one of the reviews but the care plan had not been updated.

The care plans for one person who had resided at the home since 2012, had been written in 2012. Their moving and handling profile did not appear to have been reviewed since May 2014 although other plans and risk assessments had been reviewed on a monthly basis. Their care file was full of old documentation which meant it was difficult to find current plans and other relevant records.

Daily records were completed by the care staff and we looked through a sample of these. The staff completed a record of personal grooming but the written text they recorded was generally about being washed, dressed, breakfast and bowel movements. There was only ever one recording each day, made by the staff at the end of the morning. Afternoon, evening and night staff did not seem to complete any record of the care and support they had provided.

Where decisions had been made regarding a person's wishes in the event of a sudden collapse, improvements were required. The service used the formal nationally recognised Resuscitation Council

forms (approved for use across all care settings) but three out of the five we saw had not been completed by the healthcare professional (the person's GP) responsible for their care. Two of them had been completed by hospital staff before the person had lived at Woodland Manor. The two DNAR that were correct had been reviewed and signed by their current GP. Where people had appointed a member of the family to have power of attorney, this was recorded in their care files, however the staff had not obtained a copy of the document as evidence.

This is a breach of regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

A significant number of the plans we looked however were detailed and personalised. For example one person's care plan referred to their need for adequate pain relief prior to any transfer movements. The person told us the nurses always offered them pain relief before they got out of bed or returned to bed in the evening. It was evident that people and their relatives had been involved in the process and they were looked after in the way they liked.

The service employed two members of staff responsible for arranging a programme of activities for people. These members of staff wore bright pink polo shirts and were visible in the communal areas of the home throughout our inspection. Once a month an activity was provided at the weekend and last month there had been a visit by a member of the Queen's Guard in full uniform. The previous month there had been a cheese and wine party and the weekend following our inspection, there was to be a summer barbeque - families and friends were invited.

On the first day of our inspection activity staff took a couple of people out to the local pub. The activity staff said this was a regular event and they were keen to ensure that every person had the opportunity to participate in this. A number of people took the opportunity to sit outside in the garden and enjoy the summer weather. A supply of sun hats and sun creams were available. On the second day of the inspection there was a group exercise activity – we were told this was held on a weekly basis. One person said following the activity, "It's an absolute hoot, we do have fun". The activity staff organised a 'mobile shop' each Wednesday and people are able to purchase sweets, drinks and toiletries. Twice a month pat-the-dog visited the service and a hairdresser visited every Monday. Other examples of activities arranged included a weekly bingo session, visiting musicians and singers, cake decorating, a film afternoon and arts and craft sessions. In July 2016 a trip to Weston super Mare was planned and would involve as many people as possible.

The service was trialling the use of the Daily Sparkle. This is a daily magazine that care providers can prescribe to. It has stories of days gone by, quizzes and items of interest to the older generation. The activities and care staff can use the daily sparkle to generate conversations.

The activity staff wanted to create a life history record for each person and find out about their social interests. They said they would do this work with the person and their families. Activity participation sheets were completed. These recorded who had been involved in the activity but there was no evaluation about how it had gone. The registered manager had talked about 'This is Me' forms but we only saw one completed form in a person's bedroom.

People and visitors we spoke with felt able to raise any concerns or complaints with the care staff, nurses or the registered manager. People made the following comments: "Nothing to grumble about at all", "I would speak to my husband if I had any concerns. I expect he would ask to see the manager" and, "I am sure I would be listened to if something was wrong". People were asked to share their views or make comments

about things during their care plan reviews, resident and relative meetings and at any time they wanted to make comments.

Is the service well-led?

Our findings

People and relatives we spoke with did not make any direct comments about whether the service was well run but said, "The staff have their routines and help me whenever I need it. I get plenty to eat and drink and I am quite content", "The manager comes to see us regularly and has a chat", "I am very happy that my relative lives here. This was the only home she would consider when she needed a nursing home" and, "We can come and visit at any reasonable time, the staff are very accommodating".

Staff said the registered manager and the qualified nurses provided them with leadership and "organised their work". They said they were expected to provide the best possible care to everyone. The registered manager did not have a clinical background but there was a clinical lead nurse in post. At the time of our inspection the clinical lead nurse worked on night duty however, in July they were transferring to day duties where their job role would be more effective. The main purpose of their role was to supervise the staff, provide clinical guidance, oversee the training matrix and to work alongside the staff team.

The registered manager was signed up to study for a level five health and social care diploma in leadership and management. They had also completed other relevant training to her role, for example, equality and diversity, infection control, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The registered manager and clinical lead nurse led the nurses and a team of care and ancillary staff. The nurses and care staff had a handover report when they were starting a new shift. We sat in on one handover meeting and there was good exchange of information. One of the care staff had not worked for several days and was therefore updated on changes that had taken place in their absence. At the end of the handover the nurse allocated specific tasks to the care staff and informed them which floor they would be working on.

The primary aim of Woodlands Manor was stated as 'creating a warm, homely environment for all our residents and to provide a high standard of professional nursing care to each individual'. Despite the positive comments made by people, their relatives and the staff team, improvements were required in a number of areas.

The registered manager saw all accidents and incidents forms. A total of 38 accidents had been recorded between the beginning of January 2016 until 5 June 2016. A monthly analysis was completed by the registered manager but there was no evidence of any action taken to minimise future risks. This meant the registered manager was missing the opportunity to make changes to reduce or eliminate a reoccurrence.

A copy of the complaints procedure was included in the homes brochure. This was given to each person and in the reception area. The procedure stated all complaints would be acknowledged, investigated and responded to within a 28 day period.

Since February 2015 the service had received 10 complaints, the last one was received in March 2016. CQC had received this complaint and had forwarded it to the registered manager to investigate. The complaint was about the night staff with an allegation made that call bells were removed from some people and the

staff were sleeping whilst on duty. The registered manager informed CQC of their findings in April but had not undertaken any 'spot checks during the night time'. Following a meeting with the service, the safeguarding adults team from South Gloucestershire Council and CQC on 4 May 2016, the registered manager had completed two unannounced visits during the night. No concerns had been raised from these visits. Again, there was no analysis of the 10 complaints to see if there were any trends developing, therefore the opportunity to make changes was being missed.

The provider had a programme of audits and quality checks but these were not outcome focused and did not always identify issues to be addressed. This programme included room temperature monitoring, call bell audits, an environmental audit and a health & safety audit. An activity audit had been completed but was not dated. The overall feedback was good but people were only asked if an activity was 'enjoyed' or 'not enjoyed'. More days out was identified as an issue but there was no evidence what action had been taken. There was no evidence of any remedial action being taken as a result of the findings of any of the audits.

There were no records of any staff meetings having taken place since 2015. The registered manager agreed these "don't happen". This meant the staff team did not have the opportunity to express their views and opinions about the running of the service. Staff we spoke with could not remember when the last staff meeting had been held. Relative and friends meetings had been held in March and May 2016 and there was evidence that actions had been taken regarding issues raised about staff not wearing name badges and an information pack for new people.

A 'resident' satisfaction survey about food had been completed in May 2016 and 21 respondents had completed the forms. Twenty people had described the food as 'good' or 'excellent'. The registered manager had already met with the family of the person who described the food as poor and a further meeting was planned with the person and their family to discuss the way forward.

A visitor's questionnaire survey form had been available in May/June to gather feedback about the services and so far, 19 responses had been received. The registered manager had already met with one relative who had commented they were unsure of the complaints procedure. Looking through the completed forms there were other comments that needed to be addressed.

Paper copies of all the policies and procedures were kept in the registered managers office. We looked at key policies and found that some of them were dated as far back as 2007. The safeguarding policy for instance placed too much emphasis on an internal investigation prior to reporting to the local authority and, contained out of date information regarding their safeguarding manager. The registered manager told us all policies were kept under continual review by an external company. However the nurses and care staff do not have access to the up to date policies and this could result in them taking the wrong action.

This is a breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

In January and March 2016, Healthwatch South Gloucestershire had undertaken an 'Enter and View' visit to Woodlands Manor Care Home. They had produced a report which was shared with CQC. They had looked at the environment, the staff team, activities, person-centred care, nutrition and hydration. The registered manager had put together an action plan in response to the recommendations made by Healthwatch.

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

used information sent to us via the notification process to monitor the service and to check how any events had been handled.

We asked the registered manager about links they had with the local community. They told us about an arts and craft project where they were linked with a local secondary school. Up until now the registered manager had not attended the local authority's care provider forum. The next meeting is on 13 July 2016 and either the registered manager or the clinical lead nurse intended to go along. This would enable them to establish links with other care home providers and be aware of current issues.

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 did not take formal enforcement action at this stage. 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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider must have procedures in place to ensure the proper and safe management of medicines.</p> <p>Regulation 12 (2) (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider does not have effective systems of processes in place to monitor the quality of their service.</p> <p>Regulation 17 (1) and(2) (a).</p> <p>The registered provider does not ensure that an accurate, complete and contemporaneous record in respect of each person , including a record of the care and treatment provided and of decision made is maintained.</p> <p>Regulation 17 (2) (c).</p>