

Eldercare (Halifax) Limited

Sun Woodhouse Care Home

Inspection report

Woodhouse Hall Road
Woodhouse Hill, Fartown
Huddersfield
West Yorkshire
HD2 1DJ

Tel: 01484424363
Website: www.eldercare.org.uk

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected Sun Woodhouse Care Home on 04 and 05 January 2017. The first day of the inspection was unannounced, which meant the service did not know we were coming.

Sun Woodhouse was last inspected in August 2016. At that time it was rated as 'inadequate' in the Effective and Well-led domains of care, and therefore 'inadequate' overall. We placed the home in special measures and took enforcement action. This inspection found some improvements had been made at the home, but not sufficient to change the ratings from the last inspection. The home is therefore still inadequate and remains in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

At the time of this inspection, 18 people were living at the home; two of these people were there for respite care.

The home did not have a registered manager. The last registered manager left in April 2015. The home manager in place at the last inspection in August 2016 was not registered with the Care Quality Commission (CQC) and had subsequently left the home. At the time of this inspection the registered provider had installed a peripatetic manager who would register with CQC and run the home until a new registered manager could be appointed.

A registered manager is a person who has registered with CQC 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.

Some issues associated with the assessment and management of risk to people identified at the last inspection in August 2016 had not been rectified.

The home was compliant with the Deprivation of Liberty Safeguards but people's capacity to make other decisions had not been assessed. Evidence of relatives' legal right to make decisions on their family members' behalf was not contained within care files.

People were happy with the food and drinks offered at the home. Issues with the management of people's nutritional risk identified at the last inspection in August 2016 had not been addressed. This included the poor quality of diet and fluid intake records.

Issues relating to the updating of people's care plans to reflect their current level of need identified at our inspections in August 2016 and July 2015 had still not been addressed.

A system of regular audits and monitoring was now in place at the home. However, we found audits did not always result in action plans to drive improvement and information was not analysed as a whole to identify trends or lessons learned.

Issues relating to the safe administration and management identified at the last inspection in August 2016 had been resolved, although we found stock levels for one controlled drug did not reconcile with the amount recorded by care staff.

Issues with confidentiality noted at the last inspection in August 2016 had been addressed. However, the home had tried to engage relatives in planning people's end of life care in a way which might seem disrespectful to those it concerned.

We received mixed feedback from people and their relatives as to their involvement in planning and reviewing people's care. Most said although they had not been consulted this was not an issue which concerned them. People had been provided with information about advocacy services.

The home's building risk assessment and fire safety procedures had been improved since the last inspection. Routine checks on the building, utilities and equipment had been made. People now had personal emergency evacuation plans in place. The home was clean and odour-free.

Care workers could describe how they kept people safe from harm and abuse. We saw safeguarding concerns had been documented and responded to appropriately.

People and their relatives told us there were enough staff deployed to meet people's needs. Our observations supported this. Records showed the home's recruitment process was robust.

People had access to a range of other healthcare professionals in order to help maintain their general health.

People told us the staff were caring and relatives said staff always made them feel welcome. They also said staff respected people's dignity and privacy and our observations on inspection supported this. Staff described how they ensured the home was inclusive to all.

People's access to meaningful activities and social interaction had improved. Various measures had been put in place and people told us they had enough to keep themselves occupied.

No complaints had been received by the home since our last inspection. People and their relatives told us they felt confident to raise any concerns if they needed to.

People and their relatives were now asked regularly to feedback about the quality of the service they received. Staff at the home now had monthly staff meetings and said they felt better supported by management as a result. They also told us they enjoyed supporting the people at Sun Woodhouse.

We found new and continuous breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have 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?

Inadequate ●

The service was not safe.

Issues with risk assessment and management identified at the last inspection had not all been resolved, therefore some people remained at risk.

Apart from one issue with medicine stock levels, medicines were administered and managed safely by the home.

Fire risk procedures and building risk assessments had improved since the last inspection. Routine checks on the building and equipment had been made. People had emergency evacuation plans.

Is the service effective?

Inadequate ●

The service was not effective.

People who lacked capacity were restricted legally in accordance with the Deprivation of Liberty Safeguards. However, the home was otherwise not compliant with the Mental Capacity Act 2005.

Issues with care and support for people at risk of weight loss identified at the last inspection had not all been addressed. The quality of diet and fluid intake records had not improved.

Records showed staff access to training, supervision and appraisal had improved since the last inspection. Care workers told us they felt more supported by management and were happier at work.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The home had communicated with people's relatives in a way which did not respect people's feelings. The involvement of people and their relatives (if appropriate) in care planning was still not clear or consistent.

People and their relatives said staff at the home were caring, and

that they respected their privacy and dignity. Observations during our inspection supported this.

People had access to independent support with decision-making if they needed it. The home's staff were respectful of people's equality and diversity needs.

Is the service responsive?

Inadequate ●

The service was not responsive.

Records showed people's care plans were not always updated when their circumstances changed. This had been a breach of regulation at our previous two inspections.

People's access to activities had improved. People told us they had enough to do.

No complaints had been made about the home since the last inspection. People and their relatives told us they felt confident to raise concerns if they needed to.

Is the service well-led?

Inadequate ●

The service was not well-led.

The home still did not have a registered manager. A peripatetic manager was based at the home full time and was in the process of becoming registered until a permanent manager was appointed.

There had been regular auditing and monitoring at the home since the last inspection, however, this did not involve analysing information for trends. Audits had also failed to identify and address persistent issues with records at the home.

People and their relatives now had regular meetings with management where they were asked to feed back about the service they received. Staff meetings had been held regularly since the last inspection.

Sun Woodhouse 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 was planned to check 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 inspection took place on 04 and 05 December 2017. The first day was unannounced. The inspection team consisted of one adult social care inspector.

We did not ask the registered provider to update their Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed the information sent to us by the service as statutory notifications and requested feedback from other stakeholders. These included the Clinical Commissioning Group, Healthwatch Kirklees and the local authority safeguarding team. We spoke with one visiting healthcare professional during the inspection and after the inspection we contacted one other healthcare professional involved with people using the service.

As part of the inspection we spoke with four people who used the service, three of their relatives, four care workers, the peripatetic manager, the area manager, the team leader and a cook.

We spent time observing care in the lounge and dining room and used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

During the inspection we looked at seven people's care files. This included their risk assessments and care plans. We also inspected three care workers' recruitment and supervision documents, the home's staff training matrix, four people's medicines administration records, accident and incident forms, and records related to the running of the service.

Is the service safe?

Our findings

We asked people if they felt safe at Sun Woodhouse; those who could reply said they did. One person said, "There's someone here if I fall – that's a big safety thing", and a second person told us, "Yes, I feel quite all right here." Their relatives agreed. One relative said, "I feel [my relative] is quite safe there."

At the last inspection in August 2016 we identified a breach of regulation as not all risks to people had been assessed and managed. This was because none of the people had a risk assessment in place for their use of the bath hoist, some people with bed rails fitted lacked risk assessments for them, and one person who used equipment to self-transfer lacked a falls risk assessment.

At this inspection we checked to see if risk assessments were now in place. We found a new risk assessment for bed rails and the bath hoist had been introduced by the registered provider since the last inspection. On it, risk was assessed as being between very unlikely to very likely, with consequences of between insignificant and catastrophic. No guidance as to what these ratings meant were provided on the form. Risk assessments for bed rails listed hazards as falling out of bed and the person becoming trapped in their bedrails. Risk assessments for the bath hoist listed hazards as falling out and trapping limbs. The risk of each hazard had been assessed before and then with control measures in place. We noted different people's risk assessments for bath hoists and bed rails were the same, except for those for the bath hoist which differed only in the number of staff to support the person. These risk assessments were therefore not person-centred and did not include factors such as people's capacity to understand risk. People with bed rails did also have bed safety rail agreements which included a monthly check as to whether bed rails were still fitted safely to their beds.

When we checked the care file of the person who self-transferred we found they still did not have a falls risk assessment or moving and handling risk assessment in place. Evaluations of their mobility and falls care plan for the three months prior to this inspection showed the person now required assistance from staff to transfer. The person's mobility and falls risk care plan, dated March 2016, had been amended in November 2016 to state the person now required assistance to transfer, but no details as to what this entailed were included.

At this inspection we reviewed the personal hygiene care plan of one person who required a hoist to transfer. It stated they were supported to shower using a shower chair; care workers encouraged the person to do this independently and would leave the room once the person was seated in the shower chair with the shower running. No risk assessment had been carried out to ensure the unsupported use of a shower chair was safe for the person.

At the last inspection in August 2016 we identified one person who had fallen several times in 2016 had not been subject to a regular falls risk assessment. Their care plan had also not been updated since March 2016. The person had not been referred to their GP or other healthcare professional for advice on lowering their falls risk. At this inspection we found the person had fallen several more times since August 2016 and had eventually been referred to the falls team in September 2016. This referral was missed by the falls team so

another one was sent by the home in October 2016. The person was reviewed by a falls practitioner in December 2016, however, we noted their mobility and falls risk care plan was still dated March 2016, so their numerous falls, increased falls risk and review by the falls team was not included.

This meant risks to people were still not fully assessed and managed by the home. This was a continuous breach of Regulation 12 (1) and (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other accidents and incidents that had occurred at the home had been documented correctly. We saw people had been followed up by staff at regular intervals after they had experienced falls to make sure they had suffered no lasting effects. People were also reviewed by GPs or had attended the hospital accident and emergency department, if it was required.

At our last inspection in August 2016 we identified a breach of regulation as medicines were not managed properly. This was because the temperature of the room and fridge where medicines were stored was not checked regularly, no records of topical cream application were kept, there were no protocols in place for medicines taken 'as required', and some people's allergy information was not consistently recorded.

At this inspection we checked to see if improvements had been made. We saw oral and topical medicines were managed and administered safely. Most oral medicines were supplied in blister packs; others came in boxes or bottles. During a medicine round we observed the care worker checked each person's medicines against their medicine administration record (MAR) prior to supporting the person to take them, and then signed the MAR afterwards. We checked three people's MARs and found they were up to date with no missing signatures. Stocks of medicines in boxes and bottles were monitored; we checked three boxed medicines and found they corresponded with that on the tally. People's recorded allergy information corresponded with that in their care files. People with medicines prescribed 'as required' had protocols in place to instruct staff on how to administer them safely. We also saw the administration of people's topical medicines was now recorded on MARs kept in their daily records.

We observed the care worker supported people to take their medicines in a person-centred way, by explaining to people what their tablets were for and giving them time to ask questions and take them. The care worker also explained to us how medicines were ordered and returned to pharmacy by the home; records showed this was done properly. We also saw the temperature of the clinic room and medicine fridge had been monitored daily.

As part of this inspection we also checked whether controlled drugs, such as certain strong pain-killers, were managed safely. Records we saw showed two care workers had signed each time medicines were given and medicines were stored in an appropriate drugs cabinet. We checked stocks of two controlled drugs. One drug tallied with the level recorded in the controlled drugs book, but another drug did not. The controlled drugs book stated one person had nine Temazepam tablets in stock and this concurred with levels recorded on their MAR; however we counted 10 tablets were in the packet in the controlled drugs cabinet. We raised this issue with the peripatetic manager who said they would investigate how this had happened. This meant the management and administration of medicines had improved at the home, however, the stock checking of controlled drugs needed to be improved.

At the last inspection in August 2016 we identified a breach of regulation as building risk assessments were out of date and fire safety risk was not managed properly. At this inspection we found the building's risk assessments were up to date and actions identified in the last fire safety inspection had been addressed. In addition each person now had a personal emergency evacuation plan (PEEP) in place and fire drills had

been taking place monthly since the last inspection. The home's training matrix showed staff at the home had received fire safety training since the last inspection. This meant the home had improved its building risk and fire safety risk management procedures. We also found that, as at the last inspection, the routine checks made on the building, utilities and equipment were all in order.

People and their relatives told us they thought the home was clean. One person said, "It's clean yes. They're always Hoovering." We arrived unannounced early on the first day of inspection. At that time a walk around of the building, including a check of bathrooms, toilets, commodes and hoists, showed the home and facilities to be clean, tidy and odour-free.

At this inspection, care workers we spoke with could describe the different forms of abuse people might be vulnerable to and told us they would report any concerns appropriately. They also understood what whistleblowing meant, and said they would do so if they needed to. One care worker told us, "If I saw something I didn't like, I'd whistle-blow." The home's training matrix showed care workers were up to date with safeguarding training and we saw all incidences of abuse or suspected abuse had been documented, investigated and reported properly. This meant staff at the home kept people safe from harm and abuse.

People and their relatives told us they thought sufficient staff were deployed to meet people's needs. One person said, "They answer the buzzer quickly." Care workers also thought there were enough staff on duty at the home. Comments included, "At the moment it's enough", and, "I think we have enough at the moment with the residents we have", although one care worker told us, "On a day to day basis I think there's enough staff. We do need an activities coordinator." The peripatetic manager also felt there were enough staff on duty to meet people's needs and described how staffing levels were set by the provider using a combination of people's assessed dependency and occupancy rates.

At the last inspection in August 2016 we identified a breach in regulation as whilst people's care needs were met, there were insufficient staff deployed to provide people at the home with activities and social stimulation. At this inspection we found the same number of staff were on duty, and care workers we still expected to undertake some domestic duties as part of their role. For example, managing people's laundry. However, the registered provider had taken steps to ensure the provision of activities had increased (discussed later in this report). Our observations during the two days of this inspection, and feedback from people, relatives and staff, showed there were sufficient staff deployed to meet people's needs.

At the last inspection in August 2016 we found no issues with the way recruitment was managed by the home. At this inspection we found the filing system for personnel records was even better and records we sampled for three recently recruited staff at the home clearly showed all the required checks had been made. This meant the home continued to recruit new staff safely.

Is the service effective?

Our findings

People and their relatives told us they thought care workers had the skills and experience to support them. One person said, "They seem to know what to do all right", and a relative told us, "Staff know what they're doing. They're always very helpful."

At the last inspection in August 2016 we identified the home was not fully compliant with the Mental Capacity Act 2005, as people living with dementia had not been assessed for their capacity to consent to care and treatment.

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 so that they can 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).

At this inspection we found that whilst the home continued to be compliant with DoLS, no other changes or improvements had been made. The care files of people living with dementia did not evidence they had been assessed for their capacity to consent to care and treatment. We also saw records which showed people's relatives had made decisions on their behalf even though it was not clear if they had the required powers of attorney to do so. For example, two people's care files contained bed safety rail agreement forms which stated their families had agreed to the fitting of bed rails for their safety. There was no accompanying mental capacity assessment or best interest decision to show how the person had been involved in making the decision, or how it had been made for them if they lacked capacity. Another person's family had completed their future wishes or end of life care plan. On it they had listed treatments and interventions the person would want or refuse, although there was no confirmation the relatives making these decisions had the legal authority to do so.

We noted two other people's care plans for memory and understanding described them as having full capacity to make decisions. According to other documentation, however, one of these people had a DoLS in place and the other had been identified as a person who required a DoLS, suggesting neither had full mental capacity. We also observed a handover meeting between the night staff going off duty and the day staff coming on duty, during the inspection. At this meeting the care needs of a person admitted the evening before were discussed. We noted this did not include reference to the person's mental capacity or ability to make decisions. This meant staff coming on duty did not know whether the person would need support to make decisions.

The training matrix showed staff had received training on the MCA and DoLS, so during the inspection we

asked staff to describe how the legislation affected the people at Sun Woodhouse. We found levels of staff knowledge were appropriate to their role. All could explain how they gave people choices to help them make their own decisions and asked for consent before they provided support. People we spoke with told us staff gave them choices and they could make their own decisions. During the inspection, we observed people were free to come and go in line with their DoLS restrictions, and make day-to-day decisions around what to eat, what activities to take part in, what time they wanted to get up, and what to wear. However, records showed decisions made in people's best interests regarding their care and treatment had not been made according to the legislation.

This was a breach of Regulation 11 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they liked the food served at the home and had a choice of two options each mealtime. One person said, "It's pretty good. You can have a choice", and a second said, "They know how to do puddings." A relative told us, "[My relative] is eating well, [they've] put on weight!" People's relatives told us they could have meals with their family members at the home and we saw this had been discussed at a residents' and relatives' meeting in September 2016. Feedback about the choice and quality of food had also been sought by the home at this meeting.

During the inspection we noted the food smelled appetising and people were seen to be enjoying their meals in the dining room. Food menus were prominently displayed in the dining area for people to view. The cook explained how most meals were cooked from scratch. They also described how food was modified for people with health or cultural requirements, such as people who chose not to eat meat, who were at risk of weight loss or had diabetes. We saw the kitchen was clean and tidy; there was an adequate supply of ingredients in stock and all the correct checks on food and food storage equipment temperatures were made.

In the lounge area to the home we noted there were drinks and snacks on offer at all times for people to help themselves. The tea trolley also made regular rounds for those who could not mobilise or chose to stay in their rooms. One person told us, "The trolley comes round and there's snacks around to help yourself."

At the last inspection in August 2016 we identified a breach of the regulation relating to safe care and treatment as people at risk of malnutrition and pressure ulcers were not supported according to their care plans. There was a further breach of the regulation relating to good governance as care workers were not recording people's dietary and fluid intakes properly.

At the last inspection in August 2016 we identified two people at risk of weight loss who were not being weighed weekly as per their care plans, had not been referred to GPs or dieticians for advice or support, and whose food and fluid records were poor. At this inspection we saw one of these people had gained weight and was no longer at nutritional risk. Records showed the second person had been weighed weekly and had continued to lose weight. They had been reviewed by their GP at the end of September 2016, and as a result of further weight loss, referred to a dietician at the beginning of November 2016. Since then, the person had lost more weight and we saw this had been noted in the monthly weight audit and in their nutrition care plan, which was re-written at the end of December 2016. At the time of this inspection in January 2017 there were no records to evidence the person had been seen by a dietician. A member of staff eventually found a fax from the dietician service dated the day after the original referral was made in November 2016 rejecting the referral due to insufficient information. This meant the person had not been seen by the dietician and staff had failed to notice, thereby leaving the person at risk.

At this inspection we identified another person at nutritional risk who was not being supported according to advice received from a dietician. They had experienced significant weight loss in October 2016 and been seen by their GP and a dietician. Records of healthcare professionals' visits contained detailed advice from the dietician dated November 2016, yet the person's nutrition care plan was dated June 2016 and had therefore not been updated. The person's diet and fluid records we saw evidenced the dietician's advice was not being followed. Weight records we saw evidenced the person had gained weight for the two months preceding this inspection, however care plans must be updated when advice is received from healthcare professionals to ensure people receive the most appropriate care and treatment.

At the last inspection in August 2016 we observed people's pressure cushions did not go with them when they were supported by staff to mobilise around the home. We also identified one person with a pressure ulcer who was not receiving support in accordance with advice from a specialist healthcare professional. At this inspection we saw staff ensured people who used pressure cushions took them with them when they moved around the home, so this aspect had improved.

However, we found the care plans of the person with a pressure ulcer at the last inspection were exactly the same. For example, their nutrition care plan was dated July 2016 and still did not include advice from a dietician they saw before the last inspection in August 2016. In addition, records of visiting healthcare professionals showed the person had seen the dietician again in September 2016. They had made additional recommendations regarding drinks and snacks, which were also missing from the person's care plan. Diet and fluid records evidenced this advice was not being followed. The same person's skin integrity care plan was still dated July 2016 and stated they had a pressure ulcer. Subsequent care plan evaluations had recorded the ulcer was now healed. The care team leader told us the person's repositioning regime had changed as a result of discussions between the person and a community nurse. None of this information was recorded, although repositioning records showed the person was being supported to turn over in bed in accordance with the new regime. This meant the person remained at nutritional risk and care plans which were out of date at the last inspection had still not been updated.

This was a continuous breach of Regulation 12 (1) and (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also noted the both people's food and fluid records were not completed properly. This was because the amount of food provided to people was not recorded, rendering records such as '1/2' of 'chicken, potatoes + veg' and '1/4' of 'cake + custard' meaningless. We were told staff had received training on record-keeping in October 2016 in response to concerns raised at our last inspection in August 2016. The peripatetic manager told us further training on record-keeping would be provided and checks on daily records made to ensure they were correct.

Poor recording of food and fluids was therefore a continuous breach of Regulation 17 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in August 2016 we identified a continuous breach of the regulation related to staffing, as staff at the home had not received the training, supervision and appraisal they needed to support people effectively. At this inspection we saw this was much improved. The training matrix showed staff had attended core training on aspects such as infection control, nutrition, manual handling, and health and safety. Most staff had also completed training on additional courses, including dementia awareness, person-centred care and care planning. Staff recruited who were new to care were enrolled onto the Care Certificate as part of their induction. The care team leader explained the system for planning and booking training, and showed us a list of staff training that was due to expire in the weeks after our inspection. They said they

called the training lead for the provider to book training that was needed and informed the members of staff.

Staff told us they had received regular supervision since the last inspection and some had had an annual appraisal. Records showed these meetings focused on the member of staff's wellbeing and areas for development, and resulted in an action plan that was checked at the start of the next meeting. One care worker told us, "I feel I can say what I need to say. Mine has an action plan", and a second said, "The support is much better now", then added, "I feel a lot better coming into work." This meant the home had improved staff access to training and supervision since the last inspection and staff now felt more supported by management.

People told us they had access to a range of other healthcare professionals. One person told us, "They sent for the doctor when I needed it", and a relative said, "They refer [my relative] to others (healthcare professionals) and I get feedback if there's anything different from normal." Records we saw evidenced people had seen dentists, opticians, community nurses, social workers and GPs. People had also attended hospital outpatients' appointments. We saw visits were recorded in detail in people's care files. This showed people were supported to help maintain their wider health.

Is the service caring?

Our findings

People and their relatives gave us very positive feedback about the caring nature of staff at Sun Woodhouse. One person told us, "They're very caring", a second said, "The staff are lovely with everyone", and a third commented, "I feel at home." Comments from relatives included, "They go the extra mile. That little extra bit", "The long-standing staff are genuinely caring and always very cheerful", and, "They make me feel welcome when I visit. They're very attentive."

At the last inspection in August 2016 we identified a breach of the regulation relating to good governance as when we arrived we found several boxes of documents were piled in the reception area awaiting transfer to archive storage. Included were people's care files, and personnel information relating to previous employees at the home. We were told they had been there overnight. We also observed 'handover' meetings between staff, which involved the discussion of people's private information, were conducted in a room off the main lounge where people were seated with the door open.

At this inspection we noted all confidential documentation was stored appropriately. We also saw the solid door to the meeting area had been changed to one made of glass. This meant the door could be shut during meetings but the care workers could still have an awareness of people's safety in the lounge.

Upon arrival for this inspection we found a file in the home's reception area located next to the visitors' signing in book. It contained blank care plans, most of which were titled 'future wishes' and related to people's end of life care. There was a note which asked visiting relatives to have a look through the file and complete any documentation with their relative's name on it. We questioned whether it was appropriate to leave requests for families to complete their relative's end of life care plans in a communal area where people and other visitors could access them. The care team leader agreed it was not and removed the folder, but said it had been done as an effort to engage busy relatives in this aspect of people's future care and support.

Care workers we spoke with could explain how they supported people towards the end of their lives and one said they had been on specific training. Another care worker described how the home worked with other healthcare professionals to deliver end of life care; they said, "We have drugs at the home and the district nurses come in to administer (them)."

At this inspection most people's future wishes care plans we saw were still not completed. At the last inspection in August 2016 the care team leader explained that most people and families were reluctant to discuss end of life wishes which is why care plans were not filled in. They said staff would make further attempts to engage people and their families about the subject and document refusals to do so. At this inspection the care team leader said senior care workers at the home had been tasked with talking to people and their families to obtain and record people's future wishes. One relative we spoke with told us they had completed a future wishes care plan for their relative, and another said they had been asked to look in the folder that was next to the visitors' signing in book for the paperwork they needed. It was not clear how the people the documentation referred to were involved in this process. This meant people's end

of life care plans were either not completed or people had not always been consulted about what was in them.

At the last inspection in August 2016 we also explored how people and their relatives (if appropriate) were involved in designing and reviewing people's other care plans. We could not find clear evidence in most care files as to how people and their relatives had contributed to people's care plan design and review. At this inspection we noted very few care plans had been updated or amended since the last inspection, and those that had were not signed by people or their families (if appropriate) to evidence their involvement. Minutes of a residents' and relatives' meeting in September 2016 showed management had invited relatives to be part of the care planning and review process.

We asked people and their relatives if they had seen their care plans. The people we spoke with either could not recall seeing their care plans or had not been involved in designing them, although they said this was not something that worried them. One person said, "If it was something I really wanted changing I'd go and tell them." One relative told us, "If there's a change in care plans I do see them and initial them to say I approve." Two other relatives said the content of their family member's care plans had not been discussed with them, but they were also not concerned about this. One told us, "We're very happy with the home." This meant there was still no consistent involvement of people and their relatives (if appropriate) in designing their care plans, although this was not of concern to those we spoke with.

People and their relatives told us care workers respected people's privacy and dignity. One relative told us, "They ask us to leave the room when they help [my relative] get out of bed", and a second commented, "They respect [my relative's] dignity." Care workers gave us examples of how they protected people's dignity. One told us, "When you're hoisting someone in a skirt you have to make sure they stay covered." All of the people we spoke with said staff knocked on their doors before entering their rooms; one person told us, "They knock on the door and say 'can we come in [name]?'". During the inspection we observed people were dressed in clean clothes which were appropriate for the season and their hair was tidy. People told us they could have a bath or shower whenever they wanted one. This showed us staff were mindful of people's privacy and dignity.

During this inspection we observed the interactions between care workers and other staff and the people at Sun Woodhouse. It was clear staff knew people well as individuals; they could describe people's likes, dislikes and preferences, and their personal histories to us. All contact between staff and people we saw was polite and respectful; at times laughter and banter was exchanged. People told us they were happy living at the home.

We saw details of advocacy services were prominently displayed in the home. Care workers could explain how they helped support people to make decisions. We noted there had been a talk given about the purpose of advocates and how to access advocacy services at a residents' and relatives' meeting held at the home in September 2016 which seven people had attended. This meant people had access to independent support with decision-making if they needed it.

We asked the peripatetic manager and care team leader how they ensured care provided at Sun Woodhouse supported people's various equality and diversity needs. They provided relevant examples of supporting people with a range of needs relating to their culture, sexuality and beliefs. During the inspection we observed a meeting between the peripatetic manager and a healthcare professional regarding a person at the home who chose to live an alternative lifestyle. The healthcare professional gave positive feedback about the way the person had been supported; the peripatetic manager responded, "It's [their] choice and we respect that." This example showed the provider had facilitated the development of an open and

inclusive culture.

Is the service responsive?

Our findings

People told us staff at Sun Woodhouse supported them with their care needs. Relatives agreed; one told us, "Generally they're quite responsive to [my relative's] needs."

At the last inspection in August 2016 we identified a breach of the regulation relating to person-centred care as people did not have access to sufficient meaningful activities and their care plans were not always evaluated and up to date.

At the last inspection we noted care files were well structured and easy to navigate. People's care plans had contained person-centred details about their needs and preferences. They had risk assessments and care plans in place for various care needs, including mobility, social interaction, nutrition and continence. At this inspection we saw very few care plans had changed since then. We noted care plan evaluations had been done monthly, which was an improvement, however these had not triggered updates to people's care plans when their needs had changed.

For example, one person had experienced a skin condition in the weeks preceding this inspection and been prescribed topical creams. We noted their skin assessment and risk care plan was still dated July 2016 and made no mention of it. As discussed earlier in this report, we saw other care plans relating to people's mobility, nutritional needs, mental capacity and skin integrity also did not reflect their needs at the time of the inspection.

Most monthly care plan evaluations we saw provided a detailed summary of the person's wellbeing with respect to that particular aspect of their care needs for the preceding month. However, most we saw for December 2016 in various people's care files simply noted, 'Remains as above', or, 'Care plan remains valid.' As previously discussed in this report, some aspects of daily reporting lacked detail to show people were supported according to their care plans, for example, their diet and fluid charts.

An audit of care files completed by an area manager for the provider, also in December 2016, had identified various issues with care plans not being updated. An action plan for this audit contained a detailed breakdown of issues to be addressed. We saw this plan had been given to senior care workers at an emergency meeting in December 2016 to be resolved by a date in January 2017 after our inspection. At the time of this inspection we could find no progress with these actions, however, a meeting with senior care workers had already been scheduled for the week following our inspection to review their progress. The area manager present during the inspection said they were confident the improvements to care plans would be made. Care workers tasked with updating care plans told us they had asked for, and received, additional training and support on how to do this. The peripatetic manager told us, "I'd like to get every care plan out and check all the information is there. If there are gaps, we'll have a training session or supervision about it." They also said they would check daily records on a regular basis to ensure they were robust.

People's care plans did not always reflect their current needs and preferences. This was an issue found at our last inspection in August 2016 and the inspection before that in July 2015. This was therefore a

continuous breach of Regulation 9 (1) and (3) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in August 2016 we found people did not have access to sufficient meaningful activities or social stimulation as care workers were kept busy meeting people's personal care needs or attending to domestic tasks. At this inspection we found some improvements had been made.

People told us they had enough to keep themselves occupied at Sun Woodhouse. One person said, "We do all sorts of things. Now and again we get entertainers in. I've got enough to do", a second person told us, "I never get bored. I read all the time", a third explained, "I've got my telly and radio", and a fourth said, "There's always something going off." Relatives agreed. One said of their relative, "[They've] got plenty to do", and a second said, "The staff talk to the residents and do jigsaws and dominoes."

Staffing levels at the home were the same as at the last inspection. The area manager explained how an analysis of care workers' workload had identified a quieter period between 2pm and 4pm each day where one care worker could be allocated to engage people in activities. They also described other measures put in place to improve people's access to activities. These included creation of an 'activities corner' (we saw this was a collection of board games and jigsaws), fortnightly visits by children from a local school, an activities coordinator who came in for four hours each week and monthly visits by an entertainer and a fitness trainer. In addition, a cook who had formerly been a care worker at the home, had been allocated to provide activities on one day a week starting the week following this inspection. They told us they planned to have one-to-one conversations with people to find out what activities they wanted to do, but this had not commenced at the time of the inspection.

A board had been put up in reception to notify people of upcoming events and activities and the peripatetic manager showed us a folder of activity ideas they had put together for staff. During the inspection we observed activities taking place at times in the afternoons; however, we saw mornings were still quiet with most people just watching television. The area manager agreed the provision of activities was not yet comprehensive and described it as, "A work in progress." This meant the provision of activities had improved since the last inspection and people told us they had enough to do.

No complaints had been received by the home since our last inspection in August 2016. People and relatives we spoke with said they had never complained but would feel confident to approach the care team leader, or other staff, if they wanted to raise a concern. One person told us, "I've never complained about anything. There's nothing I'd change if I could", and a relative said, "If there's something I wasn't happy about I'd mention it to [the care team leader]." Minutes of a residents' and relatives' meeting in September 2016 evidenced the care team leader had reminded attendees they could contact them at any time with questions or concerns. This encouraged an open culture at the home.

Is the service well-led?

Our findings

People told us they thought the home was well run. One person said, "I don't think they could do any better", then added, "It's a comforting atmosphere." Their relatives agreed. Comments included, "I think the home is really good. It's not perfect but I'm confident [my relative] is looked after well", and, "From my point of view, yes (it is well managed). I find it a comfortable atmosphere."

The last manager to be registered with the Care Quality Commission (CQC) left Sun Woodhouse in April 2015. The manager at the time of the last inspection in August 2016 was in the process of applying for registration; when we arrived to inspect we found the home manager had taken extended leave and a senior care worker was acting home manager. After that inspection, the home manager left, the acting manager became the care team leader and the area manager planned to become the registered manager until a new registered manager could be recruited. Shortly before this inspection we were informed the home had installed a peripatetic manager at the home who was in the process of applying for registration with CQC.

At this inspection we spoke with the area manager, peripatetic manager and care team leader. They told us the peripatetic manager would stay in post at the home until a new home manager was appointed. An option under discussion was the training and upskilling of the care team leader to become the next registered manager. The care team leader told us they had been enrolled on a management training course and the area manager described the leadership training and mentoring programme planned for the care team leader which was run by the registered provider. The peripatetic manager told us, "I'm going to register and treat it as my own home for as long as I need to be here". We noted they had started working at the home full time the week of our inspection. This meant further changes in management had occurred at the home since the last inspection, but a plan was now in place and a manager was in the process of applying to be registered with CQC.

At the last inspection in August 2016 we identified a breach in the regulation relating to good governance due to a lack of consistent audit and monitoring of quality and safety at the home. At this inspection we found the care team leader coordinated a range of monthly and weekly audits on aspects such as medicines, bed rails, people's weight, pressure ulcers, accidents and incidents, and infection control. Whilst this was an improvement, we noted issues identified during audits were not routinely included on action plans, so it could not be evidenced when and how any problems had been addressed.

After the issues noted with the update of care plans identified at this and our two preceding inspections, we asked how care plans were audited for quality and relevance. We found the audit tool was a tick list which checked whether people had specific risk assessments and care plans in place but did not evaluate their quality or whether they were up to date. The care team leader told us senior care workers were now tasked with sampling five people's daily care records each day to check they contained the right level of detail. Our findings at this inspection showed this had not been effective.

We noted audits focused on ensuring individual issues had been managed properly, rather than as an opportunity to analyse aspects affecting more than one person. For example, whether there were any trends

in information gathered around pressure ulcer incidence, falls or weight loss. Accidents and incidents were routinely notified to the registered provider and at the last inspection in August 2016 we saw a tool was available to analyse data for trends but it was not used. At this inspection we found the tool was still not being used.

Records showed there had been monitoring visits to the home by area managers for the provider on two occasions since the last inspection in August 2016. These visits were unannounced and had involved checking records, speaking to people and staff and reviewing the home's improvement plan from our last inspection. We saw the area manager who visited in December 2016 had completed a thorough audit of a sample of people's care files and had identified many of the same issues we had found at the last inspection. For example, people's risk assessments and care plans not being updated after falls, the lack of information around people's mental capacity and the lack of evidence around the involvement of people and their relatives in care planning. As discussed earlier in this report, progress with the action plan resulting from this audit was under review at the time of this inspection.

This meant that whilst the level of audit and monitoring had improved at the home, information gathered was not always used effectively to identify trends and learn lessons. Some audits had failed to identify problems, for example, ongoing issues with out of date care plans and poor quality daily record-keeping. Records demonstrated some provider oversight in terms of monitoring safety and quality at the home, but this inspection identified areas where no improvement had been made since the last inspection. This demonstrated a failure in the leadership and the governance at the home

These examples demonstrate a continuous breach of Regulation 17 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the home prominently displayed the ratings of their most recent CQC inspection both in the home and on their website, as is also required by the regulations. We checked records to see whether the home had made notifications to CQC about certain events and occurrences as is also required by regulation. For example, serious injuries or allegations of abuse. We found all appropriate notifications had been made, except for those required when a Deprivation of Liberty Safeguards authorisation has been granted by the supervisory body. No statutory notifications for this had ever been made by the home. The care team leader told us they were not aware of this requirement and the area manager said they had not checked this aspect of management at the home. This meant not all notifications to CQC had been made as required by the regulations.

This was a breach of Regulation 18 (4) of the Care Quality Commission (Registration) Regulations 2009.

At the last inspection in August 2016 we identified a breach of the regulation relating to good governance as people and their relatives were not asked to feed back about the quality of the service. At this inspection we found improvements had been made. The home now held a monthly residents' and relatives' meeting and we saw dates for forthcoming meetings were advertised prominently in the home. Relatives told us they had been supplied with minutes after meetings, which those who could not attend said was useful. Minutes from the previous three meetings showed items such as food and menus, activities and advocacy had been discussed with feedback sought by the home. The area manager had attended these meetings in order to discuss the last CQC report and ratings with people and their relatives. This demonstrated the registered provider's transparency. People and their relatives had also received a survey since the last inspection. Feedback was all positive. Comments included, "The friendliness of the home and staff are excellent", "We feel happy that [our relative] is secure and will be looked after very well", and, "Very healthy food." This showed people and their relatives were now provided with opportunities to feed back about the service they

received.

Care workers told us they now had regular meetings with the care team leader and peripatetic manager. The area manager and nominated individual for the provider had also attended on occasion. Minutes showed various aspects had been discussed, including staff training, record-keeping, activities, the changes in management structure at the home and the report which resulted from the last CQC inspection. Care workers told us they valued these meetings and could raise any issues or concerns. One care worker said, "We have suggested stuff, like decorating. They've actually been painting." Care workers gave positive feedback about the support provided by the care team leader and the peripatetic manager. One care worker said of the care team leader, "You can go to [them] with issues. [They] do sort them out", and another said of the peripatetic manager, "I feel I can go to [them] if something is bothering me." This meant care workers had their own opportunities to feed back about the service and now felt better supported by management.

We asked care workers about the philosophy of care at Sun Woodhouse and why they chose to work there. One care worker told us, "I love coming in and seeing these (indicating the people). I like all the different characters. Every day is different", a second care worker said, "I enjoy seeing them (the people) smiling. I love this job", and a third explained, "I love care. I get satisfaction. It's so rewarding to look after people who need help." Feedback from people and their relatives and our own observations showed all staff at the home supported people according to the vision and values of the service as described in their philosophy of care.

In the last inspection report we highlighted issues with oversight by the nominated individual of the home. A nominated individual is a person appointed by the registered provider to supervise the management of the carrying on of the regulated activity. Their lack of oversight was evidenced by the continued failings and breaches of regulation at the home since March 2015. After the last inspection we met with the nominated individual and an area manager to discuss improvements required at the home. We agreed admissions to the home would be halted voluntarily in the short term and then restart at a set rate until improvements had been made. Since the last inspection in August 2016 the home has abided by this agreement and provided regular progress updates to CQC. This inspection has shown that whilst some improvements have been made, further improvements are required.