

# Bupa Care Homes (ANS) Limited

## Woodend Nursing and Residential Centre

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

We inspected Woodend Nursing and Residential Centre on 17 and 18 November 2015. The first day of the inspection was unannounced.

Woodend Nursing and Residential Centre provides nursing and residential care for up to 79 older people. At the time of our inspection there were 62 people living in the home. People are supported over four floors. The

basement floor provides single sex residential accommodation. The ground floor provides accommodation to people requiring either nursing or residential care. The first floor provides support to people living with dementia and the top floor provides both nursing and residential care, although most people had higher dependency nursing needs at the time we inspected. Each floor has a communal lounge/dining

# Summary of findings

room and a small kitchen for making snacks and hot drinks. The kitchen and laundry room are situated in the basement and the home is accessible by a lift and stairs to all floors.

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

The overall rating for this service is 'Requires Improvement.' However, we are placing the service in 'Special Measures.' We do this when services have been rated as 'Inadequate' in any key question over two consecutive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in Special Measures.

There had been no registered manager in post at Woodend Nursing and Residential Centre since January 2015. Since that time two further managers had been employed and then left the service. The current manager had been in post for six weeks and was in the process of applying to be the registered manager. Concerns relating to practice at Woodend Nursing and Residential Centre had led to a joint intervention by the Local Authority and Clinical Commissioning Group at the end of October 2015 whereby a 28 day suspension of admissions to the home had been agreed and a Service Improvement Plan imposed. At the time of our inspection officers from the Local Authority and Clinical Commissioning Group were working with the current home manager to ensure the improvements they had identified were being made. Since the inspection an extension to the suspension of admissions until 24 December 2015 had been agreed.

Our last inspection took place on 29, 30 January and 3 February 2015. At that time we rated the service as inadequate as there were breaches of the regulations relating to safeguarding people, the need for consent, person-centred care, good governance and the regulation which requires services to notify the Care Quality Commission (CQC) of certain types of incidents. We asked for and received an action plan telling us how they intended to make the improvements that were required.

The action plan was not comprehensive in terms of the breaches we had identified and whilst the provider had followed the plan to rectify some breaches, during this inspection we found other breaches had not been addressed fully. This failure meant a further breach of the regulation relating to good governance.

Medication administration records were not always completed properly or updated when changes were made, not all 'as required' medications had instructions for staff, some MAR charts were not easy to read and creams and lotions were not dated upon opening.

Assessments for people who might lack mental capacity were not consistent or comprehensive and staff lacked knowledge and understanding of the Deprivation of Liberty Safeguards. This was a finding from the last inspection and constituted an ongoing breach of the regulation relating to need for consent.

People and their relatives, where relevant, were not involved in the planning of their care to ensure their needs and wishes were considered. This was a finding from the last inspection and constituted an ongoing breach of the regulation relating to person-centred care.

Assessments and care plans were not comprehensive and had not been evaluated and reviewed monthly according to the home's policy. This was a finding from the last inspection and constituted an ongoing breach of the regulation relating to person-centred care.

There was a lack of meaningful activities available for people living at the home for promoting and encouraging people's involvement and enabling them to retain their independence.

There was a history of management changes at the home which resulted in poor leadership and governance of the service provided.

The provider had again failed to implement effective systems to monitor the safety and quality of the service so that people received a safe and effective service. This was a finding from the last inspection and constituted an ongoing breach of the regulation relating to good governance.

We found 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.

# Summary of findings

People, their relatives and staff told us that there were not enough staff to support all the people as they needed, especially at busy times. Our observations during the inspection supported this. The current manager was recruiting staff for a new twilight shift on one of the floors.

Systems were in place to ensure people being deprived of their liberty were done so lawfully, ensuring their rights were protected.

We identified issues with the fire safety systems in place at the home. Fire drills were not taking place and regular checks of equipment had not been carried out in accordance with the home's policy. There was also outstanding action on the fire risk assessment. We raised this with the current manager who took immediate steps to address the issues.

People told us that they felt safe at the service. We saw that improvements had been made to the way safeguarding issues were recorded, investigated and reported and staff had received recent safeguarding training.

Staff were recruited safely; all the correct checks and documentation was in place. This included agency staff used by the home.

The home was clean and tidy and actions raised by a recent Infection Control Audit had been put in place.

Staff had received a comprehensive programme of training and had recently received supervision. A plan for ongoing supervision had been put in place to support staff in their work.

People enjoyed the food served at the home and we saw that a choice of meals was offered; kitchen staff were knowledgeable about people's nutritional needs and preferences and had been trained appropriately.

People had access to a range of healthcare professionals; the service supported people to meet their holistic healthcare needs.

People and their relatives told us that the staff were caring and promoted their dignity and privacy. Interactions we observed between people and staff were mainly positive and people could exercise a choice over their daily routines.

Information on advocacy was available to people and their relatives and feedback on the end of life care from relatives was good.

A system had been put in place by the current manager for reporting and responding to complaints. We saw that all the relevant documentation was available and complete.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Medicines were not always well managed. Not all 'as required' medications had instructions, MAR charts were not always up to date and easy to read and topical medicines were not dated when they were opened.

Action required in relation to fire safety had not been completed and this potentially placed people at risk.

People, their relatives and staff told us that there were not enough staff to support the people using the service at busy times. The new manager was recruiting more staff for one of the floors.

People said that they felt safe. Safeguarding procedures were in place and staff had received recent safeguarding training.

Recruitment procedures were robust; all necessary checks had been made on new staff before they started work at the home.

Requires improvement



### Is the service effective?

The service was not always effective.

Assessments of people's mental capacity to consent to their care and treatment were not effective. Whilst authorisations to deprive people of their liberty were in place, staff were not able to demonstrate understanding of the safeguards.

People were happy with the meal quality and choice that was provided by the home.

We saw from the records and staff told us that they were adequately trained to care and support people who used the service.

Records showed people had regular access to healthcare professionals such as GPs, opticians and podiatrists.

Requires improvement



### Is the service caring?

The service was not always caring.

People and their relatives were not involved in care planning, although staff demonstrated that they knew the people as individuals.

People and their relatives told us that staff were caring. Staff gave examples of how they promoted people's privacy and dignity and people could exercise a choice over what time they got up and went to bed.

The home had received positive feedback from families whose relatives had been cared for at the end of their lives.

Requires improvement



# Summary of findings

## Is the service responsive?

The service was not always responsive.

People's risk assessments and care plans were not consistent or updated in line with the home's policy.

People, their relatives and staff told us that there were not enough meaningful activities on offer for the people to participate in.

An effective system of reporting and responding to complaints was in place.

**Requires improvement**



## Is the service well-led?

The service was not well-led.

Not all the breaches in regulation identified at the last inspection had been resolved.

Inconsistencies in management had led to problems at the home and staff morale was low.

Proper audits and checks on the quality and safety of the service were not in place to ensure people were happy with the service and kept safe.

**Inadequate**



# Woodend Nursing and Residential Centre

## 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.

The inspection took place on 17 and 18 November 2015. The first day was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist advisor and an expert by experience. A specialist advisor is a healthcare professional with relevant experience of the care setting being inspected; the specialist advisor on this inspection had been a nurse in a care home and a care home manager. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had worked as a quality standards manager within adult social care and was caring for a relative with long term health conditions.

Before the inspection we reviewed the information we held about the service. This included asking the Local Authority, the Clinical Commissioning Group and Healthwatch Trafford for information. The Local Authority and Clinical Commissioning Group sent us the Service Improvement Plan that had been imposed upon Woodend Nursing and

Residential Centre in October 2015 and shared the concerns which had led to their current level of involvement with the service. Healthwatch Trafford had received information from the relative of a person who used to live at Woodend. They had voiced concerns about the standard of care provided, particularly around medicines administration.

We also reviewed information from the local NHS Trust's infection control lead; an infection control inspection had been carried out in July 2015. The infection control lead had drawn up an action plan for the service after issues were identified.

On the day of the inspection we spoke with 15 people who used the service, 12 people's relatives, the current manager, the area manager, the quality manager, a unit manager, ten members of care staff, an activities coordinator, an administrator, a laundry worker and a kitchen assistant.

We spent time observing care in the communal lounge/dining rooms and used the Short Observational Framework for Inspections (SOFI), which 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.

We looked around the building including bedrooms, bathrooms, the kitchen, the laundry room, clinic rooms and in communal areas. We also spent time looking at records, which included seven people's care records, two staff recruitment files, training records and records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person when asked if they felt safe said, “Yes I’m very safe, there’s no bullying or discrimination”, another person asked the same question said, “Safe, yes I’m alright.” A third person told us, “Safe yes and my possessions are. No strangers come into my room.” We asked people’s relatives if they thought people were safe, one told us “Yes, [my relative] is very safe”, another relative said, “[My relative] is safe, very safe here”, whereas a third relative said, “I don’t know. I wouldn’t recommend the home.”

During our inspection we looked at the systems in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for some of the medicines with others supplied in boxes or bottles.

We observed a medicine round on the floor of the home where nursing care is provided. People were given their medicines in a caring way and those who required more time or encouragement and support received it. This demonstrated people were receiving their medicines safely and in a person-centred way. The nurse made sure the medicine trolley was locked when they went to give medicines to each person, ensuring items were kept securely.

We asked people if they received their medicines on time; one person told us, “Medication, I get it when I should.” Another person said, “I get my medication regularly and on time. I know what they’re for.” All the people we spoke with said they could ask for pain relief if they needed it.

We looked at medication administration records (MARs) for the people on two floors of the home. Each person’s MAR contained a photograph of them and there were details of any allergies and a copy of their medicine prescription. MARs for each person’s tablets and liquid medicines were up to date with no gaps in recording. Staff recorded when people had refused medicines. There was a system in place so that people could have homely medicines when they needed them; homely medicines include over the counter medicines such as paracetamol, laxatives and cough syrup. There was a weekly stock check of boxed and bottled medications; we counted stock for three medicines and they tallied with the amount recorded. Records were kept of medicines that had been destroyed.

We checked the storage and management of controlled drugs; controlled drugs are prescription medicines controlled under Misuse of Drugs legislation and include medication such as morphine. We checked the stock of controlled drugs and found that it tallied with what was documented in the controlled drugs book. Two staff members had checked in new supplies and recorded the administration of any controlled drugs. This meant that controlled drugs were managed safely.

We noted that some people were prescribed medicines to be taken ‘as required’; this meant they were prescribed to be taken when the person needed them. When people receive support to take their medicines, staff need guidance to explain the circumstances when the medicine should be given, so a medicine protocol is developed for each ‘as required’ medicine a person takes. A protocol is therefore a list of written instructions that states what the medicine is for, the correct dose and how often it can be taken. Protocols are especially important when people have problems communicating or live with conditions like dementia. If protocols are used correctly they ensure that a person gets medicine when they need it and they also prevent people from receiving too much of a medicine or have it too frequently. Some medicine protocols were in place at Woodend Nursing and Residential Centre but they were not present for every person that needed them. For example, one person did not have medicine protocols for pain medication, a sleeping pill and a laxative. Some people were prescribed ‘as required’ medication of variable dose depending on their symptoms, for example, one or two tablets of Paracetamol and one or two sachets of laxative powder. We saw that when people had received these medications, the amount they had received was not always recorded. This meant that people may not have received their prescribed medicines safely or when they needed them.

We saw that people’s medicated creams were stored on the medicine trolley and were applied by a nurse who washed their hands and also wore gloves. Prescribed barrier creams and moisturisers were kept in bathroom cabinets in people’s rooms. Application records and body maps to explain why, how often and where creams and lotions should be applied were kept in people’s rooms and signed by the care staff. Creams and lotions that were in use did not have the date they were opened written on them; this is important as some medicines expire a certain time after they are opened. We also found two bottles of eye drops



## Is the service safe?

with instructions to ‘instil one drop into the affected eye’ that did not state which eye that was. This meant that people may have been receiving creams or lotions that were out of date or have had topical medications applied to the wrong areas and could therefore cause them harm.

We found MAR charts that did not contain the right information or were not easy to read. One MAR contained instructions for a medicine to be given daily by a relative. When we asked about this we were informed that the medicine used to be given covertly but that this was no longer required meaning that the instruction on the MAR was wrong. On another MAR sticky tape obscured the full drug names and administration instructions for a whole page of the record so these could not be read properly. A third MAR stated that a person had ‘multiple allergies’ the details of which were recorded in their care file and not in the medicine file where the person administering medicines could see them. A fourth MAR had a query over whether a person had a drug allergy; when we checked their care file we saw that the person’s GP had confirmed this allergy a month earlier but this information had not been transferred to their MAR. A fifth MAR had instructions for a person’s medications to be crushed, although a nurse we spoke with said that this was no longer required. Not updating MARs when people’s medicine administration changes or using MARs which cannot be read easily puts people at risk of not receiving their medications as prescribed which could cause them harm.

**The lack of ‘as required’ medicines protocols for all those that needed them, the issues with topical medications and MARs which were either not completed correctly or updated as needed constituted a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

At our last inspection in January and February 2015 we found that people who were receiving their medicines covertly did not have the correct documentation in place to show how the decision to provide medicines in this way was made. When people who lack capacity to make their own decisions refuse medicines that they need to keep them well, they can be given the medicines disguised in food or drink if an assessment of their capacity has been made under the Mental Capacity Act 2005 and a best interest decision has been made.

At this inspection we found improvements had been made as a capacity assessment had been completed and a best interest decision meeting had been held for people receiving covert medicines. Detailed information had also been added to the care plan clearly directing staff about how the people’s medicines were to be administered.

At the time of our inspection the basement floor was providing single sex residential accommodation for two people. The ground floor was providing accommodation for six people requiring nursing care and 12 people requiring residential care. The first floor was providing care for 19 people living with dementia and the top floor was providing nursing or residential care for 18 people, most of whom had higher dependency nursing needs.

When we arrived at 7am on the first day of our inspection there was one care worker on the basement floor, a senior carer and a carer on the ground floor, a nurse and two carers on the first floor and a nurse and two carers on the top floor. We looked at the rota and saw that during the day there was one carer on the basement floor and a nurse, four carers, a hostess and a housekeeper on each of the other three floors. The hostess was responsible for serving meals, drinks and snacks.

We asked people and their relatives if they thought there were enough staff, opinions were mixed but most people thought there were not. One person said, “Enough staff, that’s questionable. At times they could do with a few more”, a second person said, “If I want to go to the loo there should be two staff, but there’s not always two”, and a third person said, “Not enough staff, don’t come as often as you want.” Other people we spoke with about staffing levels said, “Not enough staff, evening and weekends are slightly worse” and “Staffing varies, not enough sometimes and they’re rushed.” Two people we spoke with said they thought there were enough staff. Relatives we spoke with about staffing told us, “Always enough staff, I think so”, “There’s not enough staff at mealtimes to help people eat”, and, “Not enough staff, running round doing their jobs. It’s worse at weekends.”

People used call bells to let staff know when they needed support in their rooms. We asked people how long it took for staff to respond and they told us, “I use it mainly at night. They don’t always come quickly but come in the end”, “Response times vary, sometimes quick, sometimes I wait about quarter of an hour. It depends on staffing”, and, “It can take a long time. If someone’s passing you’re lucky.



## Is the service safe?

Sometimes I can wait ages then three come at once like buses.” One relative said, “Can wait five minutes but much longer at times. [My relative] is sat on the toilet waiting and waiting.” Two other people we spoke with said they didn’t wait long when they used their call bells.

We asked staff if they thought that staffing levels were appropriate. One care worker said, “Yes, in general”, another care worker said, “Quite honestly no.” This care worker thought that whilst there were enough staff to meet people’s basic care needs, there was not enough time for them to engage and stimulate the people who lived at the home. A third care worker said that the lower number of people being supported currently had made things easier for staff; they told us that in the past trying to provide good care for people with staff shortages had been very distressing. Other care workers also thought there were not enough staff as a number of people using the service needed two members of staff to assist them with their personal care. This meant that at times there were not enough staff to supervise communal areas and support other people in their rooms, especially at busy times such as during meals and in the morning and at bedtime.

We spent two days observing the care people at the home received. This included observing care in the communal lounge/dining rooms using the Short Observational Framework for Inspections (SOFI), which 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. We noted that whilst people’s care needs were met and the call bells we heard were answered in a timely way, staff were always busy with tasks and did not have time to spend interacting with people. For example, in one lounge we observed a hostess giving drinks to 12 people while one care worker helped those who needed assistance to drink and two other care workers sat together in the dining area writing people’s daily records. Apart from the care worker engaging with one person at a time to help them drink, there was no other conversation or engagement between staff and people. We also saw that several people on the ground, first and second floors liked to spend much of their day in their rooms; however, staff had limited time to spend with these people.

By speaking with people, their relatives and staff, and by observing the interactions between staff and the people living at the home, it was clear that whilst people’s basic

care needs were being met, during busy times there were not enough staff to support all of the people as they needed. In addition, staff did not have time to provide engagement and stimulus to the people living at the home.

We spoke with the current manager about staffing levels during the inspection. At the time we inspected the provider had agreed with the Local Authority to suspend admissions until the Local Authority’s concerns had been addressed. After the inspection this suspension of admissions was extended to December 2015. This meant that whilst the home was registered to support a maximum of 79 people, there were currently only 62 people living at Woodend. The current manager said that more staff would be made available if the number of people increased again after the suspension of admissions was lifted. Interviews were also held on the second day of our inspection for carers for a new twilight shift between 1pm and 10pm on the floor for people living with dementia, to help support people for the evening meal and at bedtime.

**We recommend that the registered manager employs a dependency tool based upon the needs of the people using the service to ensure that there are sufficient, effectively deployed staff to meet those needs.**

At our last inspection in January and February 2015 we found that information relating to safeguarding and accidents and incidents were not recorded and investigated properly, meaning the provider was not taking reasonable steps to identify and prevent abuse. Concerns raised by the Local Authority and Clinical Commissioning Group which led to the suspension of admissions and implementation of a Service Improvement Plan in October 2015 included issues relating to the safeguarding of people living at Woodend Nursing and Residential Centre.

The current manager told us that they were in the process of improving the safeguarding systems at the home and that all staff had either received safeguarding training or were about to receive it. We saw that clear policies and procedures were in place to guide staff. When we reviewed the safeguarding file which contained details of how recent safeguarding incidents had been investigated. We found that incidents had been thoroughly investigated and documented and appropriate actions had been taken. This meant that the current manager was taking steps to improve safeguarding arrangements at the home.

## Is the service safe?

Staff we spoke with told us they had received recent training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse to their manager. Care workers could explain the forms of abuse that the people using the service could be vulnerable to. Four care workers we spoke with said that they would report any concerns to a manager, but only one said they would report concerns to the Local Authority if they felt it was necessary. This meant that not all care workers were aware of the methods of reporting concerns to external agencies such as the Local Authority or CQC.

We found ongoing issues with the accidents and incidents log. The log contained details of incidents that had occurred, such as falls and pressure ulcers, but there was no plan as to how each incident was to be followed up or what the outcome (if any) was. The accidents and incidents log contained documentation to be completed after falls, namely a falls analysis booklet and a falls checklist, but neither had been completed for any of the falls recorded. There was also no documented audit or overview of accidents or incidents that had occurred so that trends could be identified and risks mitigated. When we spoke with the current manager they said that a documented accidents and incidents audit was not in place yet as it was with safeguarding but that it would be part of the improvements that were in progress. The current manager did, however, state that information about falls and their timings had been used to evidence the need for the new twilight shift on the floor for people living with dementia, which demonstrated that information on falls trends was being used to mitigate risks to people.

Each person living at Woodend had a Personal Emergency Evacuation Plan or PEEP in the evacuation folder; it listed their name, age, any mobility issues and room number. PEEPs also outlined the level of support each person would need to leave the building in the event that evacuation was necessary. This meant that people could be safely evacuated in the event of an emergency.

We looked at the records for gas and electrical safety and manual handling equipment checks. All the necessary inspections and checks were up to date. A detailed continuity plan was in place to be followed in the event of a systems failure or other emergency situation. The home had records of internal checks on aspects such as water temperatures, kitchen equipment, heating, lighting and hoist slings. Records stated that checks were to be carried

out either weekly, monthly or quarterly. We found that many of these checks were incomplete. This meant that the home was not following its own policies and procedures in terms of internal safety checks.

We found that effective systems were not in place to protect people from harm or injury in the event of a fire. The home's policy and procedure for fire safety stated that weekly checks must be carried out on the fire alarm, smoke detectors and fire call points; we found that checks had been made monthly for the last three months. The fire alarm and emergency lighting had been inspected in 2015, however an external fire risk assessment carried out in May 2015 had identified five points of action which had yet to be followed up. Inspections by the provider in September and October 2015 had also identified a lack of fire drills. Whilst three recent drills had been completed, staff response had been poor and the need for further staff fire safety training was needed. This meant that the home was not following its own policies and procedures relating to fire safety and actions identified during inspections and risk assessments had not been carried out. We discussed these findings with the current manager who took immediate action to address the issues with the estates manager.

At the last inspection it was found that equipment was stored in bathrooms without risk assessments being in place, which could have led to care provision in an unsafe environment. No inappropriate equipment was found stored in bathrooms during this inspection.

We looked at the recruitment procedures in place to ensure only staff suitable to work in the caring profession were employed. When we checked the records for two new members of staff we saw that all had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups. There was a copy of their application forms, two written references were obtained before the staff started work, there was a record of their interview during which any gaps in employment were investigated and there were copies of photographic identification. Records showed that the registration of the nurses was checked regularly with the Nursing and Midwifery Council (NMC) to ensure they remained authorised to work as a registered nurse. The home had also requested and received information demonstrating that equivalent checks had been carried out

## Is the service safe?

by recruitment agencies the home used to supply staff. This meant that the recruitment procedures used by the home were robust and all the required checks to make sure staff were suitable to be employed had been made.

As part of the inspection we looked at how clean the home was. We noted that the communal lounge/dining rooms, bathrooms and people's ensuite bedrooms were clean and tidy. The kitchen and laundry room was also clean. All the people we spoke with said they were satisfied with the level of cleanliness at the home. One person we spoke with said, "Everywhere's clean", a second person told us, "It's clean, yes", and a third person said, "Very clean in here." A relative we spoke with said, "It's clean. Reasonably so."

We reviewed the findings of the local NHS Trust's infection control audit in July 2015. At that time it was identified that dispensers for gloves and aprons were not installed in two of the communal bathrooms, that a sink in the laundry room was used to disinfect cleaning equipment and that not all staff were 'bare below the elbows'. Being 'bare below the elbows' means wearing short sleeves and no watches or rings with stones in order to reduce the risk of infection transmission. During our inspection we found that gloves, aprons, soap and paper towels were available in all the appropriate areas, a staff toilet had been converted to a sluice in the basement for the disinfection of cleaning equipment and all staff were bare below the elbows. This meant that the home had acted upon issues identified in the infection control audit.

# Is the service effective?

## Our findings

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures of this in care homes and hospitals is called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some of the people living at the home had complex health care needs which meant they required constant supervision or would be prevented from leaving unaccompanied, so applications for DoLS authorisations were necessary. We saw that capacity assessments for DoLS had been done and applications for DoLS had been made by the service to the Local Authority for the people who needed them.

When we looked in people's care files we found that capacity assessments for other aspects of care made by the service were not comprehensive and at times contradictory for those people who had fluctuating capacity to make decisions. People who live with conditions such as dementia sometimes lose the capacity to make some decisions, such as what to do with finances or where to live, but retain the capacity to make other decisions, such as whether to take part in activities and what to eat. It might be that people can make decisions with support or be in a better position to make a decision at a certain time of the day. It is therefore important that each person who may lack capacity is assessed to find out which decisions they can make, which they need support to make and which decisions must be made on their behalf in their best interests.

We looked at the capacity assessments in people's care files. One person's care plan stated that the person 'is able

to and likes to participate in simple care planning decisions' but on the assessment for self-medication under the question 'describe what the person does currently' the statement '[the person] has got dementia' had been written. In the washing and dressing care plan it stated that the person could tell staff when they needed the toilet, but then in the continence section it stated the person is 'unable due to dementia'. On this person's mental health and well-being assessment, '[Name] has dementia so can't really tell [their] sense of well-being' had been written yet after this a geriatric depression tool which included questions relating to satisfaction with life, boredom and helplessness had been completed monthly for the person.

Another person had a best interest decision document for their DoLS application and one for the coded lock on the unit door, but no other capacity assessments to say which decisions they could make and which they could not.

At the last inspection in January and February 2015 it was found that there was no effective assessment of people's capacity to make decisions and that staff did not understand the basic principles of the MCA and how it linked to restrictive practice. The plan sent to us by the service after that inspection listed MCA training as an action but the need to improve capacity assessments was not included as an action. We spoke with staff during this inspection and whilst all care workers we spoke with said that they had received training on the MCA, most had very little understanding of DoLS.

The lack of clarity in care plans regarding mental capacity and in the documentation of best interest meetings was a concern raised by the Local Authority and Clinical Commissioning Group and is an outstanding action on the Service Improvement Plan that was in place at the time of this inspection.

**The lack of comprehensive capacity assessments and the lack of staff understanding of the basic principles of the Mental Capacity Act were issues identified at the last inspection. This was an ongoing breach of Regulation 11 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We asked the people using the service if they thought the staff were well trained. One person told us, "Staff seem skilled. I suppose they're trained. They seem confident and know their job", another person said, "Staff are well trained, they know how to look after us", and a third person said,

## Is the service effective?

“Staff are trained and know what they’re doing.” Other people raised concerns about the level of knowledge of agency staff which were used when there were shortages of permanent staff. One person said, “They’re not well trained. It seems they don’t ask staff about training, especially agency ones”, and another person said, “Not the same ones so they stay at the end of the bed and ask me what they need to do.”

We asked people’s relatives if they thought the staff were well trained. One relative said, “They seem well trained”, a second relative said, “They need more training, especially new staff and agency. They need induction. A new person started and [my relative] can’t communicate”, and, “Weekend staff don’t know what to do. It’s hit and miss.”

Staff told us they had received training. Records showed that most care staff had attended mandatory courses on safeguarding, fire safety, food hygiene, manual handling, medicines administration, MCA/DoLS, dementia, nutrition, equality and diversity, person-centred planning and infection control. Those that had yet to complete all courses had dates planned for this. We saw that future training on aspects such as bed rail use, dignity and respect and pressure ulcers was planned for care staff and courses in catheter care, skin integrity and venepuncture were to be planned for the nursing staff. This meant that the permanent staff received the training they needed to care for the people using the service.

We looked at the records of care workers’ inductions and spoke with staff about the start of their employment at the home. We were told that the induction process was thorough and involved shadowing other staff and attending mandatory training courses. This showed us that the service made sure that permanent staff had received the right training to care for the people using the service during their induction.

We discussed the issues raised by people and their relatives concerning the knowledge and training of agency care staff used by the home with the current manager. They confirmed that there was no formal induction process with agency staff but acknowledged that this was required, especially for nurses who may be in charge of shifts. During the inspection the current manager showed us an induction/handover template that was to be updated and implemented for all agency care workers employed by the home.

It had been identified by the Local Authority and Clinical Commissioning Group that prior to the start of the current manager in October 2015, supervisions with care staff had been intermittent. The current manager had acknowledged that the lack of staff supervision had contributed towards poor practice. Part of the Service Improvement Plan imposed on Woodend Nursing and Residential Centre by the Local Authority and Clinical Commissioning Group included an action to implement regular and quality supervision with staff. At our inspection we saw that the current manager had instigated a programme of supervisions for all staff; this was confirmed by the care staff we spoke with. Topics discussed had included safeguarding, job descriptions, medication, wound care and record-keeping. A new system of accountability had also been brought in so that staff were required to sign up to a list of their roles and responsibilities. Nurses had been given copies of the Nursing & Midwifery Council’s Code of Conduct and case studies had been discussed with them to assess their understanding. This meant that the current manager had implemented a system of supervision and staff had received supervision recently.

We asked people about the food that was served at the home and the feedback was largely positive. One person told us, “The food is good, there’s plenty and very tasty and served at the right temperature”, a second person said, “The food is reasonable and served at the right temperature”, and a third person said, “The food is very good and the choice”. Other people we spoke with told us, “The food’s good and there’s plenty of drinks and biscuits”, “It’s a nice atmosphere and not rushed in the dining room”, “The food is lovely. Just once I didn’t like something and was offered something else”, “We have wine with our meal”, and, “Food is monotonous but the quality is quite good and there’s enough of it.” Relatives we spoke with also told us about the food. One relative said, “The food looks not bad. There’s enough drinks and snacks”, another told us, “The food is ok”, and a third said, “The food is sometimes very good, sometimes rubbish. [My relative] is offered an alternative.”

Some dining tables were set with cutlery and napkins, although most people ate in their chairs in the lounge areas on two of the floors and some in their own rooms. The main meal of the day was at lunchtime. One of our inspection team ate the lunchtime meal with people using the service. They observed that the quality of the food was



## Is the service effective?

good, there were three types of vegetables on offer and the portions were adequate. We saw that most meals were homemade using fresh vegetables and other ingredients of good quality. People using the service were seen to be enjoying their food and the meal time period was not rushed.

During the inspection we spoke with a kitchen assistant and looked round the kitchen. The kitchen assistant was aware of the people using the service who had a lower body mass index (BMI) and of those people gaining and losing weight as this information was provided to the kitchen monthly. An effort was made to add high calorie foods such as cream and butter to the meals of those losing weight whereas those becoming overweight were offered more vegetables and lower fat alternatives. Details were kept in the kitchen regarding any swallowing difficulties people might have or other conditions such as diabetes. The kitchen assistant was knowledgeable about individual's preferences and described how the meal deliveries to each floor were staggered so that those who needed assistance to eat their meals would have staff available to help them. This was observed during the inspection. Meals were also kept in the trolley so that they were kept hot for people. Meals were planned on a four-weekly basis and people were given at least two choices for each meal. On the day we inspected the kitchen 10 people on the floor providing residential care had requested foods other than the two choices offered. The kitchen assistant said that all meal choices would be catered for. This meant that kitchen staff knew people's dietary needs and preferences and would provide alternative foods on request.

During the last inspection we found that there were inconsistencies in how the food and fluid intake of people with nutritional issues had been recorded. There were also concerns about the consistency of foods prepared for people with swallowing difficulties. At this inspection we saw food and fluid charts contained details of people's individual dietary needs; they were completed properly and in a timely manner. The kitchen assistant we spoke with described the annual course they attended on preparing food of varying consistencies which had theoretical and practical aspects. This meant that the home had improved the recording of food and fluids and kitchen staff were trained to produce foods of different consistencies to meet people's individual needs.

We saw from the care files that the people using the service had access to a range of healthcare professionals. People had seen GPs, opticians, chiropodists and had also attended dental appointments. We spoke with people about their access to other health care professionals. All of the people we spoke with said that the doctor was called if necessary. One person said, "The doctor is called quickly if I need them"; another said, "They get the doctor quickly if I'm not well, they respond quickly". Other people we spoke with told us, "A chiropodist comes to see me", and, "I have a chiropodist and a manicurist come to see me." We also asked about people's access to hospital appointments. One person said, "The home organises an ambulance or taxi if I have an appointment. Someone (a staff member) goes with me", and a second person said, "For hospital appointments an ambulance is arranged and staff go with me." This showed us that people were supported to see other healthcare professionals so that their holistic health needs could be met.

# Is the service caring?

## Our findings

We asked the people using the service if the staff were caring. They told us, “The staff are kind and caring. They’re friendly and know my likes and dislikes”, “Kind and caring always”, “Staff say you’ve only got to ask”, “Everybody’s lovely, they are fantastic”, “They’re very good, all of them”, and, “Staff are kind and caring and know me well. They listen to me.” Relatives we spoke with told us, “The regular staff know [my relative] and they’re second to none”, “All are kind and thoughtful. They always respond”, and, “Most of the staff are caring.”

We wanted to find out how people had been involved in planning their care so we looked at seven people’s care files and spoke to people and their relatives about their care planning. All care files contained a document called ‘My day, my life, my story’ which gave details about people’s histories and preferences. We looked at people’s care plans and could see little evidence as to how information in the ‘My day, my life, my story’ document had been used to personalise people’s care. This meant that even though the service had gathered information on people’s personal history, it had not been used effectively to individualise their care.

None of the people or relatives we spoke with said that they had seen or signed their care plans nor had they been asked for any input, although we did see people’s signatures or their relative’s on some care plans and the consent form for sharing information that was also in care files. One relative we spoke with was surprised that they could be involved in the care planning process for their relative. The involvement of people and their relatives in care planning was also a requirement in the Local Authority and Clinical Commissioning Group’s Service Improvement Plan imposed in October 2015. The latest review of this plan at the time of our inspection reported that 55 families had been invited to take part in care planning for their relatives; none of the 12 relatives we spoke with said that they had been asked. This meant that people and their relatives were not actively involved in planning or personalising people’s care.

**The lack of people’s involvement in their care planning was identified at the last inspection. This was an ongoing breach of Regulation 9 (3) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We received mixed feedback from people and their relatives about the laundry service at the home. Three people told us that the laundry service worked well. One relative showed us clothing that had been shrunk considerably so that it would no longer fit and another person said, “The laundry is good except my woollies are shrunk.” One person said, “They lose things sometimes”, and another person said, “You never know when you’re going to get it back.” We spoke with a laundry worker during the inspection and they said that they didn’t know what temperature the washing machines or dryers operated at. This meant that whilst some people were satisfied with the laundry service, other people’s clothing had been damaged by being laundered on the wrong setting and the staff responsible lacked knowledge about how the equipment should be operated.

During the inspection most of the interactions we observed between care workers and the people using the service were warm and friendly. The atmosphere appeared relaxed; staff were responsive to people’s needs and patient when offering support. One person, however, told us about the way their personal care was sometimes provided, “Two people work as a team, they talk over your head all of the time. If they want to chat they should go around the corner.”

We asked people if the care staff respected their privacy. One person said, “They’re very gentle and respect my privacy and dignity”, a second person said, “If my door is shut they knock”, and a third person said, “I prefer my door shut. Most (staff) are alright about this and knock on my door.” Staff we spoke with gave examples of how they promoted people’s privacy and dignity; these included knocking on doors, locking away confidential information and discussing personal information with people in private. This showed us that staff respected the privacy of people living in the home.

We saw that people looked well cared for; they were dressed in clean, well-fitting clothes and their hair had been brushed or combed. People we spoke with were satisfied with the assistance they received with their personal hygiene and to bathe. One person told us that a hairdresser visited weekly. We saw that people’s bedrooms had been personalised with their own furnishings,



## Is the service caring?

ornaments and pictures; they were also clean and tidy. This showed us that care workers promoted people's dignity by assisting them to look tidy and dress well and also respected people's belongings.

We spoke with care workers about people who used the service. Each knew detailed information about people's life histories, their families, their past employment and their favourite activities. This showed us that staff knew the people using the service well as individuals.

During our inspection we observed a staff member touring the home with a trolley containing confectionary and snacks as well as magazines, puzzle books and toiletries. These items were free to the people and were either purchased by the provider or donated by people's families. We saw that people enjoyed looking at the available items and selecting treats for themselves. This showed us that the service tried to do things that would make people feel special.

People we spoke with and their relatives told us that visitors could come to the home at any time and were always made to feel welcome by the staff.

On the first day of our inspection we arrived at 7am and there was only one person up and dressed at that time on the two floors we checked. We observed that people were supported to rise by staff in an unhurried manner and were served breakfast individually when they arrived in the lounge/dining area. We asked people if they could get up and go to bed when they wanted. One person said, "I choose when I get up and go to bed", another person said, "I get up when I want", and a third said, "I prefer to eat in my room and choose when I want to get up and go to bed." This meant that people could exercise choice over their daily routine.

People living at the home were provided with information on advocacy services; it was clearly displayed in the entrance area to the home.

We asked about the end of life care that was provided by the home. One of the night care managers was the lead on this aspect of care and the home had previously been accredited under the Six Steps end of life care programme. The Six Steps is a programme of learning for care homes to develop awareness and knowledge of end of life care. End of life care relates to people who are approaching death; it should ensure that people live in as much comfort as possible until they die and can make choices about their care. The end of life care lead explained that the home was in the process of becoming reaccruited on the Six Steps programme with care staff booked to receive training in December 2015.

We spoke with the relative of a person who had recently died at the home. They told us that the whole family had been overwhelmed by the care and compassion shown by the staff towards themselves and their relative. The relative said they, "Can't praise them enough", and that staff had been, "Amazing". The relative also explained that members of their family who had travelled a long distance to see the person at Woodend Nursing and Residential Centre were provided with a room so that they could stay overnight. The commitment to work towards Six Steps reaccruited and feedback from relatives showed us that the home was providing a good standard of care to those approaching the end of their lives.

# Is the service responsive?

## Our findings

We looked at the care files of seven people who used the service. We found that care files had a consistent structure with risk assessments and care plans for most aspects of people's care. There was no contents page at the front of the files to aid navigation. People were assessed for aspects such as pain, sense and communication, lifestyle (including activities), safety, mobility, moving and handling, washing and dressing, skin care, eating and drinking and mental health and well-being. Each assessment was followed by a care plan that included a handwritten statement about what the person could do themselves with a bullet-pointed list of actions for care staff to follow in order to provide the support the person required.

Not all care files contained a comprehensive assessment of people's needs or plans to meet them and not all plans were evaluated effectively or reviewed monthly in line with the home's policy. In one care file we saw that a person had been assessed as being at high risk of developing pressure ulcers and yet there was no pressure area care plan in place. Another person had developed a blister as a result of pressure; they had a pressure area care plan in place but no plan for the treatment of the pressure injury they had sustained.

One person had behaviours that challenged others. We looked in their care file and saw that incidents had occurred between this person and other people at the home and between the person and staff. It was noted that the person could get agitated whilst being supported with certain aspects of personal care. The care plan evaluation stated that three members of staff were required to assist the person with personal hygiene, but there had been no assessment of the triggers for the challenging behaviour despite there being two entries in the person's file from an external healthcare professional that ABC or behavioural assessment tools should be used. ABC stands for Antecedent Behaviour Consequence and is a way of monitoring people's behaviours in order to identify the triggers. ABC charts help staff to understand challenging behaviour so that situations can be better managed by considering the impact of aspects such as dementia diagnosis, mood, what was happening around the person

when behaviours occurred. We also noted that the requirement for three staff was written in the evaluation section of the care plan but the actual care plan had not been updated with this information.

Care files did not contain assessments and care plans that dealt specifically with dementia. Dementia was mentioned throughout care files when people had the diagnosis on assessments and care plans for aspects such as continence, communication and mental health, but there wasn't a single care plan that described the impact of dementia on the individual. Every person living with dementia is different and people's dementia care needs should to be assessed and planned for individually.

In one care file we saw that the body map for a person with a long standing pressure ulcer had been updated three times since March 2015. Body maps indicate the size and location of injuries and should be updated regularly. In other care files care plans were not always evaluated effectively, for example, the statement 'no change' was often used when care plans were reviewed, rather than detail added as to what had been considered and whether the plan of care was still appropriate.

**Care plans contained contradictory information and the failure to review care plans according to the home's policy were identified as issues at our last inspection. This was an ongoing breach of Regulation 9 (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We asked people about the activities that were on offer at Woodend. One person told us, "I don't get involved with activities much. If it's nice I'm asked if I'd like to sit outside," another person said, "I used to do activities but there's so many people with dementia now or they can't hear, so I don't do many now", a third person said, "I like music things, not always enough."

At the time of this inspection there was one activities coordinator at Woodend Nursing and Residential Centre working 28 hours per week and another post that was vacant. An activities programme was displayed on the noticeboard on each floor and we saw that various events had already been planned for the Christmas period, including entertainers and carol singers. There was a weekly visit by a Catholic priest as well as a monthly visit by members of a non-denominational church. We were also

## Is the service responsive?

told that the service was going to fund a therapist to provide two hours of arts and crafts a month and two hours of alternative therapies a month, although the start date for this had yet to be confirmed.

We observed the activities provided during the two days of inspection. We saw one care worker try to involve people in a game of scrabble and there was an afternoon tea, although only one person attended. Most lounge/dining areas had a large TV and at times they were on, however, we did see staff asking people if they would like to listen to music or watch the TV; when music was requested the type people asked for was put on. We observed an activities coordinator who entered a lounge/dining area during the lunchtime meal; they switched on loud music and tried to engage people with instruments. Some people were eating their meals as this was happening; a nurse acknowledged that this was perhaps, “Bad timing.” At other times we observed people sitting quietly in the lounge/dining areas for significant periods of time with no interaction or activities taking place; staff responded to people who were vocal so those who sat quietly or were sleepy were left alone. We also saw no involvement of people who preferred to stay in their rooms or who were nursed in bed in activities or interactions other than those related to care interventions.

We looked in people’s care files to see how often they had taken part in activities. One person’s care file stated that they should be stimulated with activities in order to better manage their behaviours that challenged other people, although there was no care plan in place to state what these activities should be. We spent time with this person during the inspection and observed that staff were engaging them with activities, including drawing, jigsaws and listening to music and the person seemed happy and stimulated. Staff were allocated so that this person’s care was largely provided on a one-to-one basis; there were not enough staff to provide this amount of activities for other people at Woodend Nursing and Residential Centre. In other care files we saw that one person had taken part in 10 activities since March 2015 and another person had taken part in six activities since August 2015. Our observations and people’s records showed that daily activities and stimulation was not available to everybody living at the home.

Care staff we spoke with said that there was not enough time available for them to take part in activities with

people. One care worker said that activities, “Fell down the list” when other tasks needed doing, such as assisting people with their personal care. Another care worker said the same thing, “We have to prioritise and don’t have time to do activities with people.” A visiting healthcare professional also commented that there was a lack of activity planning in people’s care files and that care staff did not have time to engage with people other than to meet their basic care needs. In their opinion this was a particular problem on the floor where people living with dementia were supported.

The lack of meaningful activities was also highlighted as an action in two recent inspections of the home by the provider. In August 2015 the provider inspection found that more meaningful activities were required. In October 2015 it was noted that a review of all resident’s activities was needed as they were deemed to be repetitive. This inspection also found that staff needed to engage in activities and provide stimulus for people living with dementia. This meant that the service was aware that meaningful activities were not provided but measures had not been put in place to address the issue.

### **The lack of meaningful activities was breach of Regulation 9 (1) (a), (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Signage was used at the home to direct people to the nearest toilets and for the lounge/dining areas, kitchens and other rooms around the home. Each person’s bedroom had a picture box on the wall outside which contained photographs of them as younger people plus other pictures and significant mementos. Each floor had a different coloured carpet and most were in plain colours or had muted patterns; walls were light coloured and bannister rails and doors were painted in dark colours to help them stand out. These observations showed us that the building environment was ‘dementia friendly’. The current manager said that they hoped the building would be refurbished at some point the following year; they confirmed that any changes to furnishings and décor would be in line with current guidance on dementia-friendly environments.

We found that an effective system of reporting and responding to complaints and concerns had been put in place by the current manager in the six weeks prior to our inspection. Before this, complaints had not been

## Is the service responsive?

documented or investigated properly. Nine complaints had been received by the home since our last inspection in January and February 2015; records were now complete and we saw copies of correspondence and outcomes. The outcome of one complaint was outstanding and the current manager said they would follow it up.

We asked the people using the service if they had ever made a complaint. One person said, “No complaints but I’d

tell a care person if I did”, and another person said, “I’ve no complaints but would talk to someone if I had.” One relative we spoke with said that they had made a complaint; they said that it was investigated and resolved to their satisfaction. This showed us that the service currently had a system in place for the investigation and resolution of complaints.

# Is the service well-led?

## Our findings

We asked people and their relatives if they thought the home was well-led. One person told us, “There’s no leadership, it’s always been like that”, a second person said, “I did know the manager but they’re not here now”, and a third person said, “There’s so many floor managers it’s difficult to know who’s who.” A relative we spoke with said, “They’ve had four different managers. We’ve not been kept informed, only a notice on the front door.”

We also spoke with staff about the management at Woodend Nursing and Residential Centre. They told us, “The change of management has made things difficult”, “Morale has been low but we try to keep a positive frame of mind”, and, “The staff have held the home together, not the management.” Another member of staff said they felt the “New brush sweeps clean” effect of each new manager was exhausting and that staff had had enough. Several staff we spoke with said that they had considered seeking employment elsewhere and named other colleagues that had already left.

The service had not had a registered manager since January 2015 and there had been three home managers in post since then. A registered manager is a person who has registered with the Care Quality Commission (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.

Actions identified by the provider as required to meet the breaches identified during our last inspection had not all been completed and some breaches of the regulations identified at the last inspection were found to be ongoing at this inspection. For example, staff awareness of the Mental Capacity Act (MCA) was an issue identified at the last inspection. To address this, staff training was organised by the service and had taken place. At this inspection we found that despite this training staff awareness of the MCA had not improved and the service remained in breach of this regulation.

The action plan supplied by the service after the last inspection was not comprehensive and did not address all of the issues we identified. For example, a lack of mental capacity assessments was identified as a breach of the

regulations at the last inspection. An action to resolve this issue was not included in the action plan provided by the service after the last inspection and a continuing lack of capacity assessments was found to be an ongoing breach of the regulations at this inspection. The provider did not have proper regard for the report prepared by CQC, nor had they ensured that all of the required improvements were made.

**This was a breach of Regulation 17 (1) (3) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The current manager had been in post for six weeks at the time of this inspection and they were in the process of applying to be the registered manager. During this inspection we were informed that the current manager would only be in post until the improvements identified in the Service Improvement Plan imposed by the Local Authority and Clinical Commissioning Group in October 2015 were actioned and a new permanent registered manager had been appointed. We raised concerns that failings in leadership and management had been identified at the last two CQC inspections and that yet another change in management could lead to further problems. The area manager stated that the current manager would overlap with the new registered manager once appointed providing a transitional handover period.

Staff we spoke with were all positive about the current manager and the changes that had taken place at the home since they started six weeks before this inspection. Staff told us, “Management is moving in the right direction”, “It’s given us hope, good influence on staff”, and the current manager was described as “Firm but fair”, was said to “Think outside the box” and “Understood the pressures (the care staff were under)”.

At the last inspection in January and February 2015 we were told that team meetings with staff would start to be held regularly in line with organisational standards as soon as possible. Team meetings are a valuable means of motivating staff and making them feel involved in the running of a service; they are an ideal place to discuss incidents and good practice and help to promote the cohesiveness of the team. We were informed by the current manager that team meetings had not been held regularly since the last inspection but they were being arranged and one had already taken place for the nursing staff.

## Is the service well-led?

We looked at the audit systems that were in place to ensure the quality and safety of the service was maintained and improved. On weekdays at 11am the managers of each floor had a 10 minute meeting to discuss the day's events; they also held a longer weekly meeting. Monthly clinical review meetings were held to discuss issues such as tissue viability, safety, nutrition and end of life care. We found that these meetings were not minuted, action plans were either absent or confusing and incomplete and the names of the staff attending were rarely recorded, so that accountability could not be tracked.

The managers on each floor completed a 'walk-around' of the unit each day and recorded various pieces of information. This included the number of staff on duty, any wound care that was required, which people (if any) were poorly that day and if any of the people were currently in hospital. We noted that this information was only captured on weekdays, meaning that walk-arounds were not delegated to the senior staff on duty at weekends. This meant there was a risk that care at weekends might be less effective than that provided during the week due to the lack of consistent oversight.

Managers on each floor audited care plans, medicines management, the weekly weighing of people and pressure ulcers. We looked at the audit records for care plans and found that similar issues had been identified in different care plans but had yet to be resolved; for example, the lack of staff signature and date for entries and illegible handwriting was a finding on the majority of care plans audited over the past few months. Most care plan audits did not have effective action plans to address the issues that had been identified although we did see two care plan audits that had been completed by the current manager in November 2015 that did have action plans attached, however it was not made clear who had responsibility to action the improvements.

We looked at the audits for pressure ulcers and weekly weights. On one floor the pressure ulcer of a person was tracked weekly during October and November 2015; however, we noted that another person on the same floor had developed a blister on their heel due to pressure which was recorded in their care file but was not captured by the audit. The audit of weekly weights on each floor did have an action plan but there was no column on the plan where

follow up actions could be recorded and the person taking action could sign their name and record the date. This meant that it was not possible to tell if actions such as 'refer to the dietician' had happened.

We checked records for three floors and found that the auditing of medicines management was not adequate. On one floor the last audit was carried out in September 2015. It was detailed and numerous actions were identified, including a lack of protocols for 'as required' medicines, the need for an observation of staff administering medicines, codes not being added to Medicines Administration Records (MARs) to explain why medicines were not given and the lack of protocols for topical creams. We noted that an action plan was produced following this audit but the lack of protocols for topical creams, the missing codes on MARs when medicines were not given and the need for staff observations were not listed as actions. Prior to this on the same floor audits in July and August 2015 consisted of a 'MAR chart monthly checklist', where MAR charts were audited for completeness and no other aspect of medicines administration was considered. The last detailed audit of medicines management on this floor was in January 2015.

On the other two floors we checked we found that on one the MAR chart monthly checklist had been completed three times in 2015 with the last detailed medicines audit taking place in January 2015 and on the other floor the last detailed medicines audit had taken place in January 2015; with no other checks or audits since that time.

**The provider had again failed to assess, monitor and improve the quality of the service in order to mitigate the risks to people so they are protected against the risk of unsafe or inappropriate care, treatment and support. Regulation 17 (2) (a), (b), (c) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

At the last inspection we found that notifications CQC received from the service following accidents and incidents, including safeguarding concerns, did not correlate with incidents that were documented at the home. Under the Care Quality Commission (Registration) Regulations 2009 registered managers and providers have a requirement to report certain incidents, events or changes to CQC. In the six weeks since the current manager has been in post, the number of notifications sent to CQC



## Is the service well-led?

concerning safeguarding issues, accidents and incidents had increased significantly. Many of these notifications related to incidents that had occurred prior to the current manager starting but had not been reported. We checked what we had received against what was recorded at the home and it matched. This meant that the notification system had recently been improved and retrospective notifications for past events had been made.

At the last inspection we found that the service did not have regard for the views of people and their relatives so we asked how the people who used the service and their relatives were involved in evaluating the safety and quality of the service. The feedback was mixed. We were told by the current manager that feedback surveys had recently been distributed and actions relating to parking, the activities available and building maintenance had been identified. The results of the survey were displayed on a 'You said, we did' noticeboard in the main corridor. However, when we spoke with people during the inspection, no one said they had received a questionnaire

or survey recently. We also asked if there were meetings for people and relatives with management in order to generate feedback. One person said, "There may be residents' meetings but I don't attend", another person told us, "There are meetings with residents and relatives every week, it's just started." Two relatives we spoke with said that they had attended relatives' meetings but found that as they were for relatives of all the people in the home they were very big and the room they were held in was small, so that people had to stand up. Both of these relatives said that meetings would be better by if they were held on each floor. Another relative we spoke with said that they had attended two relatives' meetings in 2015.

When we spoke with the current manager they said that changes had been made recently to how meetings for people and their relatives were held. They said that meetings were now held on a floor by floor basis and timings would be varied so that as many relatives as possible could attend.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  |
| Diagnostic and screening procedures                            | <b>Medicines were not managed properly or safely. MAR charts were not updated when changes were made or were not easy to read, creams and lotions were not dated when opened and instructions for staff for all 'as required' medicines were not available.</b> |
| Treatment of disease, disorder or injury                       | <b>Regulation 12 (2) (g)</b>  |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA (RA) Regulations 2014 Need for consent  |
| Diagnostic and screening procedures                            | <b>Mental capacity assessments were not consistent or comprehensive and staff knowledge of the Deprivation of Liberty Safeguards was poor.</b> |
| Treatment of disease, disorder or injury                       | <b>Regulation 11 (1) (2) (3)</b>   |

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care           |
| Diagnostic and screening procedures                            | <b>People and their relatives were not involved in care planning.</b> |
| Treatment of disease, disorder or injury                       | <b>Regulation 9 (3) (f)</b>   |

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA (RA) Regulations 2014 Person-centred care |
| Diagnostic and screening procedures                            |   |
| Treatment of disease, disorder or injury                       |   |

This section is primarily information for the provider

## Action we have told the provider to take

Care assessments and plans were not consistent or comprehensive and had not been updated monthly according to the home's policy.

Regulation 9 (3) (a) and (b)

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

**People did not have access to meaningful activities.**

**Regulation 9 (1) (a), (b) and (c)**

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider did not resolve issues raised in the previous CQC inspection.**

**Regulation 17 (1) (3) (a) and (b)**

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The provider failed to assess, monitor and improve the quality of the service in order to mitigate the risks to people so they are protected against the risk of unsafe or inappropriate care, treatment and support.**

**Regulation 17 (2) (a), (b), (c) and (f)**