

Methodist Homes Woodlands

Inspection report

Bridge Lane
Penrith
Cumbria
CA11 8GW

Tel: 01768867490

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 22 February 2017 and was unannounced.

At our last inspection of this service three breaches of the legal requirements were found. These related to safe care and treatment; staffing and governance. Requirement notices were issued to the provider. The registered manager developed an action plan to help keep improvements on track. We found during the inspection that the targets set in the action plan had mostly been achieved.

Woodlands is an independent housing with care scheme. The scheme consists of 57 private apartments for older people. The service is registered to provide personal care to people living at the scheme. Each apartment has its own bathroom, living room, one or two bedrooms and a kitchen. People are encouraged to remain as independent as possible. The services offered include help with personal care, meals, medication and general domestic duties if required. There are extra charges for these services. The scheme also has communal lounge areas, a dining room and communal gardens, which people can use if they wish.

At the time of our inspection there were 16 people receiving the personal care service.

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

At this inspection we found that the provider had made improvements to meet the requirements of the regulations about safe care and treatment, staffing and governance, although further improvements were needed, particularly around staffing.

We found that people's care plans and risk assessments had been reviewed and updated to help ensure they received safe care and support that met their needs and expectations.

We spoke to people who used this service. They told us that they were "pleased" with the care and support they received. They told us that they were "confident" that staff knew what they were doing. People told us that they were aware of the complaints process and that they knew who to speak to if they were not happy with any aspect of their service. The people we spoke to were positive about their care and of the staff who supported them.

We found that the service supported people, if they wished, to access health and social care professionals when necessary. Independence was respected and people who used the service told us that they were treated with dignity and kindness.

We reviewed a sample of the staff records. The service ensured that appropriate checks had been carried

out to help make sure only suitable people had been recruited to work with vulnerable adults. We found that staff had been provided with appropriate training to help make sure they kept their skills and knowledge up to date. We also saw that staff received supervision and had their care practices monitored by senior staff. This helped to make sure that staff worked safely and in line with the policies and procedures of the service.

People who used the service and staff working at the service told us that the manager or the senior were available to speak to if necessary. The registered manager told us that they welcomed feedback from people, whether positive or negative. Feedback had been used to help improve the service.

We looked at how people were supported with their medicines. Although medicines had not always been managed appropriately, we found that the registered manager had taken steps to make improvements.

People who used the service were able to express their views on the service during meetings, when they had their support plans reviewed and via an annual survey carried out by the provider.

Although the staffing levels in the early part of the day had been improved, concerns remained with regards to the staffing levels in the afternoon, evenings and night time. The concerns were raised by staff working at the service. They told us that they could not always meet people's needs in a safe and timely manner. Staff gave us examples of how they had not been able to meet people's needs in a timely manner on the evening shift. They gave us examples of when things hadn't gone so well on the evening shift. However, we did not receive any adverse comments about this matter from people who used the service.

This remains a breach of Regulation 18 Staffing because sufficient numbers of staff were not deployed in order to make sure both emergency and routine work of the service was covered.

Some of the staff we spoke to were unclear about the 'buddy' system that was in place during the night. The registered manager provided us with information about the 'buddy' system and also confirmed that there were no formal on-call systems in place at the service.

The registered manager told us that there had never been a problem with the systems in place. However, we found that there were gaps in the emergency plans and on-call systems, which compromised the health, safety and welfare of people using the service and others.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider did not have adequate systems in place to assess, monitor and mitigate the risks to the health, safety and welfare of people, and others who used or worked at this service.

During our visit to the offices of the service and our review of records, we found that the registered manager had not always notified us of significant events as required. We also noted that the service had not displayed their CQC rating following the last inspection. However, the registered manager made sure that this was rectified before we left their offices and the rating was put on display.

We have made a recommendation about staff communication channels.

We have made a recommendation about notifications.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were safeguarding protocols in place at the service and staff had received training to help them understand their responsibilities with regards to keeping people safe.

There were times when there was an insufficient number of staff on duty. This compromised the ability of the service to manage emergencies safely and continue to cover the day to day work of the service.

Medicines had not always been managed safely. However, where mistakes had been made we found that the provider had taken steps to find out the cause and take corrective actions.

Is the service effective?

Good ●

The service was effective.

Staff had been provided with training to help keep their skills and knowledge up to date.

We found that staff had been supervised in their work, including direct observation. This helped to make sure staff worked safely and in line with the policies and procedures in place.

People who used the service had been consulted about the level of care and support they needed. The people we spoke to told us that staff didn't take over and always asked if there was anything else that needed to be done.

Is the service caring?

Good ●

The service was caring.

People who used the service valued the relationships they had with the care staff who supported them. They were very satisfied and happy with the care they received. People were pleased with the consistency of the care staff that visited them. They were happy that their care was provided in the way they wanted it to

be.

Care staff always treated people with kindness and respect and always asked if anything else needed to be done before they left people's home.

People who used the service had been provided with information and explanations of how the service operated and of what to expect. They knew who to speak to if they had any questions about their care and support needs.

Is the service responsive?

Good 

The service was responsive.

Staff at the service had received training to update their skills with regards to person centred care planning. The care plans and assessments that we reviewed reflected the personal and individual preferences of people who used the service.

There was a complaints process in place at the service. The people we spoke to knew how to raise a complaint or concern and were confident that the registered manager would listen and act appropriately.

People who used the service were supported to access community health and social care professionals if they wished.

Is the service well-led?

Requires Improvement 

The service was not always well led.

People who used this service knew who the registered manager was. They told us that the registered manager was easy to speak to and listened to what was said.

There were systems in place to monitor and check the quality and safety of the service, but these were not always effective.

The staff we spoke to raised concerns about the emergency systems that were in place. Some of them were not clear about how the 'buddy system' worked. We found that emergency plans and on-call systems at the service were not robust.

The registered manager had not always notified us of significant events as required.

Woodlands

Detailed findings

Background to this inspection

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

The inspection took place on 22 February 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

We reviewed the information we held about the service prior to our inspection visit including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We reviewed the last inspection report and the action plan that the provider had sent to us following our last inspection.

We spoke to three people who used the service and six members of the care staff team including the registered manager.

We reviewed the records relating to the support needs of four people who used this service, including the medication records of three of these people.

We reviewed other records relating to the management of the domiciliary care service. These included the staff training records, the employment and support records of two members of staff, quality assurance audits, minutes of meetings with people and staff, complaints and compliment records and incident reports.

We looked at a sample of the policies and procedures in place at the service, including those related to safeguarding vulnerable adults, infection control and prevention, lone working and management of medicines. We also reviewed the emergency plans and systems that were in place at Woodlands.

Is the service safe?

Our findings

We spoke to three of the people who used this service. They all told us that they felt "safe" and "confident" that the staff knew what they were doing and what was expected of them.

One person said; "There seems to be enough staff about. They come when I need them and at the time I expect them. They are very quick to respond to my pendant alarm if I have to set that off." Another person told us; "They (staff) know what they are doing. They are very good and I feel safe when they are helping me." We were also told by a person who used the service; "The girls (staff) help me with my medicines. They check it very carefully and make sure I have taken it. I am very satisfied and they always do what is needed."

We had not received any information of concern from the service or from other agencies in relation to allegations of abuse. People we spoke to at the service told us that the staff were "lovely" and "very kind" and no one raised any concerns with us about their safety during our inspection. We saw that people using the service had been provided with information about safeguarding and how to report any concerns to the registered manager or outside agencies, such as the local authority.

The staff training records showed that staff had received training about safeguarding and protecting vulnerable adults from the risk of abuse. We spoke to staff about safeguarding matters. Staff were able to demonstrate their knowledge of what constituted abuse and what actions they should take if they suspected abuse had occurred. The staff we spoke to assured us that they would not be afraid to speak out about these matters, even if the allegations were against a colleague. The registered manager told us that the safeguarding managers from the local authority were due to visit the service and hold a question and answer session with the staff to help consolidate their knowledge of this subject.

At our last inspection of this service we had found that risk assessments relating to the provision of people's care and support lacked detail and had not been reviewed and updated as needs changed. We reviewed a sample of risk assessments again at this inspection. We found that improvements had been made. Risk assessments had been routinely reviewed and contained detailed and relevant information about people's needs and any associated risks. There was clear guidance for staff to follow to help ensure people were supported safely and that staff worked safely with the people who used this service. The registered provider had made significant improvements to the ways in which risk assessments had been completed and were compliant with this part of the regulation.

Everyone that we spoke to who accessed this personal care service said that staff always turned up and that they never missed visits. People told us that on the rare occasion when a care worker was going to be late, someone had let them know beforehand to keep them informed. People who used the service did not raise any concerns with us about the numbers of staff on duty.

At our last inspection of this service we had raised concerns with the registered manager about the numbers of staff on duty, particularly in the evening and overnight when only one person was available for the whole complex. We found at this inspection that the staffing levels during the busy morning times had improved.

Staff we spoke to confirmed this to be the case and all of them commented on the great difference this had made. However, the afternoon, evening and overnight staffing situation remained the same. The staff we spoke to during our inspection all said that they "loved" working at the service but they also told us of their concerns with regards to lone working in the evenings and at night.

One member of staff said; "It is a big building to cover on your own. There are 57 flats and we have to respond to all the buzzers irrespective of the person having a care service or not. It's a busy time, we are helping people to have their medicines, get ready for bed, suppers and so on. I worry in case something happens in an emergency." Staff also commented; "It's full on between 5pm and 9pm. I think staff leave because of the stress of having to work this shift." This person thought that the shift was "unsafe."

Another member of staff told us; "Two staff in the morning is working really well. We are not rushed and can give people the time they need. There is only one person on in the evening and at night. I don't often do these shifts I don't like them. The site is too big for one person and there are times when you have to go outside alone in the dark to get to other parts of the building."

We reviewed the emergency plan in place at the service. There was no formal 'on call' system in place. Two of the staff we spoke to were unfamiliar with the 'buddy system' for night working. Additionally the emergency plan stated that six people would be required should the scheme need to be fully evacuated. Telephone numbers for the registered manager, deputy manager and volunteers at the scheme had been listed in the emergency plan. However, none of these people were part of a formal on-call system. This meant that people may or may not have been available to help in an emergency when needed.

Staff gave us examples of how they had not been able to meet people's needs in a timely manner on the evening shift. One person had fallen and pressed their alarm for help, just as the care worker was about to help someone else into the shower. This meant that they had to leave one person to assist another. On another occasion someone had fallen around tea-time. That incident had delayed the care worker from ensuring people had their medicines at the time they were expecting them.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because there were an insufficient number of persons deployed in order to keep people safe and carry on the routine work of the service.

We reviewed the recruitment records of two people who had recently been recruited to the service. We found that safe recruitment practices had been followed to help ensure only suitable people had been employed. We noted that prospective employees had completed application forms and attended interviews. We also saw that appropriate checks about their previous employment and criminal record status had been undertaken prior to their employment at the service.

During our inspection of this service we looked at the ways in which people were supported with managing their medicines. We saw that the service had clear policies and procedures in place to help ensure medicines were managed safely, including safe storage, accurate recording and checking staff competency. The policy and procedures referred to relevant and up to date good practice guidance with regards the safe management of medicines. The staff we spoke to told us that they had received training to help them support people with their medicines safely. The staff training records we reviewed confirmed the training took place.

We also found that medicines had not always been managed safely. Records showed that there had been four medication errors since our last inspection of this service. However, the registered manager was able to

demonstrate what action had been taken to help ensure people who used the service were safe. This included contact with their GP for advice and carrying out further training and competency checks with the members of staff involved.

Is the service effective?

Our findings

We spoke to three of the people who used this service. They all told us that they were very satisfied with the service and very complimentary about the staff who helped them. People were very aware of the support and help they needed and expected from the service.

One person told us; "I am very happy with everything. Staff ask me what I need help with." Another person said; "I am very satisfied with the service. The staff always do what I need them to do. They respect my independence and don't try to take over. The girls (staff) seem to know what they are doing. They are very confident and competent."

We spoke to five members of the care team about their training and the ways in which they were supported with their work at The Woodlands. We also reviewed a sample of the staff training records during our visit to the service. Staff told us that the training was "very good" and "brilliant." We saw that much of the staff core training had been completed via e-learning courses; for example, infection control, health and safety and food hygiene. When we spoke to staff and checked the training records, we found that other training methods had also been used, including practical sessions such as safe moving and handling practices.

One member of staff told us; "The training available is very good. I received a lot of training and support and also worked alongside an experienced member of staff (shadowing) until I felt confident to work alone." A member of the bank staff told us; "We receive regular training to help keep us up to date. We receive the same level of training as the full time staff do. It's brilliant." Another member of staff commented that the courses and content were very good, but they felt that they had been "left to get on with it" with regards to the e-learning training programme.

The staff that we spoke to as part of this inspection also told us that they felt well supported in their work, particularly by the recently appointed senior care worker. Staff told us that they had supervisions, including observations of their practice to help make sure they were working safely and in line with the policies of the service. The staff records that we reviewed confirmed that staff received regular supervision, training and updates.

Staff also told us that there were good communication systems in place at the service. We reviewed the shift handover records which contained detailed information about people who used this service. We were told by staff that there was always a verbal update given at the start and finish of each shift. These systems helped to make sure that staff had the most up to date information about the changing needs of the people they were supporting.

We looked at a sample of three care records during our inspection of this service. We found that people had been asked for and given their consent with regards to their care package and for a record of their needs to be maintained in the offices of the service. In some cases people had given their permission to share confidential information about their care needs with a relative. The people we spoke to confirmed they had been asked about their care.

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. CQC monitors the operation of the Mental Capacity Act 2005.

Where people were not able to make or express their choices about their care we saw that the principles of the MCA had been followed. The care staff we spoke with also understood how to respect people's rights. They told us that they always checked that people understood and gave consent to the care they gave. We saw that people's care plans had clear details on people's capacity and ability to give consent and to make decisions.

We noted that one person was thought to be in the early stages of a diagnosis of dementia and from the records we saw that the service was following best practice guidance and the principles of the Mental Capacity Act 2005 (MCA 2005) with regards to 'best interests assessments.' This helped to ensure their rights were protected.

Staff training records showed that all the staff at the service had been provided with some training to help their understanding of the MCA 2005. However, for some staff this had been a number of years ago with no indication that they had undertaken any recent, updated training.

People's dietary needs were outlined within their care plans and staff supported people at mealtimes to access food and drink of their choice. The support people received varied depending on their individual needs assessments and preferences.

People were supported to maintain good health. We saw that individuals' care records included guidance for staff about how to contact relevant health care services if an individual was unwell. Each person's file had information about medical needs and a record of routine and specialist appointments had been maintained. This meant staff had access to relevant information to help support people's health and wellbeing.

Is the service caring?

Our findings

People who used the service told us that the service was "all very good." Everyone was very complimentary about the staff who attended them. Comments included; "The girls (staff) are lovely and they always ask if I need anything else" and "I feel I am very well looked after here. The staff are extremely helpful, polite and treat me with respect." One person added; "They (staff) help me with my personal care and they are always mindful of maintaining my dignity and privacy". Another person said; "The staff are lovely, they respect my independence and don't try to take over things I can do for myself."

Senior staff told us that visits to people using the service were reviewed each week to help ensure sufficient time was allowed for each call and that calls were distributed evenly. Although some work had been done to improve the deployment and distribution of staff, this had not been effective in ensuring consistent care delivery to people.

The staff we spoke to told us that they usually had sufficient time allocated for each call they made. They told us that this was much better managed in the earlier part of the day when there were more staff about to meet people's needs. One member of staff commented; "The morning shift runs much better now and we have sufficient time to carry out our visits and other tasks. The late shift is not too good, it's full on helping people with medication, suppers and bed time. It's a bit of a rush for one person to deal with."

We found that the care provision in the mornings had improved significantly. Concerns remained with regards to the staffing levels in the evening and during the night. This meant that staff sometimes had to hurry people with their support needs or break off to go and attend to someone else. This did not demonstrate respectful care and compromised people's privacy and dignity.

During our visit to the service we observed people who used the service speaking to care staff and the registered manager. People were freely able to walk into the office areas and sit down to chat about any concerns or queries they had. We observed friendly exchanges and that people who used the service appeared comfortable and relaxed around staff.

All staff at the service, including the maintenance staff and the registered manager, had received some training in relation to equality and diversity and the staff we spoke to were aware and sensitive about the need to treat people with dignity and respect. They told us that their practice was monitored when they were observed by the senior carer when working in people's own homes.

We reviewed a sample of people's care and support records. We saw that people had been provided with information about the service including the process for accessing records and a resident's handbook. We noted that during reviews and reassessments of their care needs, people had been asked for their views on the service. One person had said; "I'm satisfied and I will let you know if I'm not happy." Another person had their relative in attendance for their review. The relative had commented that they were "more than happy with the care from Woodlands staff."

People who lived in the apartments at Woodlands also had access to communal areas. In each of these areas useful and relevant information was available, including information about the service, community services and advocacy services.

At the time of our inspection there was no one at Woodlands requiring specialist care at the end of their life. We saw in care records that some people had recorded their end of life wishes but others had chosen not to. The registered manager told us that people coming to the end of their life would be supported for as long as possible to remain in their own home, with help from GPs, community and specialist nursing services.

Is the service responsive?

Our findings

People who used this service told us that their care and support plans had been developed with them and their relatives, where appropriate.

One person said; "I try to be as independent as possible and I only want them (staff) to help me with certain things that I can't manage." Another person told us that they did all their own cooking and cleaning. Their apartment was immaculate. They said; "I only have help with my medicines, I don't need them (staff) to do anything else and they respect that." We were also told by one person that; "Staff come when I need them and when I expect them. If they are going to be a bit late they let me know."

All of the people that we spoke to confirmed that they knew who to raise complaints or concerns with. They were all confident that any concerns would be listened to and acted upon properly. No one that we spoke to had ever had need to complain about their service.

At our last inspection of this service we had asked the manager to review care plans and staff understanding of person centred care in order to bring about improvements. At this inspection we found that staff had received training about care planning and all of the care plans had been reviewed and updated to reflect the personal needs and preferences of people who used this service.

We reviewed a sample of people's care and support plans and we found that they had been written in a person centred way. We saw that people had received an assessment of their support needs prior to the service commencing. Assessments, care plans and risk assessments had been developed with the person who was to receive support and that person had signed to confirm their agreement with the support planned.

The support plans contained detailed information about the things people wanted staff to help them with and the things that they could or wanted to do for themselves. These documents also contained personal information about people's interests, hobbies and life history. Social events were held in the communal areas at Woodlands and people who used the service were able to join in if they wished. The personal information obtained during the care planning process helped the service provide meaningful and appropriate social activities within the scheme.

Staff had access to information regarding people's care and support needs. Copies of the care plans were maintained in the office and within each person's own apartment. In addition to this, daily care sheets were available giving staff a summary of the care plan, the care required and any sudden changes to people's care and support needs.

From the sample of records we reviewed, we saw that people were supported to access health and social care professionals when needed.

During our inspection we also looked at the way in which the service managed and dealt with complaints,

compliments and concerns. The registered manager told us that she valued feedback from the people who used the service.

There was a process in place to help people raise concerns or complaints if they wished. All of the people we spoke to during our inspection were aware of who to raise these with. They were very clear that they would not be afraid to speak out and they were of the opinion that they would be listened to and taken seriously. None of the people we spoke to had ever had to make a complaint.

We reviewed the complaints log kept at the service. Few complaints had been made, most of which related to the food provision several months ago. The complaints had been clearly recorded together with any actions taken and the outcome. We also noted that the service had received numerous letters and cards of thanks, gratitude and satisfaction with the service people had experienced.

Is the service well-led?

Our findings

There was a registered manager at the service. The registered manager was in attendance during our inspection of this service.

The people who used this service, who we spoke to, all knew who the registered manager was and told us that they were very accessible. One person told us that the registered manager was; "Very good and easy to talk to. The manager listens to what I have to say."

Senior staff told us that the registered manager was always available to speak to and talk things through with. Although all the staff we spoke to said they 'loved' working at Woodlands there were differing views with regards the management of the service. Staff said that they were able to speak to the registered manager and that they usually listened. One member of staff felt that the registered manager was "not always responsive to concerns raised" and another felt that it was sometimes difficult to raise concerns because "senior managers seemed overly friendly with each other."

We recommend that the provider seeks advice and guidance from a reputable source about creating effective communication channels so that staff feel comfortable to raise concerns and confident that concerns will be acted upon.

During our inspection the registered manager told us about the plans for the future management of the service and that a new person was due to commence working at the service in a 'job share' type role. The staff we spoke to also told us about this and were looking forward to meeting the new manager.

The staff that we spoke to raised concerns with us about the staffing levels during the evening and at night. We were told that the evening shift was "full on" helping people with their medicines, supper and bed time. Additional tasks were also expected from the member of staff working these shifts, including cover for all 57 apartments and not just people who received the personal care service.

Two members of staff told us about the 'buddy' system that was in place during the night although neither of them were clear about what they should do if the 'buddy' didn't respond. We spoke to the registered manager about this matter. The registered manager confirmed that there were no formal on-call systems in place at the service and that there were no immediate plans to change anything. The registered manager told us that this had always been the system and that there had never been a problem and that the buddy system was part of the staff induction training.

We looked at the emergency plans for the service and we reviewed the policies with regard to lone workers and dealing with emergencies. We found that a considerable amount of responsibility and expectations were placed on staff should an emergency situation arise, especially during the evening and night shifts. We asked staff how they prioritised their work at these times. One person said they had been told to 'prioritise' emergencies but were vague about what this actually meant. Another said that they could "ring the manager or senior out of hours" but they were concerned about what they should do if neither of them were at home.

The service operated a "stay put plan" where people in the immediate vicinity of an incident might have needed to be moved to a place of safety. People who used the service had personal emergency evacuation plans describing the level of support they would need. The sample of evacuation plans we looked at all indicated that people would need assistance from staff to move to a place of safety.

Although there were quality assurance systems in place, the risks had not been highlighted and acted upon, even though staff had raised concerns with the registered manager.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider did not have systems in place to assess, monitor and mitigate the risks to the health, safety and welfare of people, and others who used or worked at this service.

During our visit to the offices of the service and our review of records, we found that the registered manager had not always notified us of significant events as required. We discussed this with the registered manager at the time of our inspection.

We recommend that the registered manager familiarises themselves with the requirements of the regulations about notifications so that systems are in place to ensure CQC are notified of significant events, without delay.

We also noted that the service had not displayed their CQC rating following the last inspection. However, the registered manager made sure that this was rectified before we left their offices and the rating was on display.

At our last inspection of Woodlands we found that the registered provider was not meeting the regulations about safe care and treatment, staffing and good governance. The registered manager sent us an action plan detailing how improvements would be made to the service, who was responsible for ensuring they were made and clear timescales for achieving the improvements.

The care records we looked at during our inspection of the service had been reviewed, updated and checked to make sure they accurately reflected the needs and situation of the people using the service. We saw evidence to confirm that they had been rigorously checked (audited) to make sure they contained all the information necessary to enable the safe delivery of care and support to individuals. People who used the service had the opportunity to comment on their experience of the service during their reviews with senior staff.

We found that audits had been carried out on the administration of medicines, including spot checks to make sure individual people's medicines had been handled safely and administered as their doctor had prescribed. Where errors had been identified appropriate actions had been taken to reduce the risk of them happening again.

We saw evidence to confirm that staff were supported in their work and that their practice was monitored. Occasional staff meetings took place. Staff told us that "meetings didn't take place as often as they would like." They hoped that this would improve with the new managerial arrangements.

We also noted that meetings had been held for people who lived at Woodlands. This provided a platform for people to air their views of the standard and quality of the service in addition to discussing other areas not related to the personal care service. The provider does carry out service user satisfaction surveys on an annual basis. However, at the time of this inspection an up to date report was not available as this survey

was not due to start until March 2017.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have systems in place to assess, monitor and mitigate the risks to the health, safety and welfare of people, and others who used or worked at this service. Regulation 17(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of staff were not deployed in order to make sure both emergency and routine work of the service was covered.</p>