

Anchor Trust

# Woodland Grove

## Inspection report

Weston Park  
Weston Village  
Bath  
Somerset  
BA1 4AS

Tel: 01225464004  
Website: [www.anchor.org.uk](http://www.anchor.org.uk)






Date of inspection visit:  
08 August 2017  
09 August 2017

Date of publication:  
30 August 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

At the last inspection of the service in November 2016 we found nine breaches of regulations. Five of the breaches were repeated from the last comprehensive inspection in April 2015. The service was placed in to special measures and was rated inadequate. As a result conditions were placed on the provider's registration to encourage improvement to the service.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements at its next comprehensive inspection and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We carried out a comprehensive inspection of Woodland Grove on 8 and 9 August 2017. This inspection was unannounced. Regulatory breaches from the November 2016 inspection were followed up as part of our inspection. At this inspection the provider had made sufficient improvements to be removed from special measures and is rated 'Requires Improvement' overall.

You can read the report for previous inspections, by selecting the 'All reports' link for 'Woodland Grove' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Woodland Grove provides accommodation and personal care for up to 50 older people. Each person has a room which contains an en-suite shower room and small kitchenette. There are also four flats which have two bedrooms, which enable couples to be accommodated. At the time of this inspection there were 27 people using the service.

There was a registered manager in place at the time of 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.

The provider had improved the quality monitoring systems which were used to bring about improvements to the service. Some improvements had yet to be embedded by the service.

Training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) had been provided to staff. DoLS aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Staff were knowledgeable about the protection of people's rights and appropriate best interest decisions had been recorded.

Medicines were managed and stored safely. Medicine administration records were complete. We observed that medicines were administered to people as prescribed. We have made a recommendation about PRN (as required medicine) protocols.

People's needs were regularly assessed and resulting care plans provided practical guidance to staff on how people were to be supported. The care plans required further detail and improved reviews to further enhance the person centred information within the plans. People's risk assessments were not always updated to reflect necessary actions to reduce risks to people when their circumstances changed.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care. We received positive feedback from people's relatives and visitors to the service. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way when responding to their needs.

There were enough staff to meet people's care needs. Staff demonstrated a detailed knowledge of people's care and support needs. Staff had received training to support people safely and respond to their care needs. Staff were aware of the service's safeguarding and whistleblowing policy and procedures.

There was a robust staff recruitment process in operation. The recruitment process was designed to identify staff that had the ability to develop their skills to keep people safe and support their needs.

People had access to healthcare professionals when required, and records demonstrated the service had made referrals when there were concerns.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

The provider had made appropriate notifications to the Commission; notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

Further information is in the detailed findings below.

## 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 mostly safe.

Risk assessments were in place however they were not always reviewed and amended appropriately when the risk to a person altered.

Medicines were managed safely.

There were sufficient staff to meet people's basic needs.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and they knew how to report concerns.

There were safe and effective recruitment systems in place.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People had enough to eat and drink and were supported to make informed choices about their meals. Improvement was required in relation to people's dining experience and quality of meals.

The service had ensured that peoples' consent and best interest decisions were recorded in line with the Mental Capacity 2005 Code of Practice.

Staff training and supervisions were undertaken as required.

DoLS applications had been made for those people that required them.

People were supported to access health care services.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People told us staff were kind and caring. Relatives said they

**Good** ●

were happy with the care and support provided.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring, warm and friendly.

People were supported to maintain relationships with their family.

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

The service was mostly responsive.

Care plans provided staff with the information needed to provide care. Some improvement was required in relation to personalising care plans and detailing support strategies.

Sufficient action had been taken to ensure people's records were fully completed and analysed to prevent deterioration in their health.

People were supported to use healthcare services, and appropriate referrals were made when there were concerns.

Some improvement was required in relation to providing people with person centred activities.

The service had a robust complaints procedure.

**Requires Improvement** 

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

The service was mostly well led.

The provider and registered manager had quality assurance systems in place; these systems required further embedding to ensure they were fully effective.

People told us staff were approachable and relatives said they could speak with the registered manager or staff at any time.

The provider sought the views of people, families and staff about the standard of care provided.

Statutory notifications were made appropriately.

**Requires Improvement** 

# Woodland Grove

## **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 8 and 9, August 2017. This was an unannounced inspection, and was carried out by two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

Some people at the home were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During our inspection, we spoke with 11 people, the registered manager and other senior management staff, seven relatives, nine members of staff and two visiting health professionals. We tracked the care and support provided to people and reviewed eleven care plans relating to this. We looked at records relating to the management of the home, such as the staffing rota, policies, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

At the last inspection of Woodland Grove in November 2016, safeguarding systems and processes were not operated effectively to take appropriate action immediately upon becoming aware of certain allegations of abuse. We also found that people had been inappropriately deprived of their liberty by the use of locking a door in one part of the home in the evening to prevent people from 'wandering' into other people's rooms. This was resolved straight after the inspection by removal of the locking system.

At this inspection staff said they had received training on how to protect people and were able to demonstrate that they understood what abuse was, or when they needed to report incidents. Staff understood the term whistleblowing and all said they felt able to raise concerns. Staff felt confident that any concerns would be taken seriously. Comments from staff included "I think it's important to lead by example when it comes to providing care. I would be happy to report any worries I had and I'm confident I'd be listened to" and "I have no issues speaking up about poor care. I've reported things before and I'd do it again."

People we spoke with generally said they felt safe, however three people commented about people living with dementia 'wandering' into their rooms. The first person said "One thing bothers me, I would like a carer in to look after the wanderers", the second person said "I get a lot of people coming to my room. People get to the end of the corridor and don't know where to go. I leave my door slightly ajar so they come in. I have got used to it now." The third person said "I get anxious about people disturbing me. I always lock my door when I go out of my room, people used to go in and take things. They can't help it. [Person's name] used to ring my bell and disturb me. I've had to have the bell dismantled and a lock put on the door." A relative also said "It's only the odd ones who wander (they named four people). People we spoke with felt that the environment was not helpful in orientating people living with dementia so they could easily find their way around. We raised these concerns with the registered manager and the provider's senior management staff in attendance at the inspection.

The environment within the service, though clean was bland with only small areas of colour. A mural of a tree had been added to a single wall on each floor, this was repeated upstairs and downstairs in a similar position on both floors. There were displays of memorabilia throughout the home but overall there was a corporate rather than homely feel. Doors to people's rooms were painted white with just a name and number placed above eye level. There was only occasional personalisation made to the front doors. This lack of distinguishing features or signage in the decor makes orientation and room identification difficult for people challenged by dementia.

At the last inspection staff did not have the correct guidance to manage the risks to people safely and people were put at risk of receiving inappropriate care. Risk assessments were not completed effectively citing a plan to meet the risk or were reviewed as required i.e. when the level of risk changed or as required by care plan reviews. We also saw that referrals to the falls prevention team had not been considered or recorded and that some falls were not recorded by staff at all. There was also a failure to identify preventative measures in relation to falls.

At this inspection we found that care plans and risk assessments were in place for areas such as falls, moving and handling, skin integrity and nutrition. Generally, when risks had been identified, the care plans guided staff on how to reduce the risk and how to keep people safe. For example, when people were unable to move themselves independently, the plans detailed the equipment staff should use, such as hoist and sling details. Skin integrity plans detailed the frequency that people's positions should be changed in order to reduce the risk of skin breakdown. Associated charts showed that staff had followed the guidance and people had their positions changed regularly.

However, although the risk assessments had been reviewed regularly, when people's needs changed or the level of risk increased, the plans did not always reflect this. For example, in one person's plan it had been documented in the mobility section that the person 'remains in bed at all times', but later in the plan it had been documented that the person now had a specialist chair and could be assisted to sit out of bed for two to three hours per day. In another person's plan, the falls log showed they had fallen 13 times during 2017 and five times in the last six months. The instructions on the falls risk assessment were 'If total score of 2 or more please complete the falls prevention plan'. The person had been assessed a week previously and the score was documented as '2' but there was no falls prevention plan in place. We raised this with the deputy manager and they reviewed the documentation immediately. We saw that referrals to the falls prevention team had been considered and recorded.

We observed staff assisting people to move around the building safely. On one occasion, one person using the service stood up from their chair and started to walk across the lounge. A member of staff called to them "Don't forget to use your frame; it's there to help you. Here let me show you". They then walked alongside the person, with the person using their frame.

At the last inspection we found that recruitment procedures were not undertaken effectively. At this inspection we found the service had safe and effective recruitment systems in place. There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

At the last inspection we found that medicines were not managed safely. Topical medicine charts had not always been completed by staff to indicate that the creams and lotions had been consistently applied as prescribed. Photographs in place at the front of people's medicine administration record charts (MAR) had not been dated and so it was unclear how staff would know when they needed to update them to reflect people's changing appearances. Some handwritten entries on the MAR charts had been not been countersigned and records relating to the stock of medicines were not accurate.

At this inspection we found that medicines were managed safely. We observed a staff member administering medicines and they knew what the person had been prescribed and the reasons why. They asked the person if they needed any pain relief and they knew the person's preferences in relation to taking their medicines.

We looked at the medicine administration records (MARs) and saw that the charts had all been signed in full. We saw the service had a process for checking that the charts were signed in full and that when gaps were noted action was taken to check the person had received their medicines as prescribed. At the front of the MARs were recent photographs of people which ensured that when staff who were unfamiliar with people (such as new staff or agency staff) administered the medicines they could easily identify people.



Some people had been prescribed medicines on a PRN (as required) basis. We saw that there were some PRN protocols in place and the ones we looked at were person centred. For example, one of the protocols detailed how the person had a diagnosis of dementia and so might not be able to verbalise that they wanted pain relief. The protocol detailed the signs the person might display if they were experiencing pain. However, other people who had been prescribed PRN medicines did not have protocols in place. Staff documented on the reverse of MARs when they administered PRN medicines; however, they only documented the number of tablets given and did not document the reason why. This meant it would be difficult for staff to assess for any trends or alert them to any issues with pain relief. Both of these issues (lack of PRN protocols and reasons for administration not being documented) had been highlighted during the latest pharmacist inspection visit in March 2017 .

We recommend the provider considers current guidance in relation to PRN protocols and takes action to update their practice accordingly.

Medicines were stored safely. Bottles of liquid medicines and tubes had all been dated when opened and the expiry dates noted, which meant there was less risk of staff administering out of date items. Stock balances were checked and any discrepancies were investigated. Controlled medicines were stored safely and regular stock checks were undertaken. However, when we checked the controlled drugs register we saw that staff had documented that four ampoules had been returned to the pharmacy, but the stock balance was still listed as "4" instead of 0. We showed this to the registered manager and the error was immediately rectified referencing the returns medicines book which showed the medicines had all been returned.

The medicines room and fridge temperatures were monitored as required. Regular medication audits had been undertaken and when issues were noted, these had generally been addressed. For example, the audit had noted that topical administration charts had not always been completed in full. All of the topical administration charts we looked at had been signed by staff in full which indicated that people were having creams and lotions applied as prescribed.

There were enough staff on duty to meet people's needs. During previous inspections it was often difficult to locate a member of staff, but during this inspection staff were more visible. The majority of staff said they felt there was enough staff. Comments included "It's manageable", "We still have to use some agency staff, but not as much as we used to, and we do get the same agency staff each time" and "There always seems to be enough of us on duty." Some staff felt that the levels were not as good as they could be. Comments included "I think we need another member of staff on duty at mealtimes" and "No, there's not enough of us."

Visiting professionals we spoke with said "In an ideal world you would always want more staff, but you certainly don't hear call bells ringing all the time any more" and "Today seems fine. I did call yesterday and asked for someone to call me back, but they didn't so I had to call again today. That's happened before I think."

People we spoke with made variable comments about the staffing level and response to call bells. People stated "I ring the bell- you've got to hope it won't be too long. You hope they will come as quick as they can. Wait and hope." "The staff are alright, there's quite a few of them. Sometimes you have to wait but they do eventually come. They're busy and come when they can." Another person said "Not sure whether there are enough staff, sometimes they are standing around doing nothing. Sometimes I ring all three alarms and they still don't come. But they usually have a good reason why they haven't come and I know I'm not in danger."

## Is the service effective?

### Our findings

At the last inspection of Woodland Grove in November 2016 care plan guidance for people who had been risk assessed for malnutrition and dehydration was not always clear and did not always provide staff with enough information. Food and fluid records for people who had been risk assessed for malnutrition and dehydration were poor. There was no daily intake or output targets recorded on fluid charts. There was nothing documented within daily records to show that staff had recognised below average food and fluid intake or whether they had escalated their concerns to a senior member of staff when a person had eaten or drank a small amount. There was no accountability for checking and acting on the food and fluid information that was recorded. In addition to this MUST tool records were incomplete and weight checks had not been undertaken as directed. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition or obese. It also includes management guidelines which can be used to develop a care plan. Staff did not understand why they were recording food and fluids

At this inspection we found that people were supported to have enough to eat and drink. Nutrition assessments were completed and when necessary specialist support and advice was sought. One visiting health professional said "The staff do refer people early on rather than waiting for people to deteriorate". When people's dietary needs changed, staff were informed of the changes. For example, during our inspection one person was assessed by a speech and language therapist because of concerns about their swallowing. When we observed staff handover later in the day we saw that the recommendations were passed onto the team.

Some people were having their food and fluid intake monitored. The charts we looked at had been completed in full. We also saw that in the daily records staff documented any concerns in relation to people's intake. When people had been assessed as having specific support needs in relation to eating and drinking, we saw that staff followed these. For example, we looked at the plan for one person where it had been documented that they needed to be sat upright and the type of cutlery that staff should use. We observed a member of staff assisting this person with their lunch and saw that the guidance in the plan was being followed. The staff member informed the person what the food was, asked if they were ready for more and whether they were enjoying it.

We spoke to the deputy chef manager. They discussed people's dietary needs and showed us how this was communicated to the kitchen staff as well as how they provided fortified food and drinks for people. They said the menu was due to be updated soon and that they were planning a meeting with people who used the service so that they could give their own thoughts on what they would like. They said they regularly asked for people's feedback and had started to engage with people using the service as part of the Anchor Active pilot programme, by making smoothies and scones with people and having a chocolate fountain. The Anchor Active programme involves moving away from the employment of specific activity co-ordinators to encouraging and supporting the whole staff team to participate in the activity programme and take on the responsibility of doing this.

We observed the lunch service over the two day inspection. On the first day we noted that the atmosphere

was calm, unhurried and relaxed. Clothes protectors were used on two people and they were not asked if they wanted to wear them. Staff offered to cut up food if they thought people were struggling but most people declined and carried on by themselves. There appeared to be plenty of staff and no one had to wait too long to be served.

People weren't told what flavour soup was on offer, until a person asked what it was and after consultation was told vegetable. For the main course, staff initially asked people what they wanted and described it verbally, then they started showing two plates of main course to help people choose.

The main hot courses were very dry with no gravy or sauces accompanying them. One person asked for gravy but had to wait five minutes and by then their meal had to be reheated. We asked about provision of sauces and gravy and were told they were available and people had to ask for them. A lot of the main courses went back with very little eaten. Staff did encourage people to eat and offer alternatives but often these were declined and only soup eaten.

On day two the food looked and smelt much more appetising and people chose from the menu and did not ask for alternatives. People ate well and very little food was left on their plates. Gravy was served with both main choices. The deputy chef came out of the kitchen and chatted with people getting their feedback on the food.

We asked people for their views on the food; they had noticed a decline in standards and quality since the chef had left and told us the quality and choice was very variable. We had seen that in quality assurance surveys food was raised as a concern for people.

People's comments were mixed; "Sometimes it is lovely, sometimes it is not. It varies depending on the chef. The last chef has left. Yesterday the soup was so salty I couldn't eat it, everyone moaned about it." Other people said "Food is cold when I receive it (in dining room). Hot food on cold plates, people like hot plates" and "On average the food is acceptable. It is hard to cater for so many people and their likes and dislikes."

Relatives we spoke with said "[Person's name] eats a lot of sandwiches, out of choice. [Person's name] never feels hungry and has lost weight. My sister (a professional cook) thinks the standard, quantity, variety and presentation of the sandwiches is not good enough for all [Person's name] nutrition." Another relative said "There are menu fluctuations, what is on the menu isn't always reflected in what is served. Portion sizes can be small."

We spoke with the deputy chef manager and registered manager about the comments people and relatives had made. The deputy chef manager stated the weekly displayed menus (on notice boards) were sent to the home by the provider. The deputy chef manager changed items on the menu on a daily basis if he thought people would not like them. For example rice, lentils and more modern foods were not popular. People preferred traditional food they were familiar with and he tried to make it as nutritious and tasty as possible by adding cream and butter for extra calories. We were told this is why the daily menu on the dining tables did not reflect the weekly menus posted around the building and outside the dining room. The menus on the dining tables were accurate.

The registered manager explained that the service was in the process of recruiting a chef manager and were trying to find a candidate with the values and qualities that would improve people's dining experience. The registered manager agreed that the quality of meals made a big impact on people's experience of living in the home.

A drinks and snack station with a choice of cold drinks, fresh fruit, dried fruit, pieces of cake and packets of crisps was positioned in the lounge 'tearoom' area. This did not appear to be much used or promoted by the staff. People still relied on the drinks trolley coming round and being served by staff rather than helping themselves. The fresh fruit was whole and unpeeled, this appeared to deter residents and we overheard comments such as "Oh that's much too big" and "That's too hard to eat."

At the last inspection we found that training was not effective because staff did not understand why they were required to undertake some aspects of their role. We also observed staff using unsuitable moving and handling techniques despite having received moving and handling training.

Staff supervisions were not as frequent as directed by the providers' policy. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. We looked at a number of staff supervision records and not all staff had a development plan in place. We also found that some supervisions were not a meaningful source of support for staff.

At this inspection we found that staff had the knowledge and skills to carry out their roles and had received training appropriate to their roles. Staff we spoke with said they had access to training and development in order to carry out their roles. All said they had completed their mandatory training and had also recently attended some specialist training. For example, one staff member said "We had some training on supporting people with complex needs, like Parkinson's and diabetes."

Staff said they received regular supervision sessions with their line manager or team leader. Comments included "I have regular supervisions, but I can always go to the deputy manager if I need to" and "I feel really well supported." We saw records which supported that supervision was used effectively by staff and management to address concerns and develop staff.

People, when asked about staff skills made variable comments as did relatives. People said "Staff are much nicer now and I have noticed a big improvement" and "Sometimes I don't think they do (get well trained) but mainly they are ok." Relatives we spoke with said "Some of the residents have quite high needs now and I wonder whether staff have the skills to look after them" and "The staff are nice people but I'm not sure about their skill sets. Sometimes staff are not so good at dealing with people who are difficult" and "Staff are more interactive now."

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.

DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA).

At the last inspection we found that the provider had not protected the rights of people living in the home in line with the MCA and DoLS. Staff were found to have a variable understanding of the MCA and DoLS. Mental capacity assessments had not been completed for all people who lacked the mental capacity to make certain decisions, or give consent. We were told by senior staff that a number of people lacked mental capacity.

The care plans of these people did not have any mental capacity assessments in place to determine their level of capacity to make decisions. There were also no examples of best interest decision making on behalf of people who lacked capacity to agree to the delivery of their care.

At the last inspection we found that although there were some appropriate DoLS in place a lack of formal capacity assessments, together with a lack of staff understanding of the MCA and DoLS resulted in some people being inadvertently deprived of their liberty and their human rights.

At this inspection we found that the provider had met their responsibilities with regard to the MCA and DoLS. When people lacked capacity, best interest decisions had been made. These had all been documented and showed that other health professionals and people's advocates were included in the decision making process. DoLS applications had been applied for appropriately. The registered manager had a system of checking DoLS applications which were waiting to be processed by the local authority; they regularly checked with the local authority to ensure they were being processed.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the principles of the Mental Capacity Act and the need to gain people's consent prior to assisting them. One staff member said "This is people's home, so if they don't want to get up, that's up to them." We observed staff asking people's permission before giving them any help or support.

People had access to ongoing health care. Records showed that people were reviewed by the GP, SALT (Speech and Language Therapy Team), district nurses and occupational therapists for example. One visiting professional said "There have been improvements. Previously there was poor communication which led to problems, but that has got better. The surgery has implemented a weekly visit and that has meant that staff keep routine queries until we come in to see people. They do call us with urgent queries though" and "I feel like I now know who I need to speak to when I visit and that if I ask staff to do something I know it will be acted on."

# Is the service caring?

## Our findings

At the last inspection of Woodland Grove in November 2016 we found that people were at risk of neglect of their personal care. We observed that some people were unkempt, had dirty fingernails, wore stained clothing and had food debris on their faces. Records of personal care reflected that people did not receive regular baths and showers.

At this inspection people looked clean and well cared for. People we spoke with appeared well dressed, clean and well kempt. Hair and nails appeared well looked after, a hairdresser was visiting on the first day of our visit and was kept busy all day. Manicures were on offer by staff for both men and women. People told us they could have showers as often as they liked and also baths if they preferred them. One person said "I love a bubbly bath every now and again", another person said "More than well looked after. They are quite happy to give me a bath. I quite often have a shower or a lovely wash."

The registered manager regularly checked personal care records to ensure people were receiving baths and showers as they wished. The staff were also looking at ways of making bath and shower times a pleasurable experience for people who were wary or reluctant of receiving this care.

At the last inspection of the service we found that peoples' dignity and respect were not always protected. We observed several examples of peoples' dignity being compromised within the home.

At this inspection staff knew how to maintain people's dignity. We noted that all personal care took place behind closed doors. People confirmed they were treated with dignity and respect especially during personal care. We observed staff always knocking on people's doors before entering and seeking consent to enter. Staff said "I always make sure I keep people covered up as much as possible during personal care, knock on people's doors before going in, that kind of thing" and "Dignity is important. I know that some of the ladies like to wear make-up so I always make sure they've got it."

We observed positive interactions between staff and people using the service. For example, we saw one staff member using some welsh phrases with one person who came from Wales. We heard the same staff member laughing with another person and agreeing with them that they smelt "Lovely and fresh" after having a shower. Staff spoke kindly to people, and took their time with people. People using the service reacted positively to the staff; they smiled and the atmosphere was calm and friendly. Some staff addressed people as 'Love' or 'Lovey' but people did not seem to mind. First names were more often used when in communal areas.

People and relatives were complimentary about the caring attitude of all the staff and several were mentioned specifically as going that 'extra mile'. People we spoke with said "They look after me quite well", "Staff are very good. They look out for me", "They are absolutely wonderful. If not for them I would have gone a long time ago" and "I love it here. I couldn't wish for any more."

Relatives said "Staff know I am in a lot so her care is good. Mum is very amenable so this makes a huge

difference to her level of care" and

Visiting professionals said "Throughout everything that's happened, the staff have remained very caring" and "The staff seem to be kind and caring."

Staff spoke highly of the care provided. Comments included "The care is good here. The residents are very well looked after. I would bring my mum here", "Yes, the care is very good. We provide person centred care and create positive emotions for people living here" and "The care here is good, it's so much different. The care is consistent and we put a smile on people's faces."

## Is the service responsive?

### Our findings

At the last inspection of Woodland Grove in November 2016 we found that information gathered at pre-admission assessments and placement reviews were not included within care plans.

Care plans were not personalised and did not take into account people's individual needs. Care plans also lacked life histories and detailed information about peoples' preferences.

At this inspection we found care plans had generally improved in that they were mostly complete and reviewed regularly. However there was still some work to be undertaken to ensure that reviews were effective and that care plans were fully person centred.

Care plans contained some details about people's preferences in relation to how they wanted to be supported however the level of detail was not sufficient to demonstrate that the planning process was person centred. For example, although personal hygiene plans detailed the level of support people needed, they did not include details such as what clothes people preferred to wear, whether they wanted to wear make-up or jewellery. Social plans referred to people who liked to watch TV, but their preferred programmes were not documented. Although life history documents in place, these contained limited information.

We looked at the plan for one person with emotional needs. It had been documented 'Has been prescribed anti-depressants to help with low moods', but there was no detail for staff on what might have triggered the person's depression or whether anything specific might trigger the person to feel low in mood. The guidance for staff was limited to 'Encourage to join in activities and socialise with others. Monitor mood as this can change' and 'Offer support at times of stress.' There was no specific guidance for staff on how to deal with this person's emotional needs. The daily records showed the person had said on the day of our inspection that they wanted to die and that the staff member they said this to had distracted the person by helping them get up and dressed and 'encouraged to stay positive'.

When we spoke with staff about how they reacted if this person said they wanted to die they gave mixed responses. One said "I try and make them laugh, or offer reassurance. We have to tell a team leader too" and another said "I say we're all in God's waiting room and we have to wait to be called. If they're very distressed I tell a team leader." Because of the lack of guidance within the plan it was unclear how staff who were unfamiliar with the person would manage any acute episodes of depression.

The care plans had been reviewed monthly and although people and/or their advocates had been involved in reviews, it was not always clear how comprehensively these were carried out. For example, in one person's mobility plan it was documented that they were cared for in bed, despite the plan detailing how frequently the person could be sat out in a specialist chair. There was also no sleep and rest plan in place for the person. The latest care plan review dated 28 July 2017 showed that staff had documented 'Mobility is the same' which indicated they had not actually checked the content of the mobility care plan and identified that it no longer applied. Additionally, in the review of sleep and rest, it had been documented 'No changes', but there was no plan in place.



One visiting health professional said "I feel that people who are suitable for residential care do get good care here. But I don't think they cope as well with people with more complex needs".

At the last inspection we found that there was a lack of planning and availability of meaningful activities which people could take part in. Peoples' wellbeing was not promoted due to a lack of activities to meet their social, mental and emotional needs.

At this inspection we were told that the service was implementing the providers 'Anchor Active Programme of Activities'. We were told staff were encouraged to make use of their knowledge of their own personal interests and hobbies and bring this to work and incorporate it into activities with the people both on a group level or on a one to one basis.

Activity events were well displayed all around the building on various notice boards. On the days of our visit these included: Nails and pampering (everyone welcome), scrabble, crafting and flower arranging, book reading and discussion. Bats and balloons, musical bingo, and "All our Yesterdays" quiz. These sessions were well attended and there was active participation and interaction between staff and residents.

A white board outside of the lounge gave more detailed information about what was happening and with whom throughout the day. The group sessions were well attended and well staffed.

One to one activities were recorded in an activity files. Records detailed people's participation and engagement for the previous month for both group and one to one activities although we noted that there were no details as to the nature of the one to one activities taking place. This information was audited and anyone who was not receiving sufficient levels of engagement could be identified and action taken.

There had been a recent trip to Chew Valley Lake which was mentioned by several people as very enjoyable.

People and relatives we spoke with made variable comments about activities; "My friend comes to see me. Sometimes I would like to go out more but they haven't got time or the staff", "My keyworker takes me out when she can but I need to be pushed in my wheelchair". Another person said "I've got plenty to do with the TV and the paper. If I go to the lounge, that's the biggest bore of all." Another person said "My relative comes and takes me out and about. Going out doesn't bother me really."

Relatives said [Person's name] seems happy, he loves the entertainment", "There is very little interaction on a one to one basis. It is something I raise every time we have a care plan meeting. [Person's name] is very lonely. [Person's name] does not join in with the daily activities and I would like to know [Person's name] has some daily one to one." We checked the one to one activity for the person referred to and found they had received six sessions of one to one activity and no sessions of group activity for July 2017. We fed this information back to the senior staff.

At the last inspection we found that care was not responsive to peoples' needs. At this inspection staff demonstrated a good knowledge of people's needs. They said they had read the care plans and when asked about people's care needs they were able to explain in detail what they did and why. For example, staff understood how to provide catheter care for people and knew how to monitor the catheter and people for signs and symptoms of an infection. Staff also demonstrated a good knowledge of diabetes and how to identify if somebody had a low blood sugar. Staff had made appropriate referrals to healthcare professionals when people's physical or mental health deteriorated and had highlighted concerns arising from monitoring records.

There was a complaints procedure available for people and their relatives. People we spoke with felt able to complain or raise issues within the home. People said "If I don't like something I will tell them" and "I will tell them if there is a problem. [Registered manager's name] says we rely on you to let us know what is going on." Relatives told us when they had made complaints their concerns had been addressed satisfactorily. We looked at records of complaints; they demonstrated an effective response to complaints.

## Is the service well-led?

### Our findings

At the last inspection of Woodland Grove in November 2016 we found the provider did not have effective systems and processes for identifying and assessing all risks to the health, safety and welfare of people who use the service. There had been no marked improvement in the level of service provided since the previous inspection in April 2015. The service was placed into special measures following the inspection in November 2016.

At this inspection in August 2017 we found that the provider had acted on the risks that had been identified at the last inspection and had responded to shortfalls previously identified. The provider had utilised the services of the provider's senior staff to assist in managing and implementing action plans for the service.

Whilst we recognised that improvements had been made to the service's systems and processes for maintaining standards and improving the service. Many of the changes were still a work in progress and were not yet fully embedded in to practice. There are still areas that require improvements such as care plans, meals and ensuring that people did not enter into other people's bedrooms uninvited; these were recurring themes we picked up from people during the inspection.

The provider is aware of the improvements required and have provided assurances they will progress them further. The improvements that have already been made will need to be sustained to demonstrate that the service has improved and continues to do so without the additional provider support and oversight and any increase in placements at the service. At the time of this inspection the service was just over 50% occupied. It is too early to state that the improvements are sustainable.

The registered manager told us that they and other senior staff undertook audits in relation to different aspects of the home such as, infection control and medicines. At the last inspection these audits had proved ineffective. At this inspection we found the audits had been improved and were now more effective because the provider had implemented a system of checking on the resulting action plans and the outcomes achieved.

At the last inspection we found that people's records were not current and accurate. Records did not always contain enough information about people to protect them from the risk of unsafe care. There was also a failure to identify recording errors and omissions in the care records and to analyse concerns. We saw records which were undated, unsigned, incomplete and incorrect.

At this inspection we found that record keeping had much improved and records were regularly monitored to ensure they were being completed correctly and analysed as required. For example all of the food and fluid charts we saw had been completed and signed off as required and then analysed by senior staff. In addition there was clear guidance for staff as to how they should complete the records and all staff we spoke with were able to explain the purpose of the monitoring charts and how they used the information within them.

Many of the staff said there had been "A lot of hard work" to improve the service. They said that documentation had improved and that staff checked each day that all documentation was complete. One said "I understand the link between paperwork and care" and another said "We've tried really hard to improve care plans and other documentation. We know we failed on that before, but things have changed now."

People were encouraged to provide feedback on their experience of the service to monitor the quality provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive. Residents meetings took place regularly. These meetings involved an advocate for people who use the service. We looked at the minutes of meetings and found that people's opinions and views were recorded and followed up. People were able to have a say in how their home was managed.

People we spoke with said "Communication is ok. We have loads of meetings" and "I find the monthly meetings useful. Mainly talk about the food and the wandering."

Staff said that they were regularly consulted and involved in making plans to improve the service we saw records that demonstrated that staff had opportunities to give their views through regular staff meetings. All of the staff we spoke with were aware that the service had been working on an improvement plan. Staff spoke positively of the changes they had seen. Comments included "The morale has really improved, we have more teamwork", "We've had a lot of turmoil, but I really do believe we're better now; it feels like we've come a long way" and "There has been a vast improvement here since the manager started. Morale is really good and the care staff we have now are all really good." Relatives also told us the service had improved they said "Things have improved. There is more stability now" and "Nothing but praise for all the staff."

Relatives we spoke with made variable comments about communication with them; some said it could be improved. Relatives said "There is poor feedback regarding doctors visits and general updates regarding concerns discussed at care plan meetings". "They send minutes and notification of meetings by email. Last time they did not notify me and I missed the meeting." Another relative said "There is no problem with communication, they are really good at returning calls."

Relatives also took time to complement individual members of staff who they felt had made an impact on the care people received. One relative said "Overall I am happy with it. I have tried to build relationships with the staff. [Staff name] has stepped up to deputy manager. [Staff name] is one of the most caring people and gets on well with [Person's name]. [Staff name] is one person who will take things seriously and get involved. [Staff name] will always find time. [Staff name] is quiet and discreet." Another staff member was mentioned by another relative they said [Staff name] is fantastic. There has been a massive improvement.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. At the last inspection we found that the registered manager had not notified the Commission of all incidents that affected the health, safety and welfare of people who use the service. At this inspection we found that appropriate notifications had been made.