

St. Martin's Care Limited

Woodside Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 3 and 10 October 2017. Both days were unannounced which meant that the staff and provider did not know that we would be visiting.

The service was last inspected in December 2016 and received an overall rating of 'Good.' This inspection took place due to concerns raised about someone having a recent fall. During this inspection we found falls were quite low but were all monitored with an outcome and possible reason for the fall. However, we did find one fall was not documented therefore not investigated. This was not the fall we were alerted to.

Woodside Grange is a purpose built care home for up to 121 people, which provides care for both older people with a dementia and younger people with mental health needs. There are three floors to the building, each connected by two vertical passenger lifts. All bedrooms are lockable, spacious single rooms, with en-suite facilities. The building is surrounded with private grounds and has on site car parking facilities.

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

Records showed risks to people arising from their health and support needs were not always assessed and plans were not always in place to minimise them. A number of checks were carried out around the service to ensure that the premises and equipment were safe to use. We have made a recommendation about fire drills.

Staff received medicine training and had their competency assessed. Medicines which required refrigeration were stored in a fridge, however the fridges on two units were not always maintained within the recommended temperature ranges. Records regarding medicines were not always maintained accurately as we saw gaps in the recording of administration and inconsistencies with the application of patches and there was very little evidence of the application of topical medicines.

Systems were in place to monitor the safety and quality of the service; but they were inconsistent and did not identify all of the issues we highlighted during the inspection.

Staff were not given effective supervision and there were gaps in training.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. We found the provider had taken appropriate action to comply with the requirements of the MCA and therefore people's rights were protected. At the time of inspection 51 people

had a DoLS authorisation in place. However, MCA assessments were generic and not fully completed and consent was not always sought.

We have made a recommendation about mental capacity assessments.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe.

People were supported to maintain a healthy diet, and people's dietary needs and preferences were catered for. People told us they had a choice of food at the service, and that they enjoyed it. However where people were on weekly weights these were not happening regularly.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals to external professionals where additional support was needed. Care plans contained evidence of the involvement of GPs, district nurses and other professionals.

We found the interactions between people and staff were cheerful and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

People and their relatives spoke highly of the care they received.

People had access to a range of activities, which they enjoyed. However, the activity coordinators needed support to ensure people were not socially isolated and due to the service being so large, with a large variety of activity needs. A plan was in place to provide activities on a weekend.

Procedures were in place to support people to access advocacy services should the need arise. The service had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had.

Care was planned and delivered in way that responded to people's assessed needs. Plans contained detailed information on people's past life history.

Feedback was sought from people and relatives assist with the quality of the service. However, we could not see any records of action following the feedback.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People did not always receive their medicines as prescribed and medicine records were not consistently kept.

Risks to people were not all recorded or mitigated.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

Staff were recruited safely and there were adequate numbers of staff on duty to meet people's needs. We made a recommendation about fire drills.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not received training to ensure that they could appropriately support people and were not always supported through supervisions and appraisals.

There was a system in place to seek and record consent, however this was not consistently followed and MCA assessments were generic. We made a recommendation about mental capacity assessment.

There were systems in place to support people to maintain their health and people had a balanced diet provided.

The service worked with external professionals to support and maintain people's health.

Requires Improvement ●

Is the service caring?

The service was not always caring as the provider was not ensuring the service was caring overall

People were happy with the level of support they received and felt staff were kind and caring.

Requires Improvement ●

Staff knew how to treat people with respect and dignity.

People were encouraged to be independent where possible and given the right level of support when they needed it.

Is the service responsive?

The service was not always responsive.

People were supported to access activities.

The service had a complaints policy, and people and their relatives knew how to raise issues.

Care plans were specific to the individual person and provided staff with sufficient detail to enable them to provide care based on people's needs and preferences.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Work needed to be done on records. For example, supervision, kitchen and medicine records.

Checks to monitor and improve the quality of the service were not always carried out and where they were action plans were not monitored.

A registered manager was in post and feedback regarding the service was positive.

The registered manager understood their responsibilities in making notifications to the Care Quality Commission.

Requires Improvement ●

Woodside Grange Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 3 and 10 October 2017. At the time of our inspection 97 people were using the service.

The inspection team consisted of one adult social care inspector on the first day. The second day consisted of four adult social care inspectors, one specialist professional advisor (SPA) and three experts by experiences. A SPA is someone who has professionalism in this area. The SPA on this inspection was a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, 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.

The provider was not asked to complete a provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted external healthcare professionals to gain their views of the service provided at Woodside Grange Care Home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

During the inspection we spoke with 21 people who lived at the service and six relatives. We also spoke with three relatives over the telephone. We looked at 10 care plans, and Medicine Administration Records (MARs). We spoke with 26 members of staff, including the director of care, business partner clinical care, the registered manager, nurses, senior care staff, care staff, two kitchen assistants, the activity coordinator, laundry and cleaning staff. We looked at four staff files, including recruitment records. We also completed observations around the service.

Is the service safe?

Our findings

Due to a concern raised about a recent fall for someone living at the service we asked to see the records of accidents and incidents. Incidents and falls were looked into with an explanation about why they had happened and what systems processes had been put in place following the incident or fall. However, we saw that one person had suffered a fall in December 2016 and this had not been included in their falls risk assessment in January 2017. Due to this omission, the person had been assessed as a 'low' risk of falls instead of being assessed as a 'moderate' risk, had the fall been included.

During our inspection, we looked at the arrangements for managing medicines. We found systems were not in place to ensure medicines had been ordered, received, stored, administered and disposed of appropriately. Medicines were stored in a locked cupboard in each person's own room on the learning disability unit; on the other three units they were stored in a trolley in a locked room.

On all units except the learning disability unit, we found discrepancies with patch applications. Patch application records needed a date when the patch was removed and a date when the new patch was applied and where it was applied. On two units the patch application records stated no patch to be removed on a variety of dates for people. These people were using a prescribed controlled drug patch for pain relief that should have been changed every 72 hours. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation. We raised a safeguarding alert about this.

One unit's records showed that since April 2017 there were seven occasions on which the patch had not been changed every 72 hours as directed. This meant the person did not always have pain relief when needed. Records also showed 20 occasions on which no patch could be found when staff went to change it. The same person's records had no removal date for seven patches applied. This meant it was not possible to review whether the person had been given their pain relief as directed. We spoke with staff about this, who said the person often removed patches in the shower or during the day. We found no concerns were raised about a controlled drug patch going missing or not being applied. The person's GP had been consulted to see if another medicine might be more appropriate, and prescribed a liquid medicine. However, this change was not acted on and the person's medicine patches continued to be used up until the date of our inspection.

On the residential unit we found stock for four people's medicines did not balance and handwritten entries were not always signed by two staff members in line with good practice guidance. We discussed this with the senior care worker who said they would implement checks immediately.

Medicine fridge temperatures were not consistently recorded. There were no treatment room temperatures taken on any units except the residential unit. This meant that the medicines may not be as effective as they should be and we could not evidence the medicines were stored safely.

We found no information to record an application of topical medicines such as creams, therefore we could

not evidence topical medicines were applied as directed on the prescription. We also saw prescribed creams with a shelf life once opened, were not dated on opening. This meant staff could not guarantee the effectiveness of the creams. Not all medicines to be taken when required (PRN) had protocols in place to state why the medicine could be administered, how often and how long to take for.

Some medicine administration records we looked at contained people's photographs and a profile setting out important information such as whether they had any known allergies. This helped to ensure the right person was given the right medicines. However, the majority of people's MARs were lacking these personal profiles.

Risks to people were not always assessed and plans were not always in place to minimise them. Recognised tools such as the Braden Scale were used to help staff identify risk. The Braden scale is used to assess people's risk of developing pressure sores. However, we also saw that the provider used their own templates to carry out risk assessments and that these were generic and not always customised to people's particular risk. For example, one person's medicine risk assessment lacked information on a health condition they had. Another person had two specific health conditions and there was no risk assessment in place covering these.

The kitchen on the learning disability unit was open plan and there was a kettle, a toaster, cooker and other kitchen equipment. Although we did not see people access this area on the day of the inspection it was possible and the kitchen had not been risk assessed for this possibility.

One person's care plan stated their risk assessments had been reviewed monthly up to September 2017. However, when we looked at the risk assessments themselves they had not been reviewed since May 2017. Another person had bed rails place but no risk assessment was completed. When we asked staff why this was missing they said, this person never moves in bed, which led to the question why they had bed rails in place.

We found concerns regarding the recording and monitoring of people's weights. Where people were to be weighed weekly this was not taking place. The records for one person showed they had lost 12 kg from August to September 2017. This person was weighed again on the second day of inspection and it was found they had not lost weight it was a recording issue. No concerns had been raised about this vast amount of weight loss before the inspection.

This was a breach of Regulation 12 of the Health and Social Care Act Regulations 2014.

People we spoke to said they felt safe living at the service. One person said, "I definitely feel safe here." Another person said, "The staff make me feel safe because they look after me and help me. They make sure no one is horrible to me and the staff make sure no one can hurt me or that I have an accident". Another person said, "It's safe because the doors are locked so people can't get in but the staff are always there just in case" and, "I feel safe because they [staff] look after things like my money for me so I don't lose it but if I go out they get it for me."

Relatives we spoke with said, "This place is good for [named person], I can't say anything bad about the staff, [named person] is safe here." Another relative said, "My [relative] is safe her, they like it better on this floor as there are more people to talk to and more areas to walk around." A unit upstairs had recently closed and people living up there came down to live on the second floor.

Maintenance and safety checks of the premises and equipment were regularly carried out to ensure they

were safe to use. Required test and maintenance certificates were in place. Fire safety was regularly reviewed and plans were in place to support people in emergency situations. We saw evidence of fire drills taking place, however the last drill covering night staff was not successful due to lack of response from staff. We recommend the provider makes sure every member of staff receives a fire drill at least once annually.

The provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire that forced the closure of the service, the breakdown of the laundry or lack of staff. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Staff we spoke to had a good understanding about safeguarding. One member of staff said, "Safeguarding is making sure there are no risks to residents, being there for them and being a voice for them." We saw evidence that safeguarding's were raised, investigated and acted upon.

On the second day of inspection we started at 7:30 am due to a recent concern that happened at breakfast time on the Primrose unit. The concern was an unwitnessed fall. Primrose was a unit for people living with a dementia, this had recently closed and the six people living on this unit came to live on the Bluebell unit. The Bluebell unit is also for people living with a dementia.

We spent time from 8am on the unit for those people living with a dementia. At the time of the visit there were 26 people cared for on this unit. We observed there to be a high number of people (14) who were up and dressed at 8am. We spoke with the registered manager about this who told us they had themselves been on the unit at around 6am and there were only three people up and dressed at this point. However, they would speak with staff and monitor to make sure only those people who were awake were supported to get up, washed and dressed.

We saw through our observations and from talking to staff that there were enough staff on duty. Staffing levels were monitored to ensure there were enough staff deployed to support people safely. Across all units, 25 staff worked during the day, including nurses, senior care assistants and care assistants. 14 staff worked during the night. Rotas we looked at confirmed those numbers, and showed that absence through sickness and holiday was covered. Staffing levels were based on the level of support people needed, and the registered manager reviewed these every month to ensure staffing levels were sufficient. Staff told us there was enough staff on duty to support people. One staff member said, "Yes, there is enough staff. We work as a team."

Relatives we spoke with said, "Some days there are not enough staff, you don't normally see staff in the day room as they are today." Another relative said "I complained to the manager about the shortage of staff and to my relative's social worker. Staffing is okay now"

One staff member raised concerns that when there had been recent training, three people were taken from the learning disability unit to do this training leaving only two staff to support people. We were told this was not an isolated incident. We discussed this with the registered manager who said "The unit manager is expected to rota more staff on when training is taking place, I will look into this."

Policies and procedures were in place to reduce the risk of unsuitable staff being employed. Applicants for jobs were required to complete an application form setting out their employment history. Records of interviews showed they were asked questions relevant to the job they were applying for. Proof of identify was checked, written references sought and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and

adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults. The registered manager said they requested a new DBS for all staff every three years.

Is the service effective?

Our findings

The provider required staff to complete mandatory training in a number of areas. Mandatory training is the training and updates the provider deemed necessary to support people safely. Records showed that staff had not always completed this training. Training was monitored and planned on a chart. This showed some staff had received no training at all in areas such as fire safety, moving and handling and MCA/DoLS. Training for the nurses was also incomplete. No nurses had received training in first aid, safeguarding, dementia, medicines and end of life, and only one nurse had received training in MCA and DoLS. This had been highlighted in service quality visit report in August 2017 by the Director of Quality, Operations and Compliance, stating only 33% of staff were compliant with safeguarding training and other training was also low. The registered manager was aware training was an issue and had taken steps to address this. The registered manager also explained that they had just employed their own in house trainer which would support staff and their training needs.

Staff were not fully supported through supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. There was no record of when supervisions and appraisals had been carried out which meant that they could not be effectively planned or monitored. The provider's policy stated, "Each staff member will receive formal supervision at least 6 times per year. Supervisions will be conducted with at least four one-to-one sessions and two Group Supervision sessions. The Home Manager will prepare a yearly schedule of Staff Supervision." The registered manager acknowledged that supervisions were not all up to date and was in the process of rectifying this.

One staff member said, "I can't remember the last time I had supervision."

This was a breach of Regulation 18 of the Health and Social Care Act (Staffing) Regulations 2014

New staff undertook a twelve week induction programme, covering the service's policy and procedures and using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS)

which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Staff had an understanding of MCA and the DoLS application process. One staff member said, "DoLS is when a person is unable to make their own decisions, in their best interests we do this for them but we give them choice and ask them." At the time of our inspection there were 51 people subject to a DoLS authorisation.

Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions. However, we noted there was not always a formal written record kept of this. Decision specific MCA assessments and best interest decision were not evident in the care records we looked at. MCA assessments followed each care plan. However, these were generic and often not completed correctly. Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care and assisting with eating and drinking. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

We recommend the provider updates all the care files to make the MCA assessments more relevant.

People were supported to maintain a healthy diet. Assessments had been carried out using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. Systems were in place to ensure people who were identified as being at risk of poor nutrition were supported to maintain their nutritional needs. However, where weekly weights were recommended these were not taking place for everyone.

On the nursing unit the nutrition charts available were not recording food intake, precise amounts and whether the choices of the individual were being met. Fluid charts were available for some people but there did not appear to be any rationale as to who had one or not. The fluid/food charts had different cup and glass sizes on the form but there was not a daily amount of fluid worked out for each individual person based on the amount of liquid required daily per body weight to ensure correct hydration. The nurse had recognised the nutritional charts were not correct and showed us a new chart which they were to start using the following day. Each unit seemed to work independently and forms used on one unit were not used on others.

On the learning disability unit, people who used the service and staff met on a weekly basis to discuss menus. Staff supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. The kitchen did not cook for this unit. Staff on the unit did the cooking. We saw staff sat and had breakfast with people.

Every person we spoke with was very complimentary about the food. Comments included "The food is very nice, it's lovely. It's good food and there's plenty of choice." Another person said, "We get good meals here, plenty of choice. I like the hot dinners and there is plenty of it."

The activity coordinator said, "We have a snacks trolley that we take round every other day."

We observed lunch on all three floors, on the day of inspection the choice was beef casserole with potatoes and vegetables or quiche rice salad and new potatoes. The tables were set with condiments and napkins and we found the dining experience to be calm and unhurried. People were offered snacks and drinks between meals.

Staff on the learning disability unit prepared the meals for the people living on that unit. People living on the unit chose the food they would eat. One person said, "We choose what we eat every week and put it on the list." People were very complimentary about the food saying it was 'nice' and 'tasty.'

However, on the dementia unit meal time was quite noisy, people were asking the time but there were no visible clocks. Dementia friendly crockery was not used, everything was white. Research by the Alzheimer's society has shown that people consumed 25 percent more food when eating off a coloured plate rather than a white one. One staff member said, "We had yellow plates on the Primrose unit but we stopped using them as they were going missing." People were becoming irritated with each other, however staff were very patient. One staff member said, "We haven't got the dynamics right of the best place to sit people, since the new residents from the Primrose unit arrived."

People had choice where they ate their meals. One person said, "I like to have my meals in my bedroom."

We spoke with the kitchen assistants on the day of inspection and they told us they were aware of each person's dietary needs. They explained that staff completed the menu requirements and added any special needs such as pureed or fortified to this. We found there was not obvious information in the kitchen stated who required a specific diet, relying on busy staff to relay this information on a daily basis could result in a person getting the incorrect diet.

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, the district nurse, dieticians, speech and language therapist, dentists and opticians. One relative said, "Staff responded straight away when my relative had a problem, they were seen by the doctor and transferred to hospital immediately." Another relative said, "Staff acted so quickly to get help and inform everyone when my relative became unwell."

We observed the premises to be tidy. However, we did see soft furnishings needed a deep clean. The registered manager said, "We have a new housekeeper who has also recognised this and is coming in overnight to do a deep clean."

One relative we spoke with said, "My relatives room is lovely, it's always nice and clean. Staff always keep their room lovely for them which I think is important as they are bed bound. They make sure they have things around them that they like so that they have plenty to look at."

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were kind and caring. One person said, "I love it here, the staff are good. I've made some good friends. The staff care for me, they look after me. The atmosphere is lovely and when my relations come they are happy, because I'm happy. The staff have time for us, they are very good." Another person said, "The people are all very genuine, full of fun and happy. You can't wish for anything better. The staff are pleasant they help you a lot, they're very caring. I like nearly all of them. They really look after you and they are very sociable." Another person said, "I give this place five out of five."

One relative we spoke with said, "It is homely here, I like it, it has a nice vibe. My [named person] could not have gone to a better home; they join in with everything, but don't like bingo." Another relative said, "We are only here for an hour so no time to talk but I just want to say, this is a damn good place." And another relative said, "Staff take time making little things right, such as their hair how they like it or knowing their favourite clothes and they always check my relative is happy with their hair and clothes."

Whilst we observed staff to be caring throughout the inspection, it is evident from the issues we found the provider was not ensuring the service was caring overall.

We observed a lot of caring interactions between staff and the people who used the service. For example, on the dementia unit staff were able to provide kind and gentle reassurance to people when they were distressed, and as a result it seemed like a settled and calm unit. We also saw staff having a good chat with a relative who was visiting, and providing detail on how they'd been over the last week. They were also sensitive to the distress of one relative at visiting someone whose dementia was deteriorating.

We saw that staff were courteous towards people who lived at the service. There was appropriate asking permission for things like helping people up out of chairs, knocking on doors before entering prior to entering and dealing with any personal care needs sensitively and discreetly in a way that respected the person's privacy and dignity. One staff member said, "We close doors and curtains as well as tell them [people who used the service] what we are doing and care for them in a way they want to be cared for." A relative we spoke with said, "Staff always knock on my relative's door before they come in."

Staff encouraged people to maintain their independence. One staff member said, "We support people to maintain their highest level of ability, we promote this by prompting. We do help when needed and we also talk things through with people to help them feel confident in their abilities." A person that used the service said, "I like the staff to help me keep my room tidy, they remind me what I need to do and ask if they [staff] can help rather than just doing it." One relative we spoke with said, "The staff encourage [named person] to put away their clothes and help them with tasks."

Throughout the inspection we observed staff interacting with people in a kind and caring manner. As staff moved around the service they made an effort to stop and talk with people. Staff clearly knew people well, which meant they could have conversations with people that the person enjoyed.

People were asked about their cultural, spiritual and sexual needs during the care planning process. Care plans contained guidance to staff on promoting these, for example by arranging religious services for people to attend. On the first day of the month a priest visited the home and offered Holy Communion.

At the time of inspection no one at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Information on how people could access an advocate and what an advocate does was on display in the reception.

At the time of inspection no one was on end of life care. We found information in care plans about people's wishes and preferences at this time.

Is the service responsive?

Our findings

During our visit we reviewed the care records of nine people. Records showed people had their needs assessed before they moved into the service. During this assessment people were checked for their mobility, eating and nutrition, personal and health needs, communication and what support they needed on a daily basis. This ensured the service was able to meet the needs of people they were planning to admit to the service. Once the person came into the service a further personal assessment took place to make sure nothing had changed since the original assessment.

Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care plans we looked at on all units except the nursing unit, were personalised. Person centred care is care that is centred on the person's own needs, preferences and wishes. The care plans on the nursing unit were prescriptive and task led rather than centred on the person.

Care plans provided guidance to staff about people's varied needs and how best to support them. For example, if a person was at risk of developing pressure ulcers, preventative pressure relieving mattresses were in place and care plans informed staff of the intervention that was required to ensure healthy skin. Another care plan recorded how staff were to communicate to a person with very poor eyesight. For example, stand close to them to aid communication and to use closed questions and reassurance to prevent them becoming anxious.

We saw people received personalised care. During discussion, staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. Care records included people's personal preferences, likes and dislikes. We saw people's needs had been individually assessed and plans of care drawn up. For example, the nutrition care plan for one person clearly described their feeding regime via a percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube is passed into a person's stomach to provide a means of feeding when oral intake is inadequate. This meant staff were provided with the written guidance to ensure people's needs were met.

However, we did find care plans became generic and even though a care plan was not needed for some people they would still be added. Such as a care plan for breathing when the person had no problems with their breathing. Each care plan had a monthly evaluation form that was signed to say had been evaluated. However, when looking at the care plans we found some had not been evaluated since May 2017.

Daily records and handover records were detailed for each person and provided staff coming onto shift with a full progress and continuity of care.

We raised concerns about the amount of people who were up and dressed when we arrived at 7:30am. People were all dressed nicely and did not appear to be tired or have been woken up. However, comments from one staff member said they were not happy if the night staff left people in bed. Also a recent meeting notes stated 'people getting up on a morning, try and get as many people up if possible.' We asked the registered manager if people were not provided with choice as to when to get up. The registered manager

said people were and they also do visits early morning to make sure they were not made to get up. The registered manager recognised this was a day shift versus night shift issue and would look into it.

Care plans were signed to say they had been reviewed but when you looked further into the plan this was not always the case. Care plans on the learning disability unit were not evaluated but re written as people's needs changed. There was no evaluation so it was difficult to determine if people had made improvements or deteriorated. The registered manager said, "The old care plan cross referenced with the new care plan would demonstrate the changes in care needs."

Relatives of people on the learning disability unit confirmed they were involved in the care planning and were kept well informed and were invited to review meetings.

Our judgment was that care plans on three of the units were not consistently reviewed to ensure they were up to date and relevant to the person.

This was a breach of Regulation 17 of the Health and Social Care Act Regulations 2014.

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well.

People said they were happy with the activities on offer and had choice of whether to join in or not. Activities included entertainers, exercises, games, bingo and arts and crafts. One person who used the service said, "I join in with everything it's great." Another person said, "I join in the activities, I like the singers." And another person said, "Sometimes I make milkshakes with [staff name] and it is fun and really nice, we make cakes too and eat them." A further person said, "I am going to a football match. Staff also took me to see my [relative] this made me happy."

Three relatives we spoke to said they had not seen any activities taking place. Comments included, "I have never observed any activities in the home", "I have never seen anyone asking my relative if they wanted to do any activities" and "never seen any activities going on." Another relative said, "There used to be a 'playroom' for people but this has been turned into a bedroom, it is a shame because my [named person] used to do there behavioural work in there and now they have to do it in their bedroom, this is not ideal." Another relative said, "There is nowhere for people to go, my relative spends a lot of time sitting on the sofa in the day room or their bedroom."

The service employed three activity coordinators, one of whom was on maternity leave. The provider had recently employed a further activity coordinator who was currently on induction. On the day of inspection both activity coordinators were doing an arts and crafts class for a few people. Both co-ordinators carried out the activity together, instead of dividing their time between different parts of the building. This meant not everyone had access to the activities on offer. One activity coordinator said, "We provide activities six days a week and normally work on different floors." Another activity coordinator said, "Activities are for the full home, people will move across units daily to do different activities. We also attend the dementia café in Thornaby and Stockton at least once a month." One person who used the service said, "Staff take me out, we went to Boyes to try on the summer hats."

Local school children came in the day of the inspection to help design Christmas cards. The mayor had recently visited to unveil a new automated external defibrillator, which had been installed due to the funds raised by the registered manager's fundraising on their own time. The service was also planning a spooky Halloween party with a prize for the best dressed.

Staff on the nursing unit had the time to sit with people but we found they talked amongst themselves rather than to the people who used the service. On the learning disability unit some people who used the service were at day services and some people went out with staff. However, there was no activity planned for those who stayed at the service other than watching a film. The lounge area had very few activities to attract people's attention. There was a box of Jenga blocks that one person played with but nothing else such as jigsaws or games. People had activities such as board games and colouring materials in their own rooms, but we saw no intervention or encouragement to use them.

We asked staff if there were enough activities going on for people. One staff member said, "There is always something going on, people go to different units to join in activities. We also do one to one activities such as sitting and talking to people." Another staff member said, "[Activity coordinator's name] has an idea for a tactile wall. There's an autumn themed wall hanging I think they are going to put it on this floor. Mr. Motivator is very popular he gets people active, either in chairs or standing up. I'd like to see residents go out more, say for fish and chips at the seaside or a visit to a garden centre as there's only a limited garden here. The visit from the school worked really well."

There was a policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. The service had received three complaints since January 2017. All complaints were fully investigated and a letter of apology sent to the complainant.

The registered manager kept a record of comments received from people such as from family or external healthcare professionals. There were many comments complimenting staff for their care.

People we spoke with were happy with the care they received and said they would feel comfortable discussing their worries or complaints with one of the managers.

Is the service well-led?

Our findings

Quality assurance processes carried out by the provider and registered manager were not always effective. Quality assurance and governance processes are systems that help providers to assess the operation of the service. Audits had not taken place regularly and none had been completed since June 2017. We were told the deputy who has since left completed audits but the file where these were could not be located.

There was only evidence of one care file audit; however the actions from this audit had not named a person responsible for completing the action or a target date. Evidence to show care plans had been reviewed on the dementia unit had been ticked, but on investigation they had not been reviewed since May 2017. Care plans on the learning disability unit were not evaluated but instead re0written as people's needs changed. There was no evaluation so it was difficult to determine if people had made improvements or deteriorated. People who were required to be weighed weekly, the fact they had not been, had never been picked up due to lack of audits.

The medication audits were inconsistent across all units. This meant the concerns we found, such as problems with patch application records, lack of topical medicine applications, gaps and stock control had never been picked up.

Feedback was sought from people and their relatives through annual questionnaires. The last survey was completed in May 2017 and people had mainly ticked to say they were happy. However, some people made comments such as, more soft drink options should be available, I would like to go out more, and I don't always like the dinner. We could not see an analysis of the survey or actions taken to address people's comments.

The registered manager was aware they were not up to date and assured us they would address them.

This was a breach of Regulation 17 of the Health and Social Care Act Regulations 2014.

We asked people and their relatives what they thought of the management. One person said, "They are not bad, they are nice and speak when they see you."

We asked staff what they thought of the management. Staff we spoke with said, "There have been good and bad manager's. At the moment we have a lovely manager who is available 24/7 for us." Another staff member said, "The manager is fantastic, if they can help they will." And another staff member said, "The manager is very supportive and approachable, nothing is too much trouble." A further staff member said, "The manager is amazing, really good and the best we have had, the directors are supportive as well." A further staff member added, "The director is very good, couldn't fault them at all, they are always visible and they talk to every resident when they are here."

Relatives we spoke with said, "The unit has a very good reputation in the community. When I mention to people where my relative lives they all comment that they are 'in the best place around' or that the unit has

a 'very good reputation'. The staff should be proud that other people who don't use the unit can see what a good job they do."

All the staff we spoke with said they were really happy working at the service. One staff member said, "I love the residents and I love the team I work with. It can be quite challenging at times. We're always fully staffed. Sometimes we have staff sickness or holidays, then it's a bit more challenging but we pull together as a team." Another staff member said, "I love it and wouldn't change a thing, everyone gets on and we get lots and lots of support." And another staff member said, "I love my job and have no concerns at all. It's a good place to work."

Staff meetings were taking place about every two months. They were held at different times to capture all staff, day and night. Meetings were also held for different groups of staff such as domestic and laundry staff, senior care staff and care staff. Topics discussed were food and fluid charts, cleaning duties, uniform, care plans, training and on call procedures.

People and relatives we spoke with said they were not aware of meetings taking place. We saw evidence to show only two meetings had been held this year one in February and one in August. However, no one turned up to the August meeting. One person who used the service said, "I don't go to the resident meetings, the staff keep you in touch with things." Relatives we spoke with said, "I don't go to the meetings, I didn't know about them." One relative said, "I just wish there was some sort of residents family meeting so we can be involved on the unit and know what is happening." The registered manager made sure people were updated with what was happening by sending out a newsletter 'Woodside Grange News.' This highlighted recent events, upcoming events and any relevant information.

We asked for a variety of records and documents during our inspection. We found these were well maintained and stored securely. However, the registered manager could not locate the audit file.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We asked staff what they thought the culture of the service was. One staff member said, "The culture is very homely." Another staff member said, "It is an open and honest culture and we are kept informed of any issues going on."

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider was not assessing the risks to the health and safety of the service users receiving care and treatment, or doing all that is reasonably practicable to mitigate any such risks. Regulation 12(1)</p> <p>The provider was not following proper and safe medicine management. Regulation 12(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider was not assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider was not ensuring staff received support through training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)