

# North East Care Homes Limited

## Woodlands

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 11 May 2015 and was unannounced. We carried out a second visit to the home announced on 15 May to complete the inspection.

The last inspection was carried out on 10 October 2014 and we found that the provider was meeting all the regulations we inspected.

Woodlands is a purpose built home which provides accommodation and care for up to 42 people, some of whom were living with dementia. At the time of the inspection there were 31 older people using the service.

There was a registered manager in post. 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 and associated Regulations about how the home is run.

Prior to our inspection, we received information of concern regarding how people's dietary needs were met at Woodlands which we found to be substantiated. The

# Summary of findings

provider used a contract caterer who supplied all of the home's kitchen staff. We found concerns with the provision of meals. We read two people's nutritional care plans which stated they should have high calorie liquid shakes. We did not see either person receive any high calorie drinks during the inspection. There was confusion about the consistency of one person's diet. We noticed that the menu had to be changed because certain foods were out of stock. The registered manager told us that this was due to the change in menus. Following our inspection, she sent us an update to state that the concerns we raised had all been addressed.

Certain areas of the home were in need of redecoration and some of the furniture looked worn. Some of the chairs and sofas in the main lounge gave off an offensive odour when we sat on them. Some staff and a relative expressed concern about an open stairwell which they considered was a falls risk. We found the design and decoration of the premises did not fully meet the needs of people who had a dementia related condition. However, when we visited the home again on 15 May 2015, many areas had been redecorated and new signs had been obtained to ensure that the environment aided the orientation of people who were living with dementia. Further work was required to ensure that all areas of the premises met the needs of people who lived with dementia.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. We noted that there had been a number of confrontations between people since January 2015. These had been referred to the local authority's safeguarding adults team.

Concerns which we received prior to our inspection in relation to controlled drugs were found to be unsubstantiated. We checked medicines management overall and saw that safe systems were in place to receive, store, administer and dispose of medicines.

Safe recruitment procedures were carried out. Pre-employment checks were undertaken to help ensure that staff were suitable to work with vulnerable people. Staff told us training courses were available in safe working practices and to meet the specific needs of people, such as dementia care. However, practical training in areas such as moving and handling and first

aid had not always been carried out. The registered manager told us that she had identified this as an issue and further practical training was being planned or had already been completed.

We received mixed comments about staffing levels from people, relatives and staff. Most told us that more staff would be appreciated to enable staff to have more time to spend with people. We saw that most people sat in the main lounge on the ground floor and that some people spent time sleeping; others watched the television or listened to music. We found that more staffing was required at certain times of the day.

Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We found that the home had made a number of applications to the local authority to deprive people of their liberty in line with legislation and case law. Mental capacity assessments had been carried out in some of the care plans however; these were identical and not decision specific and therefore not in line with the MCA principles. We have made a recommendation that the provider ensures that there is documented evidence that care is always sought in line with the Mental Capacity Act 2005.

Most of the interactions between people and staff were positive. We heard one staff member's tone of voice and words they used were not as positive. The registered manager told us that she would look into this. We observed that staff promoted people's privacy and dignity.

An activities coordinator was employed to help meet the social needs of people living at the home. Some relatives and staff felt that more activities could be provided. We have made a recommendation regarding activities provision for those people who live with dementia.

The registered manager carried out a number of audits and checks to check the quality of the service provided. We acknowledged the prompt updates from the registered manager to show that immediate action had been taken to address the concerns we raised particularly on the first day of our inspection. However, these issues should have been identified by the provider and

# Summary of findings

registered manager as part of their own governance arrangements and checks on the quality of service being provided and not, as it appeared, in response to issues identified by inspectors.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These

related to the premises and equipment, meeting nutritional and hydration needs, staffing and governance. The action we have asked the provider to take can be found at the back of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

Certain areas of the home were in need of redecoration and some of the furniture looked worn and had an odour. Concerns were raised about an open stairwell which was considered was a falls risk.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. There had been a number of confrontations between people. We received mixed comments about staffing levels from people, relatives and staff. Most told us that more staff would be appreciated to enable staff to have more time to spend with people. We found that insufficient staff were deployed to ensure people's safety and wellbeing.

The registered manager sent us an update following our inspection which documented that both she and the provider had taken action to address the issues we raised.

**Requires improvement**



### Is the service effective?

The service was not effective.

We found concerns with the provision of meals at the home, including food out of stock and uncertainty about some people's nutritional needs.

Training courses were available but not all staff had completed practical training such as moving and handling.

There was a lack of documented evidence to demonstrate that care and treatment was sought in line with the Mental Capacity Act 2005. The design and decoration of the premises did not fully meet the needs of people who lived with dementia at the time of the inspection.

**Inadequate**



### Is the service caring?

The service was caring.

People and relatives told us that staff were caring. Most of the interactions between people and staff were positive.

Staff promoted people's privacy and dignity. We saw staff knocked on people's doors before entering.

"Residents and relatives' meetings were held and surveys carried out to gather the views of people and their families.

No one was currently using an advocate. Advocates can represent the views and wishes for people who are not able express their wishes.

**Good**



# Summary of findings

## Is the service responsive?

Not all aspects of the service were responsive.

There was an activities coordinator employed to help meet the social needs of people who lived there. Some relatives and staff stated that more activities were required. We saw that most people spent long periods of time sitting in the main lounge either asleep, watching television or listening to music.

There was a complaints procedure in place. However, it was not always clear what action had been taken in response to certain complaints. This was confirmed by one relative.

**Requires improvement**



## Is the service well-led?

Not all aspects of the service were well led.

We acknowledged the prompt updates from the registered manager to show that immediate action had been taken to address the concerns we raised during the inspection particularly on the first day of our inspection. However, these issues should have been identified by the provider and registered manager as part of their own governance arrangements.

Most staff told us that they were happy working at Woodlands. Staff informed us that staffing levels influenced morale, since being extremely busy affected their enjoyment of working at the home.

**Requires improvement**



# Woodlands

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 team consisted of an inspector; a specialist advisor who was a nutrition specialist and an expert by experience, who had experience of older people and care homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The inspection took place on 11 May 2015 and was unannounced. We carried out a second visit to the home announced on 15 May 2015 to complete the inspection.

We spoke with eight people and four relatives who were visiting on the days of our inspection. Many people who lived at the home were unable to communicate with us verbally because they had a dementia related condition. A

local contracts officer was present on the first day of our inspection. We conferred with a challenging behaviour clinician who was visiting the home on the first day of our inspection.

We spoke with the registered manager; the deputy manager; laundry assistant; activities coordinator; five care workers; the operations manager and agency cook from the contract caterers. We also spoke with three care workers on night duty because we wanted to find out how care was delivered at various times of the day. We read five people's care records and five staff personnel files to check details of their training. We looked at a variety of records which related to the management of the home such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request that the provider complete a provider information return (PIR) because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions, what the service does well and what improvements they plan to make.

# Is the service safe?

## Our findings

All residents and most relatives with whom we spoke said that they or their relative felt safe with the staff who looked after them.

We spent time looking around the premises. We saw that some areas were in need of redecoration. Paintwork was damaged in some of the corridors we checked. One relative told us, “The place is shabby” and “There’s a make do and mend attitude.” A member of staff said, “I think we can all see it’s not very nice.” We spoke with the registered manager about this issue. Following our inspection she wrote to us and stated, “The decorator has been and completed the work requested, repairing the paint work/chips/plaster on 29 May 2015.” Following our inspection, we spoke with the relative who had raised concerns about the décor who told us that improvements had been made.

Many people who lived at the home had a dementia related condition and some liked to explore the building. Magnetic safety switches had been fitted to doors to restrict entry to certain areas of the home including three stairwells. These switches opened the doors when firmly pressed. Staff told us that some people were able to access the magnetic safety switches and open the doors to access the restricted areas. We read that one person who had a dementia related condition and needed supervision, sometimes got out of the building. We spoke with the registered manager about this issue. She said that keypad entry pads were going to be fitted.

The registered manager told us they had been unable to fit a safety switch at the bottom of the main stairwell because of the layout of the staircase. Staff informed us that one person had fallen on the main stairs. This was confirmed by the person’s relative. Although a risk assessment was in place, the registered manager explained that people’s mental health was deteriorating and therefore more people were trying to access the main open stairwell. She said that they were in the process of identifying a solution to this risk.

We checked infection control and the cleanliness of the home. We saw that most areas were clean. There were no strong odours with the exception of some of the armchairs and sofas in the main lounge which gave off an offensive smell when we sat down on them. This was confirmed by a relative with whom we spoke who said, “You have to be

careful before you sit down. Sometimes there’s an odour.” On the second day of our inspection, the registered manager told us that most of the worn and odorous chairs in the lounge had been sent to the skip and new furniture had been ordered.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked staffing levels. The registered manager explained that because of a reduction in occupancy levels staffing levels had been reduced to five care workers in the morning and four in the afternoon. An activities coordinator was also employed and worked Monday to Friday. There were three care workers at night.

The registered manager told us that a staffing tool was used to calculate the number of staff that should be on duty. She told us that they were staffing the home over the number of staff recommended by the tool. Some staff however did not agree. One staff member said, “Staffing is an issue at the minute – you just get told however that the staffing levels are right because they’ve got a system [to calculate them].” Other comments included, “It’s difficult at the minute because the dementia levels are high. We do meet their needs, but it could be better if we had more staff. A lot of residents need two staff” and “We need more staff.” Some people also felt that more staff would be appreciated. One person said, “Most of them are helpful and caring but they’re short staffed and that means you have to wait – it has a knock on effect.” Another said, “Staff are very good but they haven’t got the time to talk -they’re too busy.”

We noticed that most people sat in the main lounge. On the first day of our inspection, we did not see many activities or staff interaction. The activities coordinator told us that the first day of inspection had been very busy and the VE day decorations had to be taken down. More activities and interactions were observed on the second day of our inspection. We spoke with one member of staff who told us, “The residents are there [in the lounge] for their safety. More staff would enable the residents to access more areas [of the home].” Another staff member said, “We take one resident out to the shops each day, but we have another 30 that want to go out and we can’t do it.” The staff member also said that one person tried to get out of the

## Is the service safe?

home at various times of the day and constant supervision was required. They also stated that another person had behaviour which challenged the service and also required frequent observation and reassurance.

We considered that there were insufficient staff deployed at the time of the inspection to ensure people's safety and wellbeing. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, we spoke with the registered manager who told us that an ornamental gate had been fitted at the bottom of the stairwell. She said that they were waiting for a visit by the local authority's fire safety team to ensure that the fixture met with fire safety regulations. She also explained that key pad entry pads had been fitted to all doors.

We checked infection control procedures in the kitchen. We saw that the kitchen was clean. We observed however, that care staff constantly entered the kitchen without washing their hands. There were no visual signs or prompts for staff to wash their hands. We spoke with the registered manager about this issue. Following our inspection, the registered manager wrote to us and stated, "The care staff have been informed of the issue about entering kitchen without washing hands, some state they go straight to the kitchen sink and others stated they have gloves on. I have placed a new hand washing sticker to prompt staff action to wash hands and have addressed in daily handovers and will be mentioned in next staff meeting (to be held next week)."

We looked at medicines management. Prior to our inspection, we received information of concern regarding the administration of controlled drugs (CD's). CD's are medicines that can be misused. Stricter legal controls apply to these medicines to prevent them being obtained illegally or causing harm. At this inspection, we saw that the correct procedures were followed regarding the administration of controlled drugs. We checked one

person's controlled drugs. No concerns were found and stock levels tallied with the amount of medicine which had been administered. We spoke with senior care staff on day and night shift who told us that the correct procedure was always followed and two staff were involved in the administration of controlled drugs.

We looked at medicines administration records and saw that these were completed accurately. There was a system in place to order, receive, store, administer and dispose of medicines safely.

There were safeguarding policies and procedures in place. We spoke with staff who were knowledgeable about what action they would take if abuse were suspected. We noted that there had been a number of confrontations between people who used the service. There had been 12 incidents since January 2015. These had been referred to the local authority's safeguarding team. The manager analysed all accidents and incidents on a monthly basis to ascertain if there were any themes or trends. We noted that the manager had stated that some people had a chest or urine infection which had increased their confusion and episodes of behaviour which challenged the service. People had been appropriately referred to the GP; social worker and behavioural and intervention team for advice and support.

We spoke with people and relatives about the premises. One relative said, "It's much nicer since it's been decorated and the furniture in the lounge has been arranged in groups." Another however, raised concern about the open stairwell which she considered was a falls risk.

Staff told us that correct recruitment procedures were carried out before they started work. We checked one newly appointed staff member's recruitment records. A Disclosure and Barring Service (DBS) check had been obtained. In addition, three written references had been received. The registered manager said, "I always try and get three references." These checks helped ensure that prospective staff were safe to work with vulnerable people.



# Is the service effective?

## Our findings

Prior to our inspection, we received information of concern regarding how people's dietary needs were met at Woodlands. A specialist advisor in nutrition therefore accompanied us on the inspection.

The provider used a contract caterer to provide meals in each of their care homes including Woodlands. The contract catering company provided all kitchen staff who they recruited and trained. The contract caterer's operational manager told us that there was one chef who worked at Woodlands and they were in the process of recruiting another chef. He was unable to provide us with details of the training which the chef had completed. At the time of the inspection there were two agency staff covering the kitchen; an agency chef and kitchen assistant.

The registered manager told us that the menus had recently been changed following discussions with people, relatives and staff. The four week menu looked well balanced with hot meal options available at both lunch and tea time.

We spoke with people about the meals at Woodlands. One person said, "The food is not bad at all." Other people described the food as "tasty" and "nice." One relative told us that his family member had recently been in hospital. He said that she had returned to the home and was now putting weight on which he was pleased about. However, one relative told us that more consideration should be given to providing meals for people with dementia such as more finger foods. Some staff told us that they considered that the quality of the meals provided could be improved. One staff member said, "The food from the kitchen is not very nice."

There were two separate sittings at lunch time. The first sitting was for those who required more support with their meals. Meals were served in two adjoining rooms. Nine people were brought to the dining room for the first sitting at 11.45am. They had to wait 40 minutes before the food was served. This delay caused people to become restless and unsettled. One person got up and went outside and was brought back by the registered manager.

The service of the meals at the first sitting appeared disorganised and rushed. Staff had to carry food from the kitchen, through two rooms; including the main lounge/dining area where the second sitting of people were

waiting for their meal. One staff member said, "I don't think it's fair that we have to carry meals through while the residents [from the second sitting] are waiting for theirs." We spoke with the registered manager about these issues. She told us that she would immediately address the concerns we raised.

There was a lack of equipment to promote people's independence with eating and drinking. A plate guard was washed and reused for another person. There was no finger food on offer at lunch time and we saw one person who had a dementia related condition, eating mashed potato with her fingers. Her relative intervened to support her. We noticed that there were not enough soup bowls for the whole service. Staff had to take the used bowls back to the kitchen to be washed for the remaining people to use. One person who required assistance with eating and drinking was supported by a care worker. The care worker got up midway through the meal to help clear away the dishes. She came back to support the person and then left again, leaving her staring at her food. Finally, another member of staff came to assist the person to finish her meal.

We spoke with the registered manager about this issue. Following our inspection she wrote to us after and stated, "We have received new cups/cutlery/plates etc. and bowls out of stock will be here within two weeks from [name of company]."

There appeared to be some confusion regarding one person's diet. One care worker said she required a pureed diet, another said a soft diet was required. We observed her having both a pureed and soft diet. We read her care plan and noted there was no information to guide staff about what consistency of diet was required.

We saw that tea time was less rushed. However, we heard some staff telling people they were tired and ready for their break. These comments by staff meant that the meal time was not as happy and relaxed as it could have been. We noted that chicken soup and sandwiches were planned. However, there was no chicken so vegetable soup was made instead. One person was allergic to onions. The chef told him that she would make a separate portion of soup without onions; however this did not happen. Some staff told us that at times the menu was changed because certain foods were not in stock. One staff member said, "They ran out of chips today and they had to have potato

## Is the service effective?

circles and tonight they are supposed to be having chicken soup but there's no chicken." Staff told us that there had been no Horlicks or hot chocolate for 10 days. These arrived on the second day of our inspection.

We spoke with the registered manager about this issue. She said the menu had been changed at short notice because of complaints about the previous one. She said because of this change, not all ingredients were in stock. However, this would be addressed at the next food order.

Two people whose care plans we checked had lost weight. We saw that staff used the Malnutrition Universal Screening Tool [MUST]. MUST is a nationally validated tool for assessing the risk of malnutrition. We found that both people's MUST's had been incorrectly calculated and they should have been referred to the dietitian because of their weight loss. Both nutrition care plans stated that they should have high calorie shakes. We did not see either person receive any high calorie drinks during the inspection. Kitchen staff thought that care staff provided these and vice versa. We spoke with a care worker about whether people were given high calorie drinks. The staff member said, "I've seen them have smoothies a couple of times [since they had been at the home]." Their care plans also stated that a food chart should be completed and weekly weights carried out. However, food charts were not completed and the second person was not weighed weekly.

This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked in the kitchen and saw that there were supplies of fresh meat, vegetables and fruit. We were told that there was no limit on the budget for food. We noted that food profiles were available for each person. These profiles included a list of people's likes and dislikes together with any allergies.

One relative told us, "The deputy has instigated a juice bar. There's always biscuits so they can help themselves." We checked the juice bar and saw that there were cartons of juice and wrapped biscuits available.

People and relatives told us that they considered that staff were trained and knew how to look after people.

Staff told us that there was training available and most of it was online. The manager provided us with information to demonstrate that staff had completed training in safe

working practices such as moving and handling. However, one staff member said that they had not completed practical moving and handling and first aid training. They said, "I've never had practical moving and handling training. I've never had any practical training, I really want first aid training – it's booked now." Another member of staff told us, "How can they know what to do unless they have been shown professionally what to do."

The registered manager had recognised there was a lack of practical training in certain areas and had organised practical training in first aid and moving and handling. Some staff were attending first aid training the day after our first visit. One member of staff said, "We're doing more face to face training now which is good for those who haven't done any practical training." Following our inspection the registered manager wrote to us and stated, "All practical training completed on 29th May including manual handling and first aid (awaiting certificates)."

We read that staff had completed training in meeting the specific needs of people who lived at the home such as dementia care and the Mental Capacity Act.

The registered manager provided evidence that staff received regular supervision and staff confirmed they received supervision individually. Annual appraisals were carried out. Supervision and appraisals were used to review staff performance and identify any training or support requirements.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty.

The MCA is designed to empower and protect people who may not be able to make some decisions for themselves which could be due to living with dementia, a learning disability or a mental health condition. The Alzheimer's Society state, "People should be assessed on whether they have the ability to make a particular decision at a particular time."

We noticed that mental capacity assessments had been carried out in most of the care plans that we looked at but were identical and not decision specific and therefore not in line with the MCA principles. Staff told us that one person

## Is the service effective?

was administered her medicines covertly [hidden in food]. We saw that the GP had approved this procedure and a best interests decision had been carried out. We noted however, that a mental capacity assessment had not been completed in relation to this decision. We spoke with the registered manager about this issue. Following our inspection she wrote to us and stated, "Decision specific capacity assessments completed 27/5/2015."

We noted that people were supported to access healthcare services. We read that people attended GP appointments; consultant appointments; dentists, opticians and podiatrists.

We checked how the adaptation, design and decoration of the premises met people's needs. The registered manager told us that many of the people who lived at the home had a dementia related condition.

The National Institute for Health and Care Excellence (NICE) states, "Health and social care managers should ensure that built environments are enabling and aid orientation." [NICE, Dementia - Supporting people with dementia and their carers in health and social care, November 2006:18].

On the first day of our inspection, we found that the environment did not occupy people's attention. We saw one person playing with the telephone wires in the foyer of the home. Signposting of important areas was limited. One relative said, "I've started looking elsewhere. The corridors are dull and boring, it would be so good if they had a movie corridor and pictures of Rock Hudson" and "Look at the carpets, they're so busy [highly patterned], they're not suitable for those with dementia, it must be confusing for people when they try and walk on them."

The registered manager and deputy manager told us they were aware of this issue and would address it immediately.

The deputy manager informed us, "We have to move with it. Their needs have changed and we have to move forward [with the environment]." On the second day of our inspection, the registered manager had purchased new signs to display around the home to identify important areas such as toilets; bathrooms and dining areas. In addition, they had decorated the foyer of the home. A new fish tank had been installed and staff had fixed an array of hats to the wall which people could take down and try on. A table had been set up with memorabilia and books for people to pick up and look at. Pictures and photographs of local areas and movie stars including Rock Hudson had been put up along the ground floor corridors.

We saw that several people access the secure courtyard which had potted plants. We saw one person watering these plants throughout the day. The door to the courtyard was not locked and people could go outside whenever they wanted.

Following our inspection, we spoke with the relative who had raised concerns about the environment on the first day of our inspection. She told us, "It's changed beyond recognition they have got a new fish tank, put a desk in the foyer for a focal point, the corridors, are much more interesting and there's things for them to touch and feel. Rock Hudson is there on the wall too. They've done this on the second floor as well. They have also got rid of the clutter in the small lounge and put a dining room table which can be used as a quiet area if relatives want to stay and have a meal with people. There's also a new television – it's really been quite a change."

**We recommend that records evidence that care and treatment is always sought in line with the Mental Capacity Act 2005.**

# Is the service caring?

## Our findings

People and relatives were complimentary about the care provided. One person said, “Staff are pretty good and the care is pretty good.” A relative said, “I cannot fault the carers.” Other comments included, “I do think they are meeting her care needs;” “They do have a lovely way with people;” “I would rate the caring as good;” “Staff are polite, my wife gets good care and I’m informed if she is unwell;” “They provide adequate care” and “They [person] are always dressed nicely.”

Staff were knowledgeable about people’s needs. One staff member said, “[Name of person] likes quizzes and [name of person] likes clothes shopping. Everyone is an individual.”

Most of the interactions we saw were positive. One person was calling out, “Help me, help me.” A staff member went over to speak with the person and held his hand and said, “[Name of person] you have lovely warm hands. What are you wanting me to help you with?” The person replied, “You are a nice person.” At lunch time a care worker assisted one person to eat, while at the same time encouraging others on the table to finish their meals. People appeared to appreciate the care worker’s humour and kind comments.

We heard some comments by one member of staff whose tone of voice was not as positive as other staff. We discussed this with the registered manager who told us that she would address this with the care worker involved.

We observed that staff promoted people’s privacy and dignity. Staff knocked on people’s doors before they entered and they could give us examples of how they promoted dignity such as keeping people covered when they were providing personal care.

There was a dignity champion in place. She told us that she ensured that staff were promoting people’s dignity. She told us, “I just make sure that the residents are respected. I check to make sure their clothes are clean...After meals, staff used to sometimes forget to wash their [people’s] hands but now we’ve got plenty of wipes.” We noted that a “dignity log” was in place which documented any concerns regarding promoting people’s dignity. The last recorded entry was July 2014.

We checked the provider’s recent record of his visit to the home. He had recorded, “General observations, staff communication was very good. Staff are very, very good - the residents told me. Giving out medicine was very good, warmly done with respect. Feeding of residents done with respect and lovely manner.”

People and relatives told us that they were involved in decisions about care. One relative said, “There is always things to sign off [in the care plan]. They are very good at informing me of what’s going on.” We checked one person’s care plan with a relative. She was aware of the contents and said, “All the important stuff is up to date.”

There were a number of feedback mechanisms in place. “Residents and relatives’ meetings were held and surveys carried out. The registered manager informed us that no one was currently using an advocate. Advocates can represent the views and wishes of people who are not able to express their wishes.

# Is the service responsive?

## Our findings

We spoke with people and asked whether staff were responsive to their needs. We received mixed comments. One person said, “You can’t fault staff, they’re very good.” A relative said, “The staff are all lovely. I’ve never had any concerns. I would rate it as excellent. There’s always something going on. It was VE day the other day and they are just taking down the decorations now. They have singers and entertainers in.”

We spoke with a challenging behaviour clinician. He told us, “Staff have worked very well with us. They have been more than happy to come up with suggestions. We’ve looked at all options for [name of person]. Pain is a big thing and we’ve got them to cover pain and they’ve used the Abbey pain scale.” The Abbey Pain scale is a measurement tool which is used for people who cannot verbalise pain such as those people who have a dementia related condition.

Pre-admission assessments were carried out before people came to live at the home to make sure that staff could meet people’s needs. There was a handover system in place at the beginning and end of each shift. Staff communicated any issues or concerns about people’s care to staff who were coming on duty. One member of staff told us however, that communication within the handovers needed to be improved. They told us, “One lady had a catheter in and I didn’t even realise.”

We looked at people’s care plans and saw that these were person centred and reflected people’s wishes. Pictures were added to care plans to make the words easier to understand for people. Life histories were also included. This information supported staff’s understanding of people and their lifestyles.

An activities coordinator was employed to help meet people’s social needs. We spoke with her on the first day of our inspection. She told us, “We do reminiscence and a lot of quizzes... We are doing chair exercises today.” She also said, “Staff take one person to the shops, we try and get them out as much as we can. [Name of person] loves the garden. It’s a good home.” She told us however that she was leaving on Friday. On the second day of our inspection, we spoke with the activities coordinator again. She told us that she was now staying and she had been given extra hours to provide activities.

We saw that most people were sitting in the large lounge for most of the day. We saw that there was little to occupy people’s attention; some people spent time asleep. One relative said, “I am concerned with the lack of stimulation which can lead to episodes of aggression.” We spoke with staff about this issue. One staff member said, “They’re there for their safety, so we can watch them. Obviously more staff would enable us to use other areas of the home.” Another said, “It’s routine now [for staff to assist people to sit in the lounge].” Some staff felt that more activities could be provided. One staff member said, “There is a lack of activities.” Another staff member said, “They need more motivation especially later on in the day... There needs to be more variation [in what they do].”

We spoke with the registered manager about this issue. Following our inspection she wrote to us and stated, “[Name of activities coordinator] is now concentrating on one to one activities on a morning such as tactile equipment and hand massages with calming music and gentle chair exercises, and many more to mention, also walking around the corridors with residents encouraging them to look at the pictures and the tactile boards/ equipment. A group activity is held in the afternoon and have had some residents in the garden planting flowers and regular walks to the shops.”

There was a complaints procedure in place. We noted that a complaints file was in place and details of actions taken by the registered manager were documented. Two relatives told us they had raised a complaint but there was no evidence of what actions had been taken in relation to these complaints on the first day of our inspection. One of the relatives told us that she had not received a formal response to her complaint.

On the second day of our inspection, the registered manager had documented all complaints and concerns which had been received and actions taken to resolve the issues raised. She informed us that the information relating to one of the complaints received was stored on her computer due to the sensitive nature of the concerns raised. She said that she had passed the relative’s complaint to the provider. We read an email which the registered manager had sent to the provider. This stated, “We have not responded to last complaint by [name of relative] either as unsure what you wish me to say.” She informed us that in the future she would make sure that she recorded all concerns raised to ensure it was clear what

## Is the service responsive?

actions had been taken. Following our inspection, the registered manager wrote to us and stated, “[Name of relative’s] complaints have been addressed and all copies in file for evidence.”

**We recommend that the service finds out more about activities provision for people with a dementia related condition to ensure that people are supported to follow their interests and take part in social activities.**



# Is the service well-led?

## Our findings

The care home had opened in 1990. There were two directors. The registered manager explained that one director oversaw the care and was the nominated individual. The other director was in charge of contracts and purchasing. She explained that both directors wanted what was best for people. She said however, "It is a business and [name of director] likes to obtain a number of quotes and search for the best products." A relative however told us, "They are running it as a business and do not seem to appreciate the managing of people who have dementia."

On the second day of our inspection, the registered manager told us that she had spoken with one of the directors. She said, "[Name of director] has said that I can go ahead with the redecoration programme." Following the inspection, the registered manager wrote to us and stated, "Manager has spent lots of time and money improving the environment with full backing of the directors and has been instructed to do whatever is required. As you will see from the photographs attached the improvements made to the environment."

The registered manager had worked at the home for five years and become registered manager in 2013. There was a deputy manager in place. She had worked at the home since 2010. People, relatives and staff spoke positively about the registered manager and deputy manager. One relative said, "I think the manager is excellent as is the deputy" and "I think she does a good job in difficult circumstances." Staff also spoke positively about her. One staff member said, "If something needs doing, [name of registered manager] will try and do it. Whatever needs doing she will do it."

Most staff told us that they were happy working at Woodlands. One member of staff said, "I love my job." Another staff member said, "I wouldn't want to work somewhere if I didn't like it." Staff informed us that morale fluctuated. One staff member said, "Sometimes morale is good." Staff informed us that staffing levels influenced morale, since being extremely busy affected their enjoyment of working at the home.

Some staff told us that an incentive scheme had been introduced. Staff were given a bonus if they took an enquiry for a prospective admission to the home. One staff member told us, "It's not fair though, because we don't often have the phone, it's the seniors."

We spoke with the registered manager about these comments. Following our inspection, she wrote to us and stated, "We have started a system of recognising staff members who stand out in a certain area and advertise this to family members/residents and other staff. This will be done monthly and want all to be involved and a token of appreciation will be awarded and the seniors received their voucher for enquiries as well as admin."

Following a recent complaint and anonymous concern, the registered manager had held two meetings. One meeting was held with the chef to discuss the complaints regarding meals at Woodlands. People, relatives and staff attended. A staff meeting was also held regarding concerns raised in relation to one person's care. Detailed minutes of both meetings were made.

We read the minutes of the catering meeting which was held on 8 May 2015. We noted that one person who was vegetarian thought the food was "excellent." Another person had requested brown bread instead of white. Other requests included more ice cream; finger food; brightly coloured vegetables and "plain food" such as meat and vegetables rather than quiches were made. Following the meeting new menus were agreed and put in place.

We read the minutes of the staff meeting which was held on 30 April 2015. Responding to call bells, infection control, privacy and dignity and medicines were discussed.

The registered manager carried out a number of audits and checks to monitor the quality of the care provided. These included checks on care plans, the dining experience, medicines and health and safety. We read the dining experience audits. We noted that there had been a recurring recommendation that the registered manager should eat more frequently with people at meal times. We considered by eating with people, it would enable her to pick up on any issues with meal times or food provision. Following our inspection, the registered manager wrote to us and stated, "Manager is now eating at least one meal per week with residents."

We acknowledged the prompt updates from the registered manager to show that immediate action had been taken to

## Is the service well-led?

address the concerns we raised particularly on the first day of our inspection. However, these issues should have been identified by the provider and registered manager as part of their own governance arrangements and checks on the quality of service being provided and not, as it appeared in response to issues identified by inspectors.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

People were not fully protected from the risks of inadequate nutrition. Regulation 14 (1)(2)(a)(4)(a)(d).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People were cared for in an environment that was not always well maintained. Regulation 15 (1)(a)(e)(2).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service. Regulation 17 (1)(2)(a)(b)(c).

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were not sufficient numbers of staff deployed to ensure the safety and well-being of people who lived at the home. Regulation 18 (1).