

Porthaven Care Homes No 2 Limited

Woodland Manor 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 5 and 6 June 2018. The inspection was unannounced. We undertook this focused inspection to check that improvements to meet the legal requirement of Regulation 18 – staffing planned by the provider after our comprehensive inspection in March 2018 had been made. The team inspected the service against three of the five questions we ask about services: Is the service safe, is the service effective and is the service well led. This report only covers our findings in relation to those domains and requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk"

The concerns and improvements required in the key questions responsive and caring are being reviewed through our ongoing monitoring so we did not inspect them at this inspection. However the ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Woodland Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Woodland Manor accommodates 64 people across four separate units. Two of the units specialise in providing care to people living with dementia. The other two units are described as nursing care units. At the time of the inspection there was 46 people living in the home. The home is purpose built, with all bedrooms having an en-suite shower and shared communal dining and sitting room facilities. It has a separate dining room for special occasions, a cafe bistro at the entrance to the home, a cinema and activity room which is accessible to people.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time. At this inspection the deputy manager was acting up to manager. The nominated individual confirmed during the inspection that the deputy manager would be taking on the manager's role and would be applying to the Commission to be registered.

People and their relatives felt the home had improved since the previous inspection in March 2018. This was because staffing levels had increased across all the units and agency staff were used to cover gaps in the rota. The home had a high sickness rate and a high turnover of staff and the use of agency staff lead to inconsistent care for people. However people and their relatives recognised this was not something that could be solved instantly and were reassured that the on-going recruitment of staff was continuing. The

provider had met the warning notice in relation to breach of Regulation 18- Staffing levels. This needs to be sustained and maintained and will be reviewed again at the next comprehensive inspection.

The acting manager had started to address the conflict within the team and the deployment of staff. They had reviewed the staff skill mix and allocated staff to the units they felt best suited their skills and experiences. Staff breaks were planned and staff felt communication within the team and staff morale was improving.

The service was more responsive to accident and incidents. They took action to address recurrent accidents and incidents. Staff were aware of risks to people however further improvements are required to the management of risks and adhering to the advice and guidance of health professionals.

Improvements are required to medicine management and auditing to ensure that people get their medicines when prescribed and that systems are in place to ensure medicines do not run out. This is a continued breach of Regulation 12 which will be monitored through the positive conditions imposed on the provider's registration following the inspection in March 2018. The progress with this will be reviewed at the next comprehensive inspection.

Staff inductions, training and the frequency and access to one to one supervisions had improved. The provider had met the warning notice in relation to breach of Regulation 18- Ensuring staff are suitably qualified, competent, skilled and experienced. Further service specific training such as key working, person centred care, dementia care would further enhance staff skills and the progress with this will be reviewed again at the next comprehensive inspection.

People were supported to make day to day choices and decisions however the service did always demonstrate they were working to the principles of the Mental Capacity Act 2005. A recommendation has been made to address this.

People had access to a range of health professionals and their nutritional needs were met. The home was clean, suitably maintained and health and safety checks and the servicing of equipment were up to date.

Some improvements had been made to people's records however records were not suitably maintained, accurate, up to date and further improvements are required to safeguard people.

The frequency of senior manager visits had increased. Auditing was taking place but not picking up all the areas that it should in relation to records and medicine management. The quality audit system was under review and an electronic auditing system was being introduced. This is a continued breach of Regulation 17 which will be monitored through the positive conditions imposed on the provider's registration following the inspection in March 2018. The progress with this will be reviewed at the next comprehensive inspection.

People and their relatives were complimentary of the acting manager. Some relatives said they had confidence in the acting manager and a relative described her as doing an "Amazing job." People and their relatives recognised the service had made improvements and felt they were heading in the right direction. They felt the majority of staff were genuinely caring and did a fantastic job.

At the previous inspection in March 2018 the service was placed in special measures and rated inadequate. At this focused inspection the overall rating has changed to requires improvement, therefore the service is coming out of special measures. The provider is in continued breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2011. Positive conditions have been imposed on

the provider's registration following the inspection in March 2018 and they are required to send us monthly evidence of auditing and monitoring of the service. We will continue to monitor the service and compliance with Regulation 12 and 17 through those monthly reports being sent to us.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety but further improvements were still required.

Improvements were made to the management of risks. However, some people were still not always adequately safeguarded against risks as advice from other professionals was not always acted on.

People's medicines were not administered as prescribed, which resulted in a delay in people getting their medicines.

People were supported by an increase in staffing levels although continuity of care was not provided due to the high turnover of staff and high sickness levels.

People were supported by staff who were suitably recruited and had the required checks in place. This minimised the risk of unsuitable staff working with people.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve the effectiveness of the service but further improvements were still required.

People were consulted with on their day to day care but the service did not evidence they worked to the principles of the Mental Capacity Act 2005.

People were supported by staff who felt better supported and trained.

People's health and nutritional needs were met.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve the management of the service but further improvements were still required and needed to be sustained.

People's records were not suitably maintained, up to date and

Requires Improvement ●

accurate.

The service had an acting manager and improvements had been made to the day to day management of staff and auditing of the service. However further improvements were required to ensure the service is being effectively managed and audited.

Woodland Manor 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 5 and 6 June 2018 and was unannounced. It was a focused inspection to follow up on progress in meeting the warning notice in relation to breach of Regulation 18 served following the previous inspection in March 2018. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well led. This is because the service was previously not meeting some legal requirements.

No new risks or concerns were identified in the remaining Key Questions of caring and responsive. The concerns and improvements required in the key questions responsive and caring are being reviewed through our ongoing monitoring so we did not inspect them at this inspection. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection was undertaken by three Adult Social Care Inspectors on day one and two Adult Social Care Inspectors on day two.

We did not ask the provider to complete a Provider Information Return (PIR) prior to this inspection. 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 reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We also requested and reviewed feedback from the safeguarding team, local authority, clinical commissioning group and commissioners.

During the inspection we spoke with twelve people who lived at the home, seven relatives, two privately funded carers and a friend of a person who used the service. We sat in on a relative/ resident meeting with senior managers of the organisation. We spoke with three relatives by telephone after the inspection and received email feedback from two other relatives.

Some people were unable to tell us about their experiences of living at Woodland Manor because of their dementia. We therefore 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.

We spoke with the nominated individual, acting manager, three registered nurses, five team leaders, five carers and three agency carers, the trainer, catering staff, housekeeping staff, an administrator assistant and the maintenance technician. .

We checked some of the required records. These included people's risk assessments, seven people's medicine administration records, six staff recruitment files including nine agency staff profiles, staff supervision and training records and records which showed maintenance of the premises. Other documents included records of complaints, staffing rotas, daily allocation sheets, audits and monitoring visits.

We asked the provider to send further documents after the inspection. The provider sent us documents which we used as additional evidence.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on the 6, 7 and 8 March 2018. At the inspection in March 2018 the provider was in continued breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014: staffing. This was because sufficient numbers of staff were not provided which resulted in a delay in people getting their care. We took enforcement action and served a warning notice with a date of compliance of the 31 May 2018.

At this inspection people and their relatives confirmed the staffing levels had improved and increased. This meant more staff were visible and present to support people. However some relatives felt continuity of care was not yet provided due to the high use of agency staff. They however recognised this could not be prevented due to the current staff vacancies. A relative commented "Feel they have made an effort and staffing is better, however still concerns regarding continuity of staff." "Staffing have definitely improved and whilst the staff are still rushed off their feet there is definitely more of them around." Some relatives still did not feel reassured that there was always enough staff available at lunch time to support their family member to have their lunch

Staff confirmed the staffing levels had increased and the deployment of staff was better managed. Staff commented "Staffing's good today. It's not stressful. I've been here a week and a half on this unit. It's always been four. We have a good team. It works for the residents. Staffing has improved. If someone's off sick, agency comes in straight away." "Today it was very good. We've finished personal care for everybody. I've had my break." "It's got a lot better. We've got the agency. There just wasn't enough staff last time you came." The carer added that agency staff were regular, which was "nice for the residents".

Staff breaks were recorded and allocated on the daily handover record and staff breaks were staggered to ensure sufficient staff were still provided. Staff told us most of the registered nurses on shift were now more supportive and engaging with them. During the inspection we saw the registered nurse frequently visited the dementia care units which previously was not the case. A staff member told us "The nurse is around if we need to get her."

The nominated individual told us staffing levels had increased which allowed for four staff on each unit in the morning and three staff on the upstairs units in the afternoon. A registered nurse assisted across two units throughout the shift. Eight staff were provided at night and ideally they aimed to have two registered nurses included in that staffing. They confirmed on occasions they had been unable to source a second registered nurse for the night shift and on those occasions they had increased the care staff by one to ensure a total of eight staff were provided at night.

The service employed hosts to serve meals. A third host had been appointed since the previous inspection. This allowed for a host to be working on the ground floor units with staff required to serve meals on the two units upstairs. During the inspection a host was based on the ground floor dementia care unit only. People and their relatives on the ground floor nursing unit told us they had not had a host for some time which they felt impacted on the carers and the time they had available to support people. Two relatives told us that was

one of the perks they signed up to at the point of admission. The acting manager told us Sandringham unit (ground floor nursing unit) had fewer people at that time and they had deemed the host was needed more on the dementia care unit. They told us the appointment of the third host would enable Sandringham unit to have access to a host for part of the week.

We reviewed the rotas and staff allocation sheets for the period March 2018 to the date of this inspection. The rotas and staff allocation sheets showed that the increase in staffing levels to four staff on the day shift on Windsor unit had increased after the previous inspection. Four staff on Buckingham and Balmoral units on the morning shift and eight staff at night had commenced from mid-April 2018.

During the inspection we observed there was more staff presence on the units and staff were able to be more responsive and attentive to people's needs. Staff were present to supervise people and staff were able to support people with their meals in a timely manner. On one unit we observed that a team leader was in the lounge with six people. Before leaving the lounge area, the team leader asked a carer to stay there. This enhanced people's safety.

The home had a high turnover of staff and high sickness levels. They were actively recruiting into the vacancies. Agency staff were used to cover the vacancies and to cover the increase in staffing levels on each unit. This meant each unit had agency staff regularly on shift. The acting manager told us they had allocated permanent staff to each unit based on their skills and experiences. However staff had to be flexible and work on other units when required to ensure there was a good mix of agency and permanent staff on each unit.

The provider has complied with the warning notice in relation to staffing levels. This now needs to be maintained and sustained to ensure continued compliance with Regulation 18.

At the previous inspection in March 2018 the provider was in continued breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014: safe care and treatment. This was because risks to people were not identified and managed.

At this inspection staff had more of an awareness of people's needs and risks. As a result they seemed more vigilant of people's whereabouts. They told us they were informed of changes in individuals and information on new admissions was communicated to them at the daily handover. Staff were aware to ensure individual's pressure mattresses were kept at the correct setting and where to record that in people's electronic records. We saw that pressure relieving mattresses were set appropriately for the person's weight.

People had risk assessments in place and the service was more responsive to changes in individual's needs. However, risk assessment documentation remained contradictory and conflicting. In one person's file they had a bed rails risk assessment which outlined bed rails were in use. However, their falls risk assessment indicated only one bed rail was used and sensor mats were provided. In another person's falls risk assessment, it was recorded that the GP had recommended one to one care due to the high risk of falls and risk of head injury. The daily records, staff feedback and observation confirmed this was not in place. A registered nurse told us one to one care was not required but there was no indication how they came to that conclusion. There had been an increase in the number of falls the person had and they had been reviewed by the GP and referred to other health professionals.

At the previous inspection a physiotherapist told us that the person they were visiting needed to be supported to mobilise regularly. At this inspection we saw the person was supported to mobilise on day one of the inspection. Their care plan and risk assessment did not highlight the need for the person to be

mobilised or how often. Their daily records showed mobility was not encouraged daily or regularly.

Medicines were administered by nurses or by senior carers with medicines training. The provider used an electronic system for medication, including recording administration. The system recorded the exact time of administration. We saw there had been an increase in the reporting of medicine errors. The provider confirmed this was because the electronic medicine system enabled them to pick up medicine errors in a timely manner. However we saw this was not always the case.

We reviewed a sample of medicine administration for a period of a month. We saw occasions where people's medicine ran out. One person's prescribed medicines ran out and they missed one dose, whilst another person's prescribed medicine ran out and they missed three doses. People were on occasions given their medicine later than prescribed. Two people's medicine administration charts showed they were prescribed time critical medicines. For one of those people their medicine was to be administered at 7pm and was given at 9pm. The other person's morning time critical medicine was regularly given later than prescribed and on occasions up to two hours late. In the period from 13 May to the 4 June 2018 their time critical medicine was given late on nine occasions. Their next dose was given at the prescribed time which meant the prescribed gaps between their time critical medicines was not adhered to. The delay in the administration of time critical medicines had the potential to impact on the person's mobility and result in more stiffness and shakes.

Another person had their medicine given late on nine occasions and a person who was a diabetic and on insulin had their insulin administered late on six occasions in a month. This had the potential of putting the person at risk of a hypoglycaemic coma. Staff had indicated on the medicine administration record the reason for medicines being administered late was due to factors such as only one nurse on shift, hosting meals so late giving medicines, started administration of medicine late and dealing with other people.

This is a continued breach of Regulation 12. Following the previous inspection in March 2018 we imposed positive conditions on the provider's registration to send us evidence of monthly monitoring reports to ensure risks were being addressed and managed. We will continue to monitor the progress with meeting Regulation 12 through the monthly reporting and review the progress with meeting this Regulation at the next comprehensive inspection.

Medicines including controlled drugs were stored and managed effectively. We saw a 'diabetes box' (containing e.g. dextrose) for use in hypoglycaemia. Information was provided for staff on the signs and symptoms of hypoglycaemia/ hyperglycaemia. Protocols to guide the use of as required medicines were in place. The service used approved homely remedies, over the counter medicines such as paracetamol and senna.

We observed part of the lunchtime medicine round at Windsor, Balmoral and Buckingham units. This was done safely.

At the previous inspection in March 2018 there had been no risk assessment completed for pregnant staff. At this inspection we found risk assessments had been completed for pregnant staff and highlighted areas of work which may place them at additional risk. Measures to reduce these risks had been discussed with the staff members and the assessments were kept under review.

At the previous inspection actions accident and incident reports were signed off but action was not always taken to prevent reoccurrence. At this inspection we saw the temporary manager reviewed accident and incident reports. They made appropriate referrals to other professionals where they felt this was required for

example to the GP and Parkinson nurse. Monthly accident/incident reports were generated which enabled them to pick up trends in accidents/incidents and had started to address trends to prevent reoccurrence.

At the previous inspection in March 2018 the provider was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes were not operated effectively and investigated to prevent the risk of abuse of people. Staff we spoke with told us they had undertaken training in safeguarding adults via e-learning. A carer gave us examples of forms of abuse "physical abuse, sexual abuse". Signs might include "bruising, being withdrawn, and not talking". They were aware of their responsibility to report concerns "If I see anything different, I'd report it."

We found staff performance issues were addressed to safeguard people and the local authority safeguarding team confirmed there had been an increase in referrals which would suggest better reporting. This breach has been complied with.

At the previous inspection in March 2018 we found recruitment practices were not always safe. We made a recommendation to address that. At this inspection we found all of the information required by the regulations was available on staff files and included a recent photograph, references, a disclosure and barring check and a health declaration. Gaps in employment were identified and an explanation sought from the applicant. Following the previous inspection all staff files had been reviewed and any missing information had been sought. This exercise had recently been completed and we were told a full audit of the files was due to take place.

We reviewed the profiles of agency workers and saw appropriate recruitment checks had been carried out. The profiles also recorded the training they had undertaken, this enabled the manager to allocate work according to staff skills. Each agency worker had been inducted to the service.

The service had a maintenance technician who took responsibility for day to day maintenance issues and all the health and safety checks of the service. A schedule in place to show when servicing of equipment such as gas, electricity, water, fire equipment and hoists had taken place and was next due. They carried out a range of weekly checks such as call bell and sensor mat checks. Fire safety checks took place such as weekly fire alarm checks and two fire drills took place monthly which included one at night, and an annual evacuation. Personal emergency evacuation plans (PEEPs) were in place and a 'grab bag' was provided for emergency use which included torches and information that staff may require.

The home had housekeeping staff who were responsible for cleaning in the home and laundry. All areas of the home were cleaned daily with resident's bedroom getting a deep clean on the days they were 'resident of the day'. We viewed cleaning for specific units and the communal areas of the home. These showed that tasks had been completed. No issues were raised with us at this inspection about the level of cleanliness.

At the previous inspection the service had a person with MRSA. The risks around that were not identified, managed and staff's understanding of it varied. At this inspection we found a risk assessment for 'Infection Prevention and Control' was in place and risks associated with MRSA were addressed. This provided strategies and information for reducing the risk of cross infection e.g. "all staff to wear PPE when carrying out care and assisting with meals and then dispose of PPE in yellow bin in bedroom" Staff were trained in infection control. They were aware of their responsibilities and measures were in place to manage any potential cross infection risks to keep the person and others safe.

The home had an identified staff member who was the infection control lead and champion. The acting manager told us a notice was up in the staff room to remind staff of that.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on the 6, 7 and 8 March 2018. At the inspection in March 2018 the provider was in continued breach of Regulation 18. This was because sufficient numbers of suitably trained staff were not provided. We took enforcement action and served a warning notice with a date of compliance of the 31 May 2018.

During this inspection staff told us they felt supported. One told us, "There has been a lot to work on but I have had great support. They are happy for me to find training and [manager] signs it off." A nurse commented on how they felt they were kept informed about training and confirmed they were able to update their skills to maintain their registration as a nurse. The acting manager told us a number of specific training sessions had been organised for nurses and they would be seeking a two day course for all nurses to update their clinical skills. They told us they monitored nurses' competency through observation and discussion, however there were no records to confirm that registered nurses had the required skills and competency to carry out the tasks required of them. One of the nurses we spoke with had completed clinical skills training updates in venepuncture, catheterisation, wound care and flu vaccinations. They had updated on giving intramuscular and intravenous injections. The nurse told us "We need to do more on assessment of competencies."

At the previous inspection it was noted that supervision and appraisal of staff had not been completed at regular intervals. The nominated individual told us the process had changed. They advised staff have an annual appraisal, three month review and supervision if an issue arises that needs to be addressed. There was now a matrix in place to record when staff had met with their supervisor on a one to one basis. The process had been implemented at the end of March and there was a clear structure of which staff members would supervise others. We saw from the matrix meetings had begun to take place. Some staff told us they had received supervision, whilst other staff told us they had not had one to one supervision for some time. The progress with this will be reviewed at the next comprehensive inspection.

At the previous inspection we found areas of poor practice had been identified but had not been followed up. At this inspection we found disciplinary action had been taken when necessary. We also saw that other areas had been addressed through the disciplinary procedures such as high levels of sickness and absence.

At the previous inspection appropriate training had not been provided to all staff. A new home trainer had been appointed and at this inspection we found significant improvements had been made. The home trainer had reviewed each staff member's training and had worked hard to bring their mandatory training up to date. Additional, practical training had been provided in a number of areas such as moving and handling and infection control. The home trainer was in the process of acquiring a teaching qualification and we were shown evidence of further specific training courses they were about to undertake. These included a manual handling train the trainer course and a dementia course.

The home trainer was clear on their role and responsibilities. As part of their remit they provided induction to all new staff. The induction took place over three days followed by three days shadowing a senior

member of the care team. Following this the new care staff commenced the care certificate induction which is a set of standards all care staff adhere to in their daily work. The home trainer worked to the skills for care guidance in assessing the care certificate inductions. They had undertaken a review of the care certificates awarded prior to their appointment. They had found no observational assessments had been carried out and therefore a programme of assessment was underway to complete this. In addition the home trainer made regular observations of staff working and used best practice guidance to inform and instruct staff. For example, NHS guidance on infections.

Senior staff were trained to assist with medicines administration. We reviewed the training files relating to medicines. This included theoretical content and assessment and a final assessment of their practical skills in assisting people with their medicines. However we were told they had to complete ten observations before the final sign off by a nurse. Records of these observations were not available. We discussed this with the home trainer who agreed to introduce a medicine competency checklist so that the observations could be recorded in the future.

Staff told us the training had improved and the trainer was accessible, available and always willing to guide and support them. A staff member commented "The home trainer we've got now is brilliant." A staff member new to the home told us that they had a three day induction followed by three days of shadowing a staff member and was not counted in the staff numbers at that time. They told us they had completed the care certificate induction.

The breach of Regulation 18 in relation to skilled and suitably trained staff has been complied with. The provider agreed to access the Local Authority's Quality in Care Team to support them with service specific training such as person centred care, best practice in dementia care and falls management. The progress with this will be reviewed at the next comprehensive inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Two units in the home, Buckingham and Windsor, were accessed via electronically locked doors. People were supervised by staff on a twenty-four hour basis and some people required one to one staff supervision. These measures were in place for people's safety in the context of their care needs. The home had people for whom DoLS had been applied for and some which had been approved.

We saw people were consulted with on their day to day care. At the previous inspection in March 2018 some staff had a poor understanding of the Mental Capacity Act 2005. At this inspection staff spoken with carried a prompt card to refer to on what MCA meant and therefore were able to explain to us the principles of the MCA 2005. However, people's records evidenced the service was not working to the principles of the MCA 2005. This was because people's records lacked evidence of assessment of capacity and best interest meetings for specific decisions such as medicines, blood tests, injections and investigations. For example, a person's care plan identified they did not have capacity to make decisions relating to their medicines. The intervention was that the person was prescribed medicine with the goal being the person would like to have their pain managed in their best interest. There was no record to indicate a best interest meeting had taken

place, who was consulted and who made the decision.

A person's 'My Mental Health and Well Being Plan' referred to various interventions including having one to one care from 9am to 6pm every day. It indicated the person had short term memory loss. The care plan made no reference to a mental capacity assessment or that a DoLS was required or applied for in relation to the one to one care being provided.

It is recommended the provider works to best practice in line with the Mental Capacity Act 2005 to safeguard people's human rights.

People were assessed prior to admission to the home. Assessment documents were in place to support this. The assessment document outlined people's needs such as health and medical needs, personal care, interests and hobbies. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Professionals included the tissue viability nurse, speech and language therapist (SALT), and members of the community mental health team. The GP visited the home on the second day of our inspection and the home was in regular contact with the GP surgeries that they used.

Relatives we spoke with told us that care provided to family members "was effective. A relative commented "I am more than satisfied with everything going on and the care provided." Another relative told us staff "get [person's name] up on her feet". The person was "encouraged and supported to walk everywhere". The relative referred to the "lack of need to use the GP, not as many calls". They told us the person "hasn't had a UTI (urinary tract infection) in the past two years". The person was previously (prior to entering the home) a "very low weight". This had improved.

Another relative whose family member was receiving end of life care told us "They're doing a really lovely job. They're delightful." They added that staff would "make a room available" for the family and arrange meals. Another relative told us "I just wanted to say how fantastic it is. [Person's name] loves it here. Everybody knows him by his name." The relative referred to a staff member whom they described as "definitely first class". People using the service and other relatives described staff as caring, amazing and incredibly supportive.

Another relative indicated their family members personal hygiene was not always up to scratch. They gave an example that soiled hands and nails were not being cleaned.

People and their relatives were generally happy with the meals provided and the quality of food. At lunch, a person told us the food was "all right" while another person described it as "very good indeed". Some relatives told us the choice of puree diets was limited and the lunch and evening meal was nearly always the same. This was fed back to the nominated individual to act on.

Throughout the inspection people had drinks in their rooms and were offered drinks regularly, at late morning and mid-afternoon as well as at mealtimes. Jugs of drink such as water and juice were available in living room areas. We observed a staff member asked a person if they would like a cup of tea at 3pm. The person preferred a cold drink and juice was offered.

We spoke with the chef about meal choices and special dietary considerations for individuals. They told us that there were no particular cultural or faith related needs currently for example Muslim or Jewish people. However, "We'd be very happy to do it." People had a starter (sometimes fresh fruit such as melon) and a choice of two main courses with a hot dessert and cold choices like ice cream, fresh fruit salad and yogurts. If a person did not like either choice of main course, they could request an alternative from the 'light bites'

menu such as an omelette or baked potato. During the inspection people were given meal choices and provided with an alternative to what was on the menu. Meetings took place with the chef to address any specific issues relating to the meals provided.

People's care plans outlined if they were considered to be a nutritional risk. Fortified meals, supplement and thickeners were provided for people who required it and their weight was monitored.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on the 6, 7 and 8 March 2018. At the inspection in March 2018 the provider was in continued breach of Regulation 17. This was because the delivery of high-quality care was not assured by the leadership, governance or culture in place and records were not up to date and accurate.

At this inspection care plans and risk assessments were not suitably maintained. In some care plans observations were recorded but there was no goal or intervention to indicate the support or care required to support the person or mitigate the risks. In other care plans the interventions recorded were not relevant to the recorded observation. For example, a person's care plan had recorded they can lose their balance easily and the intervention was that they needed assistance with oral hygiene. The Director of Nursing and Quality told us that was because staff were not using the icare plan properly to ensure it lined up. However, it had not been addressed or picked up as part of the care plan audits.

Care plans and risks assessments contained duplication of information and the care plans viewed were not person centred. Instead standard statements were included which in some cases were not relevant to that individual.

A best interest assessor was in the service on day one of the inspection. They feedback to us that the electronic records for the two people they reviewed were out of date and for the person with only paper MCA records they were of poor quality. They told us staff gave conflicting information on individuals and they had fed back their findings to the acting manager to address. A nurse told us that the community mental health team thought their MCA records could be developed further to be more decision specific. There was no evidence this had been addressed.

The provider told us they were in the process of changing their quality audit systems and recording. The progress with this will be reviewed at the next comprehensive inspection. In the meantime a home's audit was completed monthly. This included an audit of a range of records such as care plans, medicines, risk assessments, staff supervision and training, health and safety, infection control and accident and incidents. Alongside this kitchen audits and fire safety audits were completed. The homes audit for the month of May had looked at four people's medicine administration records and it failed to identify the issues we found in relation to the administration of medicines. The acting manager told us a medication stock check and audit was to be done for the resident of the day. However, this was not always being completed. Therefore, they had set an alert that appears on the electronic medicine record and the audit will show on the electronic medicine system when it is completed. The progress with this will be reviewed at the next comprehensive inspection but it is not clear if that audit will address the issues re running out of stock of medicines and medicine not been given when prescribed, in particular timed critical medicines.

Action plans were in place from the audits which the nominated individual told us they had taken responsibility for. This was to allow the acting manager to focus on other aspects of the management of the service. The nominated individual and members of the management team had carried out a number of

visits to the service since the last inspection. These visits included meeting with people who used the service and relatives as well as auditing specific aspects of the service such as the building and activities.

Whilst we acknowledge some improvements were made to records and auditing the service was not yet fully compliant with Regulation 17. Therefore there is a continued breach of Regulation 17. Following the previous inspection we imposed positive conditions on the provider in relation to breach of Regulation 17. We will review the progress with meeting this regulation through the monthly reporting and at the next comprehensive inspection.

At the previous inspection the service was not working to best practice in dementia care. At this inspection we saw some information such as the flyer on activities was developed in a user friendly way and made more accessible to people. A music corner had been set up in one of the dementia care units which was in constant use throughout the inspection. A table light projector had been purchased to encourage people to engage with it and offered a distraction. Relatives acknowledged there was more activities on the dementia care units but they told us they rarely seen the staff use the projector light with people. Whilst we recognise the positive impact of the introduction of those items there is still work to do to ensure the service has fully embraced best practice in dementia care.

Since the previous inspection a manager employed for another of the providers locations had been brought in to provide management support. They were now reducing their time spent at the location and working two days a week at Woodland Manor care home to support the deputy manager who was acting up to manager. The nominated individual confirmed their intention was to make the deputy manager the registered manager and they would be applying to the commission to be registered.

The acting manager told us they recognised there was a lot of work to do. They confirmed they felt supported and were able to get the resources they needed such as agency staff to enable them to cover the rotas.

Staff felt there had been a shift in culture since the last inspection. One said, "Staff attitude is better, they are not as stressed as they were and more smiley at work." Other staff commented on managers being more open and there being more "team work". Staff told us the managers had more of a presence on the units and intervened and supported them when required. They found the temporary manager, acting manager and nominated individual more accessible and approachable.

People and their relatives liked the acting manager. A person told us "The acting manager is always very nice and knows her stuff." A relative commented "I have confidence in [acting manager name]." Another relative told us "[acting manager's name] does an amazing job and she is always approachable."

A relative told us they had seen many improvements since the previous inspection. They commented "The care generally has stepped up greatly. Organisation is better, consistency is improving and where there are weak members of staff or agency staff with whom I am not happy, I feel there is a clear channel for to me to voice my concerns and to have those heard. Activities have improved, there is better planning, and I think that the majority of personnel employed at Woodland Care home are caring and first rate. I have a wonderful key worker, and my mother has a care plan that I am confident will be properly reviewed and updated."

They went on to tell us "The home representatives have taken on board the criticism and have made very positive in-roads into making all the necessary changes. especially for those of us that intrinsically love the home like us, and the hard working staff that have put so much time and effort into making these

improvements."

Three relatives we spoke with raised concerns about the lack of management support at the weekend. A relative commented "There is never a manager around and things definitely don't run as they should." Some relatives told us they had the nominated individual's telephone number and felt able to ring them. A relative commented "I have [nominated individuals name] telephone number but having a managers presence in the home is essential including at weekends." Another relative fed back that "senior managers presence is welcomed but we still don't see much evidence of them in the building and haven't seen them 'walking the floor'

At the previous inspection effective communication systems were not in place. Staff felt communication had improved but they felt effective communication systems were not yet fully imbedded into practice, for example not all staff did comprehensive handovers as they were keen to go off duty. Some people felt well informed of what was happening in the service, others less so as they tended to stay in their bedrooms. Relatives felt well informed of changes in their family member but felt general communication with them could be improved by information being emailed to them regularly. Relatives informed us they were not aware when their family member's reviews were planned and these were not scheduled either.

Systems were in place to get feedback on the service. Monthly resident and relative meetings had taken place and questionnaires had been completed. The completed questionnaires viewed were positive about the service. Some relatives told us they were discouraged from giving negative feedback. They commented "Management seem to feel that continued perceived criticism is not helpful as opposed to seeing it as an opportunity for relatives to contribute to the providers own monitoring".

Team meetings took place in March and April. The minutes of the meetings showed discussions had taken place around the issues we had found at the previous inspection and what actions had been taken and were planned.

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	Risks to people were not always mitigated and safe medicine practices were not promoted.
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	Records were not suitably maintained and auditing was not always effective in picking up issues that needed to be addressed.