Care Quality Commission

Woodleigh Christian Care Home Limited

# Woodleigh Christian Care Home

**Inspection report**

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## Ratings

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|---|---|
| **Overall rating for this service** | **Requires Improvement** |
| Is the service safe? | **Good** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

## Overall summary

We carried out an unannounced inspection of the service on 13 and 14 January 2015. Woodleigh Christian Care Home provides accommodation for people who require nursing or personal care, diagnostic and screening procedures and the treatment of disease, disorder or injury for up to a maximum of 44 people. On the day of our inspection 33 people were using the service and there was a registered manager in place.

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.

# Summary of findings

People knew how to report concerns if they thought they or others were the victim of abuse. People were protected by staff who were able to identify the signs of abuse. People's safety was protected as access to the home was secure and prevented unauthorised access to the home.

People were supported by staff to maintain their safety without unnecessarily restricting their freedom. The registered manager had processes in place that protected people's safety through the timely investigation of accidents, incidents and other concerns raised by staff or people.

There were enough staff to meet people's needs. Robust recruitment procedures were in place. People were protected against the risks associated with the unsafe management of medicines.

People received care from staff who felt supported by the management. Staff undertook a detailed induction and received regular assessment of their work. Staff understood people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager was aware of these safeguards. People told us they had the freedom to leave the home when they wanted to and did not feel unlawfully restricted.

People were encouraged and supported by staff to eat and drink as much as they could. People told us they were happy with the access they had to their GP other health care professionals. Appropriate plans were not put in place to monitor the fluid intake for a person who had been diagnosed with a Urinary Tract Infection (UTI). A UTI is an infection in any part of the urinary system such as the kidneys, ureters, bladder and urethra. We were informed after the inspection that monitoring of this person's fluid intake was now in place.

People spoke positively about the staff, however we observed some poor staff practise. We saw a person left for too long in the middle of the lounge in their wheelchair whilst waiting to be moved which caused them distress. We observed the staff handover and the language used to describe some people was not appropriate. Phrases such as being; "Being shirty" were used and were disrespectful.

This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

You can see what action we told the provider to take at the back of the full version of the report.

People responded positively to the staff. People were supported by staff who understood their life history and the things that were important to them. Staff told us people were given a choice of whether they wanted a male or female member of staff to support them with their personal care. The majority of people told us this choice was offered although two did say they did not always happen. All people told us their dignity was maintained by the staff.

People were provided with information about how they could obtain independent advice about their care from Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. People received support from staff were able to describe the steps they took to preserve people's privacy and dignity when providing personal care. People told us they felt able to do things that were important to them and staff supported them in following their hobbies and interests.

People's care records were written in a person centred way. People's records were stored on an electronic care record system. However we found that the use of this system did on occasions lead to gaps in the recording of the daily care and support provided for people.

People were supported in an environment that had been adjusted to ensure people living with physical or mental health conditions were able to lead as independent and fulfilling a life as possible. People knew how to make a complaint and the registered manager told us they encouraged people to raise concerns with them.

# Summary of findings

The registered manager carried out regularly audits to assess the quality of the service people received and whether it met people's current level of need. However when we raised the concerns identified within this report they were not always aware of them. This could place people's health and safety at risk.

This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The registered manager told us they had an 'open door' policy if people wished to discuss any concerns. People were encouraged to access other organisation within local community. The registered manager was aware of, and could explain how they met their CQC registration requirements. However upon review we did find some examples of statutory notifications that were not sent in a timely manner.

People were supported by staff who felt valued and listened to. Staff understood their roles and told us they enjoyed working at the home. The provider used innovative ways to provide support for people and their relatives. External professionals visited the home to offer people and relatives advice about the challenges of living with or supporting some who is living dementia.

# 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?**

Good

This service was safe.

People knew how to report concerns if they thought they or others had been the victim of abuse.

There were enough staff to meet people's needs. Extra staff were used to support people for external appointments.

People's medicines were handled, stored and administered safely.

**Is the service effective?**

Requires Improvement

This service was not consistently effective.

Appropriate plans were not put in place to monitor the fluid intake for a person when needed.

Referrals to dieticians were not always made in a timely manner. People had regular access to their GP and other health care professionals if they wished to.

People were free to leave the home when they wanted to and did not feel unlawfully restricted.

**Is the service caring?**

Requires Improvement

This service was not consistently caring.

Some staff did not always treat people with respect when supporting them.

The language used during a staff handover to describe the behaviour of a person was not appropriate.

People were provided with information about how they could obtain independent advice about their care from Independent Mental Capacity Act Advocate (IMCA).>

**Is the service responsive?**

Good

This service was responsive.

People could do things that were important to them and staff supported them in following their hobbies and interests.

People's care records were written in a person centred way that focused on what support people wanted from staff.

The environment had been adjusted to ensure people living with physical or mental health conditions were able to lead as independent and fulfilling a life as possible.

# Summary of findings

**Is the service well-led?**

This service was not consistently well-led.

The auditing processes did not identify the concerns raised within this inspection.

People were supported by staff who felt valued and listened to.

Innovative ways were used to provide information for people and their relatives about living dementia.

**Requires Improvement**

# Woodleigh Christian 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 13 and 14 January 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor with a background in nursing and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and asked them for their views.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We spoke with twelve people who used the service, two relatives, one healthcare professional, six members of the care staff, a cook, the housekeeper, IT systems manager, administrator, registered manager and the owner of the service.

We looked at the care records of seven people who used the service, as well as a range of records relating to the running of the service including quality audits carried out by the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe living at the home. One person said, "Yes I feel safe." Another said, "We can lock our rooms but I don't feel the need. My things are very safe." Another person said, "The staff can't do enough for you, I feel very safe."

People were protected by staff who were able to identify the signs of abuse and were aware of how to report their concerns both internally and to external agencies such as the CQC or the local multi agency safeguarding hub (MASH). One staff member described how they would report concerns. They said, "I would go and tell the manager, but first I would try to stop the abuse if I could. I would then report things to the CQC, local authority or even the police if things were really bad."

People were encouraged to raise any concerns they had about their safety and the safety of others. The people we spoke with were aware of whom to report concerns to. One person said, "If things got bad for me or for someone else I know how I would report them. I know there is also a number you can call to get help if you need it." The registered manager had ensured the contact details for people to report concerns externally were made available in the reception area of the home. Details were also recorded within each person's service user guide, a copy of which

was given to each person when they moved to the home.

People's safety was protected as access to the home could only be granted either by a member of staff or via the coded key pad entry system. This kept people safe from unauthorised people gaining access to the home. People were able to access all public spaces within the home, except areas such as the clinic room, which if accessed could pose a risk to people's safety.

People were able to take risks and the staff ensured the possible implications of taking these risks were discussed with them. The registered manager told us a person had recently approached them to discuss their wish to leave the home alone. A risk assessment was conducted by the registered manager to establish whether the person needed support. It was agreed with the person that a mobile phone would be provided for them with the number of the home saved within it, should they need urgent support. This meant the registered manager had put sufficient measures in place to maintain this person's safety without unnecessarily restricting their freedom.

The registered manager had processes in place that protected people's safety through the timely investigation of accidents, incidents and other concerns raised by staff or people who used the service. Risk assessments were carried out in a number of areas such people's mobility and ability to support themselves with their personal hygiene. This enabled staff to plan the support required for people in order to maintain their safety.

Risks within the environment had been considered and planned for to protect people from avoidable harm. External doors and windows were secure. When people attended the home they were asked to sign the attendance register and sign out again when they left. Fire equipment was regularly serviced and there were regular checks carried out on equipment used to support people to ensure risks to their safety were minimised. There were several fire escapes and personal emergency evacuation plans were in place which clearly stated what support each person needed in the event of the need to evacuate the premises.

People told us there were sufficient staff available to meet their needs in a timely manner which ensured people's safety was maintained. The majority of people told us they were happy with the length of time they waited for assistance when they pressed their nursing call bell. One person we spoke with said, "If I press the button they [staff] come quite quick in the day and at night it's not too bad." Another person said, "There was a variable wait for help but that after five minutes if it hadn't been answered it reverts to an emergency call bell, then they all come running."

The registered manager told us they regularly assessed the staffing levels and had increased them where required. Extra staff were used to support people to attend external appointments. This ensured care staff were not removed from supporting people within the home and potentially placing people's safety at risk.

People's safety was protected as the provider had ensured that before staff were employed the provider requested criminal records checks through the Government

Good

# Is the service safe?

Disclosure and Barring Service (DBS). These checks are used to assist employers in making safer recruitment decisions. Once a satisfactory response had been received staff were then able to commence work.

People were protected against the risks associated with the unsafe management of medicines. People told us they received their medicines on time. One person said, "I can get pain killers whenever I need them." Another person said, "I have a tablet I can have whenever I need it. I just have to ask, there is always a trained nurse on." There were appropriate arrangements in place for the recording, handling and safe administration of medicines. Medicines were stored safely within a locked room. Regular checks were carried out of the temperature of the fridge where the medicines were stored, ensuring people's medicines were stored at the appropriate temperature.

People's medicine administration records (MAR), used to record when people have taken or refused their medicines, were appropriately completed. Separate records were used to record when people had received 'as needed' medicines.

Staff used the MAR to record the reasons for the administration of these medicines. We identified that there wasn't enough space to record the reason these medicines were administered. Recording the reasons for administering these types of medicines ensures people receive them in a safe and consistent way. The registered manager told us they would remind staff of the importance to maintain accurate records of when these medicines had been administered.

Monthly medicines audits had been carried out and actions identified as a result. We saw examples of issues which had been identified one month which had been addressed at the next audit. We checked the stocks of controlled medicines and found there was an accurate record of administration and the amount of each medicine left tallied with the record. Staff undertook daily stock checks of all of the controlled medicines ensuring any discrepancies were addressed quickly, maintaining people's safety at all times.

Requires Improvement

# Is the service effective?

## Our findings

People told us they thought staff were appropriately trained to meet their needs. One person said, “The staff know what they are doing.” Another said, “The staff are well trained.” Another told us, “There isn’t one who is not absolutely on the ball.”

People received care from staff who felt supported by the management in order for them to carry out their role effectively. The registered manager told us the staff induction was carried out in line with the **Skills for Care's Common Induction Standards.** These standards are designed for people working in adult social care and need to be met before they can safely work unsupervised. A staff member told us, “The induction was very comprehensive. If I am uncertain about something I am encouraged to ask about it.” Staff told us they were up to date with their mandatory training and the records we looked at reflected this. People were supported by staff who received regular assessment of the quality of their work. The staff we spoke with told us approximately every two or three months the management carried out a review and observations of their work. They told us they found it helpful and constructive. This ensured people received effective care and support from competent staff.

We observed the staff handover between shifts to see how people’s day to day health needs were planned for and prioritised. The registered nurse and senior care worker led the handover and described to the staff, the support that people required. During the handover one person was noted as having been diagnosed with a Urinary Tract Infection (UTI) prior to the handover. A UTI is an infection in any part of the urinary system such as the kidneys, ureters, bladder and urethra. The registered nurse advised staff to “Push fluids”. The registered nurse did not advise staff whether a care plan had been written, or if fluid monitoring charts had been put in place. These charts are used to record how much fluid a person has consumed. They also did not advise staff how frequently they should offer fluids to this person. After the handover we checked to see whether a care plan and monitoring chart had been put in place and it had not. The lack of specific information for staff could prevent this person from receiving effective care and support to reduce the impact of the UTI on their health. After the inspection we were advised by the provider that they had amended their processes and fluid monitoring charts had now been implemented.

Staff were able to communicate effectively with people because people’s communication needs had been assessed and relevant training and guidance had been provided for staff. We observed staff interact with people with a wide variety of mental health needs and did so patiently and effectively.

We reviewed care plan records to check whether the provider had ensured that where required an assessment of a person's capacity was undertaken as required by the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they receive. We saw MCA assessments and best interests decisions were in place for people. Staff told us they had completed MCA training and could explain how they incorporated it into their role.

Where able, people had discussed with their GP their wishes should cardiopulmonary resuscitation (CPR) be assessed as likely to have a detrimental effect on their health. CPR is an emergency treatment that can sometimes re-start the heart and circulation of blood and/or breathing following a cardiac and/or respiratory arrest. We saw appropriate documentation was in place to support these decisions. The provider told us they would review the documentation for all people, and would request a copy of the capacity assessment, conducted by the GP, in order to be confident that the decision made for these people reflected their current needs.

People told us they had the freedom to leave the home when they wanted to and did not feel restricted. One person we spoke with said, “You can go outside if you want to. You can go shopping and buy clothes.” During the inspection we noted that people left the home and returned when they wanted to. One person told us they had been given the code to the front door which enabled them to go shopping by themselves. This meant they did not have to wait for staff to grant them access back into the home, which further increased this person’s freedom. The registered manager was aware of the process for applying

Requires Improvement

# Is the service effective?

for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect people within the home. They told us they did not currently have DoLS in place for anyone at the home.

People were encouraged and supported by staff to eat and drink as much as they could. We passed by a person who was being nursed in bed and heard the care assistant encourage them to have more soup and tea. Specially adapted equipment was available for people to support them to eat independently. We saw staff sit with people whilst they were eating their food, offering assistance if they needed it.

The majority of people spoke positively about the quality of the food. Two people described the food as “alright” and “reasonable.” Others said, “I am full up. I had a lovely sandwich and banana and custard. I haven’t had that for years. The food is marvellous. The staff come and ask what I want and the food is top notch” and, “The food is good. I am amazed. There are three choices and you can have breakfast whenever you like.”

People who received their nutritional intake via a tube were supported by nurses who had recently received training on how to do this effectively. Some people who were unable to receive their food orally, receive their food via a tube which passes nutrients directly into their stomach. We spoke with a member of the care staff and asked them if they were involved, in any way, with this process. They told us they were and described to us what they did. Records showed that care staff had not received training which meant people’s welfare could be placed at risk by untrained staff supporting people with parts of this process. We also saw a person’s equipment, which supported them in receiving their food in this way, was stored near to the toilet in their en-suite facility. Although the en-suite was not in use at the time of the inspection this could still pose an infection control risk.

People were weighed regularly to identify whether any significant weight loss or gain could have a detrimental effect on their health. At the time of the inspection we identified one person who had lost weight and their nutritional risk assessment was recorded as high risk. A referral had been made to a dietician to gain advice on managing the risk to this person's health.

People told us they were happy with the access they had to their GP and could see other health care professionals if they wished to. One person told us, “If I ask for a GP in the morning, the staff ring them and they usually come the same day.” Another person said, “We have got our own GPs and they send for your own doctor if you need someone.” People told us they saw a chiropodist recently and an optician visited the home recently to undertake eye tests for people who wanted them.

Requires Improvement

# Is the service caring?

## Our findings

People told us they thought the staff were caring. One person said, "The staff are amenable and caring." Another said, "The staff are lovely, they are kind. I smile when I see [staff member] because they are so nice."

However, we observed some poor staff practice. We saw a person, who was sat at the dining table in their wheelchair, request to move from their wheelchair to a chair in the lounge. The staff member moved the person to the lounge in their wheelchair and left them in the middle of the room and then walked off, without explaining to the person where they had gone. After approximately 19 minutes the person became more upset as no-one had returned to them or explained what was happening. We heard the person say out loud, "Why are people ignoring me?" We raised this with the member of staff who had originally assisted this person. They told us that the hoist needed to move this person safely from their wheelchair to a chair was broken and they were getting another one. We asked if they had explained this to the person. They said, "Sorry, no." The lack of communication with this person caused them unnecessary distress and the staff did not treat this person in caring and respectful way.

We observed a care assistant crouching in front of a person who was in sitting in their wheelchair. The staff member was assisting the person in placing their feet in the foot rest of their wheelchair. We saw the staff member grab hold of the person's leg by the ankle and lift it up quickly and roughly push their foot on to the foot rest. The care assistant was not talking to the person at any point whilst they were doing this. When the care assistant saw us watching they let go of the person's leg and said, "[Resident's name], can you lift your foot up for me please?" Although the person did not show any visible signs of discomfort the staff member did not treat this person with care and respect.

We observed the staff handover and the language used to describe some people was not appropriate. For example a person was described as; "Being shirty" and "They keep ringing their buzzer for no reason which is unusual for [person's name]." The language used was disrespectful and no plans were put in place to try to address some of the concerns raised.

These were breaches of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We also saw some positive and caring interactions between staff and people throughout the inspection. People responded positively to the staff. We saw staff sit and talk with people. We observed one member of staff sitting with a person talking to them about their recent trip to the pantomime. We saw another staff member sit with a person who had difficulty communicating and assist them with their crossword. These staff communicated in a way that showed they had a genuine interest in what the person was saying to them.

The provider told us the home had a proud religious history with close links with the local Baptist Church. Care plans documented each person's religion and whether they wished to practice their chosen religion. The provider told us people who were not religious were welcome at the home. A chaplain regularly visited the home and conducted services and prayer mornings and provides pastoral, emotional and spiritual support to residents and their families. The provider told us people from all religions were welcome at the home and would be supported to practice their faith in a way they wanted to. This meant people could be reassured that their religious needs were met in a supportive and caring way.

People were supported by staff who understood their life history and the things that were important to them; this knowledge was used by staff to form positive and meaningful relationships with people. During our observations we saw staff interact with people that showed they knew more about each person other than their care and support needs. When we spoke with staff and asked them to describe the interests of the people they supported, they were able to do so. One member of staff said, "I take a keen interest in what is important to people. It's not just about the care they receive; it's about knowing them as a person."

We received contradictory information when we asked staff and people about how decisions were made about people's care. Staff told us they involved people and their relatives when decisions were made about their care but some of the people we talked with said their care needs were not always discussed with them. For example, staff told us people could say if they did not want to receive

Requires Improvement

# Is the service caring?

personal care from male staff and that this would be recorded in the person's care plan. The majority of the people we spoke with told us they were given a choice of male or female members of staff to help them with their personal care. However one person told us they preferred a female member of staff to support them but this did not always happen. Another person told us, "There are times you have to have a male carer for your shower. Although they always maintain your dignity." All of the people we spoke with told us they felt their dignity was maintained by all staff at all times.

People were provided with information about how they could obtain independent advice about their care. The registered manager ensured that if required, people were supported by an Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People received support from staff who were able to describe the steps they took when providing care to preserve people's privacy and dignity. Each of the people we spoke with told us the staff respected their privacy and maintained their dignity. We saw posters regarding dignity in care were displayed within the home, with 'dignity champions' identified. These are staff members who have received specific training to ensure that people's dignity was maintained at all times throughout the home.

People could have the privacy they needed throughout the home. There were many quiet areas where people could sit and talk with relatives or to sit alone if they wished to. There were no unnecessary restrictions placed on the times friends and family could attend the home.

Good

# Is the service responsive?

## Our findings

People told us they felt able to do the things that were important to them and staff supported them in following their hobbies and interests. People told us there were many trips provided for them. Two people told us they had recently been on holiday. Others told us they used the garden in the summer and had been involved with deciding what flowers and vegetables to plant. One person who enjoyed gardening helped to plant the beans and told us they enjoyed what they had produced. We saw that there was an aviary in the garden which people said they really enjoyed in the summer, with one person saying, "The birds chat to us in summer." A person also told us they had a pet bird in their room.

People's ambitions were discussed with them and wherever possible people were assisted in realising them. Extra staff were brought in to accompany people on trips and people were encouraged to get involved with the in-house choir, 'The Woodleigh Warblers'. A newsletter, produced to celebrate the 25th anniversary of the home, recorded how staff had ensured people's ambitions were met. Visits to a local zoo and wildlife park, stately home, evening Christmas shopping trips and the formation of the 'Blokes Club' were some of the things that staff had put in place as a response to feedback from people. It was clear that people had an active and varied social life, which encouraged them to develop relationships with others and to avoid being socially isolated.

People's care records were written in a person centred way. A person we spoke with told us, "They [staff] have got used to me now and know what I like." Another person said, "They [staff] get me up if I want to get up and they take me out if I want to go out. I might not get up tomorrow, I will see." The records identified people's preferences and choices in relation to daily activities such as times they liked to get up and go to bed, personal hygiene, food preferences, hobbies and religion.

The provider told us they had introduced a process called '5 questions 5 minutes'. This process involved a member of staff sitting with people asking them five questions about the things that were currently important to them. People's answers were then used by staff to enable them to provide support that was responsive to their needs. The provider also told us staff discussed people's favourite music with them and the five tracks that brought back the happiest memories. The music would then be used by staff to try to alleviate people's distress should they begin to live with the onset of dementia or other mental health conditions. This showed the provider had innovative processes in place that enabled staff to respond to people's needs at the home.

People's records were stored on an electronic care record system which included records of the care provided. We found the use of this system did on occasions lead to gaps in the recording of the daily care and support people received. For example people's fluid intake charts were not always fully completed and we found gaps on people's repositioning charts. In initiating a repositioning chart the staff have made a judgement that a person requires re-positioning by staff as they are unable to do so themselves. This reduces the risk of people developing pressure sores. Although we were told by the provider that nobody had developed a pressure sore, the gaps on the people's charts could indicate that the planned care had not always been provided.

We saw people receiving fluids throughout the inspection, however the lack of fully completed records could result in people's needs not being responded to appropriately. We raised this with the registered manager. They told us they were in the process of removing all paper records and staff would be able to use portable electronic devices to record the care provided, which automatically updates the central system. The registered manager acknowledged this process was still in its infancy and regular checks of paper records were still required to ensure that staff were accurately recording the care and support they had been given.

People were supported in an environment that had been adjusted to ensure people living with physical or mental health conditions were able to lead as independent and fulfilling a life as possible. All parts of the home were accessible via a wheelchair. There were lifts in place for people to access both floors within the home. Steps to the garden area had been replaced with a ramp and specialised equipment was provided in the bathrooms that ensured that all people were able to access the baths and showers. Where required, people living with dementia or other mental health conditions were provided with one to one support, but were also supervised from a distance which ensured they were able to move freely without unnecessarily intrusive support from staff.

Good

# Is the service responsive?

People were provided with information about the complaints process in a format that met their needs. We saw a process provided in braille for people with visual impairments. Details of the complaints procedure were in the reception area and within people's service user guides. People knew how to make a complaint and the registered manager told us they encouraged people to raise concerns with them either in residents' meetings or privately.

Requires Improvement

# Is the service well-led?

## Our findings

People spoke positively about the management team in place at the home. One person told us they sometimes saw the provider at the home and another person said if they needed to raise anything with the registered manager they would do but had never felt the need to do it. Staff spoke positively about the management team. One member of staff said, "I talk to the manager and the owner every single day. I find them supportive."

The registered manager had an auditing process in place that regularly assessed the quality of the service people received and whether the service provided met people's current level of need. Whilst many of these audits were carried out effectively, when the issues within this report were raised with the registered manager, they were not aware of some of them. For example, they were not aware that there were gaps in people's supplementary notes used to monitor people's fluid intake and when people needed to be repositioned. Although we were told by the provider that people had not developed pressure sores, the lack of monitoring of the records used to record additional support for people assessed as high risk could place their health and safety of people at risk.

This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us the manager was available to discuss any concerns that they may have about the care and support they received. The registered manager told us they had an 'open door' policy and they kept the last Friday of every month clear if relatives, staff, or people who used the service wished to have a more formal discussion. The provider told us they had many ways of communicating with people, their relatives and staff. A regular newsletter was printed and resident and staff meetings were also conducted regularly.

People were supported by a management team that were visible and assisted staff in providing people with the care and support they needed. The provider told us they visited the home regularly and liked to talk with people about the care.

People were encouraged to maintain links with the local community. A person told us, "I can go out and meet people if I want to. They [staff] will help me." We saw there was regular contact with the local primary school, with the children invited to sing Christmas carols with the people living at the home. We also saw strong links with the local Baptist church where people could attend to worship; but also to meet others for tea and coffee. Links with a local care home were also strong, with the homes coming together to arrange a tea dance, which encouraged people from both homes to meet and talk with each other.

The registered manager was aware of and could explain how they met their CQC registration requirements. They explained their process for submitting statutory notifications to the CQC. However upon review we did find some examples of notifications that were not sent in a timely manner. This meant we may not have had the most up to date information available about incidents that had occurred at the home and this could result in a delay in action being taken by the CQC if required. We discussed this with the registered manager and they assured us future notifications would be forwarded to us in a more appropriate time frame. Since the inspection the notifications have been submitted to us in a timely manner, within a short time of the incident having occurred.

People were supported by staff who felt valued and listened to. Staff told us the registered manager and provider communicated with them well and let them know of any planned changes to the service. They said they had regular "away days" and the provider went through the aims of and changes and improvements to the service, and they were encouraged to contribute.

The staff we talked with understood their roles and how they were expected to contribute to the running of the home. The provider told us independent external consultants were used to meet with staff and discuss their careers. The provider told us the consultants were used to motivate the staff and to show them what they could achieve at the home. The provider told us they were proud that the registered manager had been promoted from within the service and hoped that would inspire people, showing they could have a fulfilling career at the home.

Staff told us they enjoyed working at the home and spoke about things they had done for people which gave them a sense of job satisfaction. One member of staff said, "I love my job! I really like pleasing the residents and seeing them smile." Another said, "I really enjoy the job."

Requires Improvement

# Is the service well-led?

People were encouraged to give feedback to help drive improvement at the home. The provider told us there was a committee in place called, 'The Friends of Woodleigh' which consisted of people living at the home, their relatives and friends, who met to discuss what they felt could be improved at the home. Staff were also encouraged to give regular feedback to help develop the service. 'What's hot and what's not' was their opportunity to inform the registered manager and the provider about their views of what was working well at the home and what could be improved.

The provider told us they responded to feedback from relatives about the need for more information about how they could better understand and support their family members who were living with dementia. The provider responded by inviting a lecturer of mental health nursing from a local university, to speak with people at the home and their relatives about the day to day challenges of living with or supporting someone who is living with dementia. This showed the provider used innovative ways to provide support for people and their relatives.

The provider told us monthly management meetings were held to discuss how the home could be improved and action plans were put in place. For example the provider has introduced the regular assessment of staff members' ability to use the new computerised care planning system. The IT systems manager told us they assessed staff members' ability in all areas of the computerised system and where staff were not performing at the required standard training was put in place to assist them.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**The registered person did not have an effective system in place to regularly assess and monitor the quality of the service provided.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect<br>**The registered person did not so far as reasonably practicable make suitable arrangements that ensured people were always treated with consideration and respect.** |