

Woodleigh Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 8 September 2016 and was unannounced. This meant the registered provider and staff did not know we would be attending. One Adult Social Care (ASC) inspector carried out the inspection. The service was last inspected on 17 June 2014 and was found to be meeting all the regulations inspected.

Woodleigh Rest Home is situated in the Queensbury area of Bradford. The property has been adapted and extended to provide personal care for 33 older people both in single and double rooms on the ground and first floors. The rear entrance provides disabled access to the ground floor with a stair lift enabling access to the first floor. There are two lounges and one dining room on the ground floor. There were 26 people living at the service on the day of the inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

We found that the service's premises and equipment were not always safely maintained. Annual maintenance checks had not been completed for the fire alarm system. This was a breach of Regulation 12. You can see what action we told the provider to take at the back of the full version of the report.

We found that the premises were not properly maintained. Some furniture required replacing and the communal areas of the service required updating and redecoration. This was a breach of a Regulation 15. You can see what action we told the provider to take at the back of the full version of the report.

The registered provider had audits in place to check that the systems at the service were being followed and people were receiving appropriate care and support. However, we found the audits had failed to detect that equipment was broken and that parts of the premises were not adequately maintained. This was a breach of a Regulation 17. You can see what action we told the provider to take at the back of the full version of the report

Staff had a good knowledge of how to keep people safe from harm and abuse and there were enough staff to meet people's assessed needs. Staff had been employed following appropriate recruitment and selection processes. We found that the recording and administration of medicines was being managed appropriately at the service.

We found assessments of risk had been completed for each person and plans had been put in place to minimise risk. Apart from the entrance to the service all areas were clean, tidy and free from odour and cleaning schedules were in place.

Staff completed an induction process and had received a wide range of training, which covered courses the registered provider deemed essential. The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and we found that the Mental Capacity Act 2005 (MCA) guidelines had been followed.

People's nutritional needs were met. People told us they enjoyed the food and that they had enough to eat and drink. We saw people enjoyed a good choice of food and drink and were provided with snacks and refreshments throughout the day.

People told us they were well cared for and we saw people were supported to maintain good health and had access to services from healthcare professionals. We found that staff were knowledgeable about the people they cared for and saw they interacted positively with people using the service. People were able to make choices and decisions regarding their care.

People had their health and social care needs assessed and care and support was planned and delivered in line with their individual care needs. Care plans were individualised to include preferences, likes and dislikes and contained detailed information about how each person should be supported.

People were offered different activities and were supported to go out of the service to access facilities in the local community.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. Comments, suggestions or complaints were recorded, but action was not always taken as a result.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The services premises and equipment were not always safely maintained.

Staff displayed a good understanding of the different types of abuse and had received training on how to recognise and respond to signs of abuse to keep people safe from harm.

Staff had been recruited safely and there were sufficient numbers of staff employed to ensure people received a safe and effective service.

Medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Staff received an induction and training in key topics that enabled them to effectively carry out their role.

The registered manager understood the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) guidelines were being followed.

People told us they enjoyed the food and that they had enough to eat and drink.

People who used the service received additional treatment from healthcare professionals in the community where required.

Is the service caring?

Good 

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection.

People were treated with respect and staff were knowledgeable about people's support needs.

People were offered choices about their care, daily routines and food and drink whenever possible.

Is the service responsive?

Good ●

The service was responsive.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people.

We saw people were encouraged and supported to take part in a range of activities.

There was a complaints procedure in place and people knew how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service had systems in place to monitor and improve the quality of the service but these were not always effective.

Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

There were sufficient opportunities for people who used the service and their relatives to give feedback on the service.

Woodleigh Rest Home Limited

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 registered 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 was carried out on 8 September 2016 and was unannounced. This meant the registered provider and staff did not know we would be attending. One Adult Social Care (ASC) inspector carried out the inspection.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commissioned a service from the home. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also contacted the local authority safeguarding adults to enquire about any recent involvement they had with the service. They did not have any concerns about the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider submitted their PIR in the agreed timescale.

At the time of this inspection there were 26 people living at Woodleigh Rest Home. During the inspection we spoke with five members of staff, including the registered manager and registered provider, four people who used the service and three relatives. We spent time observing the interaction between people who used the service, staff and visitors.

We looked at all areas of the service, including bedrooms (with people's permission) and communal areas.

We also spent time looking at records, which included the care records for three people, medication records for five people, handover records, supervision, training and recruitment training records for three members of staff and quality assurance audits and action plans.

Is the service safe?

Our findings

Safety checks of the building and equipment were carried out, but this did not always lead to action to keep people safe. We saw documentation and certificates to show that relevant checks had been carried out on the electrical circuits, gas safety, fire extinguishers, emergency lighting and all lifting equipment including hoists. A suitable fire risk assessment was in place and we saw that regular checks of the fire alarm call points were completed to ensure that it was in safe working order. However, we found that annual maintenance checks for the fire alarm system had not been completed and an electrician had recommended that the system be replaced.

We discussed this with the registered manager who informed us that although the fire alarm was tested on a weekly basis, it was not annually tested by a qualified electrician. We saw records that an electrical contractor had visited the service in March 2016 to repair a fault on the system and although they had provided a temporary fix, they stated at that time the alarm system required replacing. On the day of this inspection, this had not been completed. The registered manager told us they would arrange for the fire alarm system to be checked at the earliest opportunity. This information was shared by the CQC with West Yorkshire Fire Services.

This meant that the registered provider was not ensuring that the premises and equipment were safe. It also evidenced that they were not doing all that was reasonably practicable to mitigate risks to people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that areas of the service required updating. The armchairs in both lounges were frayed on the arms and the internal fabric of the chair was showing. This meant that staff were unable to effectively clean the chairs as this would have caused the fabric to deteriorate further. Some of the cushions were stained and needed either washing or replacing. In the dining room the ceiling was badly stained following a leak. The wallpaper had started to bubble, the walls were badly scuffed in places and there were chips in the plaster on some corners which looked unsightly. We also noted that parts of the flooring in both the dining room and upstairs on the landing area were 'springy'. This could affect the balance of people who may have a cognitive impairment or mobility problems increasing their risk of falling. We also found that an external fire door was badly rotten and despite this issue being repeatedly reported to the registered provider as part of a monthly update report, no action had been taken. We looked in the linen cupboard and although all stored linen was clean, we found that some of the towels were frayed at the edges and were no longer fit for purpose. These were replaced by the registered manager following the inspection.

The seat on one of the bath hoists was not attached to the frame on all four corners which meant it moved about when pressure was applied to it. Although it did not appear to be at risk of coming away from the frame, the movement could make people feel nervous when using the equipment and they could also trap their skin as the seat moved. We discussed this with the registered manager and they told us that the equipment had recently been serviced and no issues were raised. They told us they would contact the contractor and ask them to revisit to check the equipment was safe.

These issues showed that the premises and equipment in place at the service were not properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. A relative we spoke with said, "I have no concerns regarding safety, [Person] used to wander when she was at home so really happy that she is safe here", "Yes I'm happy that she is safe" and "We all feel safe, I know I do."

The service had policies and procedures in place to guide staff in safeguarding people from abuse. We saw the registered manager was aware of the local authorities safeguarding procedure and informed the safeguarding team of any concerns when these were identified. We were given access to safeguarding records and saw that safeguarding concerns were recorded and submitted to both the local safeguarding team and the Care Quality Commission (CQC) as part of the registered provider's statutory duty to report these types of incidents. We saw that accidents and incidents within the service were recorded and audited on a monthly basis. We saw that when medical attention had been sought this was recorded on the incident report. However, we found that one accident that occurred in May 2015 resulting in a person suffering a fractured heel had not been reported to the CQC. This was addressed in the well-led section of this report.

We spoke to staff about safeguarding, how they would identify abuse and the steps they would take if they witnessed abuse. The staff provided us with appropriate responses and told us that they would initially report any incidents to either the senior member of staff on shift, or the registered manager. One member of staff told us, "If I saw anything of concern I would report this to the manager or I could speak to the CQC" and, "I'm pretty confident any concerns would be managed properly." Another said, "I would report anything straight away, but I have never seen anything that has concerned me here." We viewed the services training records and saw that only 44% of staff had received safeguarding training. We discussed this with the registered manager who explained that they had six staff ready to attend safeguarding training in October 2016 and as an interim measure staff were expected to complete an in house training course that provided them with the appropriate knowledge. This meant staff had the skills and knowledge to effectively carry out their role.

Systems were in place to minimise risk. Care plans contained risk assessments that were individual to each person's specific needs and were regularly reviewed. Falls were monitored and audited monthly and this enabled the registered manager to identify any patterns or recurring events and discuss with the GP when appropriate. We saw Personal Emergency Evacuation Plans (PEEP) were in place for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This showed the registered manager had taken steps to reduce the level of risk people were exposed to in emergency situations.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience to meet the needs of the people using the service. The registered manager explained that the staff were flexible and would cover shifts at short notice if needed to cover staff sickness and annual leave. One person who used the service told us, "The staff come quickly, if I press the buzzer they come straight away." A relative we spoke with said, "There always seems to be enough staff, even on a weekend." However another relative told us, "The staff work very hard, they are always busy and they don't always get chance to interact with people [who used the service] as much they would like."

We looked at the recruitment records for three staff members. We found the recruitment process was robust and all employment checks had been completed. Application forms were completed, references obtained

and checks made with the disclosure and barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults.

We looked at how medicines were managed within the service and checked five people's medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We saw that medicines were obtained in a timely way so that people did not run out of them, administered on time, recorded correctly, stored safely and disposed of appropriately. Some people who lived at Woodleigh rest home had been prescribed controlled drugs (CDs). These are medicines that have strict legal controls to govern how they are prescribed, stored and administered. There was a suitable storage cabinet and we were told that the district nursing team were responsible for ensuring the medication was correctly delivered and booked in to the service. We saw that daily temperatures of the medication fridge were recorded; however the air temperature of the room where the medication was stored was not currently monitored to ensure medicines were being stored at the correct temperature. We discussed this with the registered manager who arranged for this to be done immediately.

One person who used the service had their medication administered to them covertly. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the individual is unknowingly taking medication. We saw that all relevant people had agreed that this was in the person best interest and this included a signed letter from the person's GP agreeing to this measure.

We saw that medication audits were completed by the deputy manager on a weekly basis and this enabled them to identify any errors before the monthly medication audit was completed. Records confirmed that when any errors had been noted, these were discussed with staff during supervision and action taken where needed to ensure that all staff were aware of the importance of accurate documentation.

During the inspection we found that apart from an odour on entering the service, other areas were mostly clean, tidy and free from odour. We discussed the odour with the registered manager and they told us that this was caused by one person who used the service, who had significant cognitive impairment and occasionally urinated in that area. They continually deep cleaned the area, however they could not remove all of the odour and were looking to replace the flooring with a more suitable non-slip lino in the entrance to the service to enable more effective cleaning. Infection control audits were completed and we saw that there was detailed information available for staff on hand washing and what to do in the event of an outbreak or suspected outbreak of an infectious disease within the service. This showed us that the registered manager had considered the impact of infection for people using the service and had put interventions in place to minimise this risk.

Is the service effective?

Our findings

Staff received the training they needed to support people effectively. The registered manager told us that when new staff arrived with training in place they completed competency checks and checked certification to ensure that the training was up to date. Staff who had no prior experience were required to complete a full induction, including training on a number of different topics the registered provider deemed important. A member of staff told us, "I really enjoyed the induction, it provided a good insight into the role and I'm really enjoying it so far."

Following the induction training, staff were required to complete a number of shadow shifts where they observed more experienced members of staff carrying out their role to enable them to develop a clear understanding of their duties. One member of staff told us, "I volunteered to do extra shadowing around my old job, so I did seven to eight shifts which really helped with getting used to all the residents." The registered manager explained that the induction training covered the national induction standards and was to be replaced by the Care Certificate. The Care Certificate is an identified set of standards which social care and health workers adhere to in their daily working. It covers 15 topics including, for example, understanding your role, duty of care, privacy and dignity and infection control. Staff were also encouraged to enrol on the NVQ level 2 or equivalent in care.

We viewed training records and saw that staff received ongoing training and that this was mostly up to date. The registered manager told us staff had an annual training plan in place we saw that where gaps were identified we saw that training was already booked. This helped ensure that staff had the necessary skills to carry out their roles and were kept up to date in any changes in practice or legislation. One visiting relative told us, "I have no issues with the staff, they all seem to know what they are doing and they've got the right skills."

Staff received support from the registered manager which included supervision, team meetings and annual appraisals. Staff told us they were able to approach the registered manager with any concerns at any time and they felt they had sufficient support when they needed it most. One member of staff told us, "I've not been here long but I've had a supervision. It was good. I received some positive feedback so that was nice to hear."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care services. DoLS are part of the MCA legislation, which is designed to ensure that the human rights of people who may

lack capacity to make decisions are protected. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us they had submitted DoLS application to the local authority for several people who used the service. We saw two of these had been granted by the local authority. This involved the local authority's representative looking at people's support plans, speaking with the people and/or family member, speaking with advocates, where needed, and speaking with staff member.

Most staff had completed MCA training and the others were booked on the next available training course. During our discussions with staff, we found that they had the appropriate levels of knowledge regarding MCA for their roles. Staff also explained how they requested consent before carrying out any care tasks by asking people and talking them through each step of the care intervention. The registered manager told us that restraint was not used at the service and this was confirmed by the staff we spoke with.

Most people ate meals in the dining room, but some people chose to eat their meals in their bedrooms. We observed the lunchtime experience in the main dining room and saw tables were set with placemats, cutlery and condiments. The lunchtime meal consisted of two courses and these were all prepared and cooked in the service's kitchen. There was a choice of two hot meals and people could request an alternative meal if they did not like the meal on offer. One person who used the service told us, "The food is lovely." Another said, "We get good meals, we can make requests for different foods." A visiting relative told us, "The food smells lovely, they get two choices for lunch and tea and [Name of person] likes toast and cereals at breakfast" and "[Name of person] struggles to use a knife and fork so they get finger foods."

The registered manager told us, "We have more and more people who have very specific needs in terms of diet. This can include the need for different textures and the use of thickeners in drinks. We recognised that we needed a better understanding of these types of diet so I have arranged training for the cooks and management team to attend." This showed the registered manager recognised the changing needs of people using the service.

People were weighed monthly or weekly depending on the plan they were currently on. When weight loss was identified, we saw that referrals were made to the GP or dietician and a plan was implemented to ensure a person's nutritional requirements were met. However, we noted that the book used to record weights was very confusing and a simplified document needed to be developed using either metric or imperial measurements to enable easier calculation of weight gains and weight loss. The registered manager assured us this would be implemented.

Some people had food and fluid charts in place to enable staff to closely monitor their daily intake. We saw that most of these were well completed. However, we found that there was a lack of clear guidelines for staff to follow in the event of a low daily intake of fluid. We discussed this with the registered manager who told us they would ensure this was addressed and action plans would be implemented. A visiting relative told us, "I know the staff monitor the amounts of fluid people have and they always try and make sure they have enough."

The kitchen had cleaning schedules in place and the temperature of fridges and food was taken daily. The service had achieved a rating of 4 (Good) following a food hygiene inspection undertaken by the local authority Environmental Health Department in April 2015. The inspection checked hygiene standards and food safety in the service's kitchen.

People's care plans recorded their current health care needs, including details of their prescribed medication. Records we saw evidenced that health care professionals such as GP's, speech and language

therapy (SALT) services, dieticians, community staff nurses, chiropodists were involved appropriately in people's care. Any contact with health care professionals was recorded. However, this recording did not always fully describe the reason for the call out and any outcome. We discussed this with the registered manager and they told us they would address this with staff at the next team meeting.

When people using the service were required to attend hospital a member of staff accompanied them. The registered manager told us, "I always make sure that people are accompanied by a member of staff when they are admitted to hospital. This makes sure that the hospital staff receive a thorough handover of the persons' current needs, any behavioural issues or specific dietary requirements." This meant that health care professionals in a hospital setting could better meet people's need.

Is the service caring?

Our findings

All of the people and relatives we spoke with told us the staff were kind, caring and knowledgeable about their needs. Comments included, "The staff are wonderful, I've really got to know them and they are like an extended family, "I am 100% happy, [Name of person] is looked after to the best of the staffs' ability", "I couldn't tell you just how wonderful they have been. I have been ill myself and the support they have given us both has been brilliant" and "The staff are all lovely."

Throughout the inspection we observed positive interactions between people who used the service and the staff. A visiting relative told us, "I always overhear good interaction between staff and residents. It's always positive and the staff are very polite when speaking with people."

People told us they were given a choice about how their care was provided. They told us they were able to choose what time they got up in the morning and what time they went to bed. They told us they were given a choice of meals, where they sat and whom they spent their time with. A visiting relative told us, "They get as much choice as they can. They can get up and go to bed at whatever time they want, there are different places they can sit at and they can choose who they spend their time with." One person who used the service said, "We can get what we want within reason, we choose who we sit with and get a choice of food."

We saw that people's rooms were personalised and contained photographs, pictures, ornaments and other items that were important to them. One person told us, "I'm happy with my room, I can put whatever I want in there, I've got lots of family pictures and a few bits and bobs from home. It's important to me to have these things that have good memories."

People were treated with dignity and respect. We saw that staff knocked on people's doors before entering, called people by their preferred name and ensured bathroom doors were closed quickly if they needed to enter or exit, so that people were not seen in an undignified situation. They also ensured that they did not provide any care considered to be personal in the communal areas. A member of staff told us, "If somebody needs changing then I take them to a bathroom or back to their room so I can change them in private. I make sure doors are shut and close the curtains so nobody can see them when they are undressed."

People's independence was promoted. The registered manager explained that people were encouraged to do as much as they were able and were supported to take measured risks. Staff told us that as they gave people the time they needed to complete tasks for themselves. A member of staff told us, "I try and encourage people to do as much for themselves as possible. One person struggles to get food on their spoon, so I load the spoon and then they can feed themselves."

We saw that staff knew people's needs and were quick to respond when they showed signs of distress. For example, we saw one person who used the service became upset. Staff quickly and calmly approached the person and spoke with them in a reassuring manner, and distracted them by changing the subject. A visiting relative also told us, "The staff know people's needs, and they deal with any issues quickly, they know people's behaviours."

The registered manager told us they had developed links with local voluntary and professional advocacy services. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. One relative told us that their family member had used an advocate during the planning of the person's care at the service. This meant that people had access to additional support if they were unable to make decisions for themselves.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs, but these were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Is the service responsive?

Our findings

Care was based on people's assessed needs and preferences. People had their needs assessed before they moved into the service. Information was gathered from a variety of sources including, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were individual to each person and the service was able to meet the needs of people before they moved in. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. A visiting relative told us, "They asked me about [Name of person's] likes and dislikes."

The registered manager told us they were in the process of implementing new support plans although they could not provide a date when this process would be completed. The support plans we reviewed contained information that was specific to the person and covered areas such as personal care, diet and nutrition and mobility. We saw information in relation to people's life histories was recorded and this provided staff with an insight into people's previous occupations, where they lived and any hobbies they may have. We saw that some people's information was more detailed than others and this element of support planning could be expanded to include more detail.

Care plans were reviewed on a regular basis to ensure that the information remained reflective of the person's current level of need. We also saw evidence that reviews took place with family and a social care representative present.

The service had an activity coordinator in place who provided activities for people throughout the week. We were told there was a choice of activities provided and these included trips, meals out at the local pub, board games, external entertainers, skittles, quizzes, pamper sessions and bingo. A relative said, "They have music playing which she likes, books are available and they have singers and entertainment coming in." However, one relative stated, "I think there could be a few more activities, especially during the morning. They do take people out to the local pub and have trips out around Christmas time, they always celebrate special occasions." People who used the service told us they were happy with the activities provided. One told us, "We can go out if we want, but we don't get drunk." Another said, "Today we have played bingo, I am quite satisfied with what we do, it passes the time."

We saw that the service recognised the need for people to maintain existing relationships and develop new ones. Relatives and visitors were welcome to visit, were free to come and go as they pleased and stay for as long as they liked. A relative told us, "I can visit whenever I want. I usually avoid mealtimes as this is protected so that everybody who needs support can get it" and "My brother has visited over mealtimes, so you can stay if you really want to." Another relative told us, "I live nearby so can visit whenever I want, I'm always made to feel welcome and I can go and make a cup of tea" and, "It's home from home, when it's snowing and I'm visiting I bring my slippers." One person who used the service said, "We can sit with who we want, so I sit with my friends."

People told us they knew who to speak to if they wanted to make a complaint although none stated they

wanted to. Comments included, "We know all the staff really well so have no issues approaching them if we have any issues or concerns" and "I've not had any concerns but if I did I would speak with [The registered manager] or [Name of deputy manager]", "I would complain to the staff but I have nothing to complain about" and, "The staff are all very nice and helpful, they are willing to listen."

We viewed the service's complaints, comments and compliments file and saw that the last complaint was received in December 2014. The issues raised were addressed during a meeting with the complainant, a suitable resolution was found and the minutes of the meeting were written up. We noted that the complainant was not provided opportunity to sign the complaint outcome and we suggested that this be incorporated into any future documentation to provide clear evidence that the person was satisfied with the outcome.

The registered manager explained they had recently developed a new complaints procedure and that this would be used to manage the next complaint. The new procedure would ensure that all complainants would receive a written response, which would encourage them to get back in touch with the service if they were dissatisfied with the response from the service. The details of the Local Government Ombudsman (LGO) and local authority social services were also included should the complainant be unhappy with the final response they received from the service. This new procedure would help ensure that people were provided every opportunity to have their concerns appropriately addressed.

Is the service well-led?

Our findings

There was a quality monitoring system in place that consisted of weekly, monthly and annual audit checks, meetings, questionnaires and the analysis of the information collated from these. However, these were not always effective as they had not included regular checks of the fire alarm system to ensure that it was in good working order. We found that when audits had identified issues such as areas of the service not been adequately maintained these were not always appropriately addressed.

Stakeholder surveys were carried out for people using the service, relatives and staff. We saw that the results were largely positive. However, where negative feedback was received remedial action was not always taken. For example, the resident survey conducted in September 2015 had identified that chairs in the lounges were worn and we found that these were still in use a year later.

At the time of our inspection the service had a registered manager who was registered with the Care Quality Commission. This meant the registered provider was meeting the conditions of their registration. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of most significant events in a timely way. However, an accident that resulted in one person suffering a fractured heel was not reported to the CQC which is a requirement of their registration.

The quality assurance systems in place were not effective in assessing, monitoring and improving the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff, people who used service and their relatives spoke positively about the registered manager and said communication with the service was good. One relative said, "Yes, I see the manager, they ask our opinions on a monthly basis and ask how [Name of person] is getting on at the home." Another said, "[The registered manager] has been really helpful." A third person said, "The communication is good, if [Name of person] is running out of anything they let me know so I can bring it in." A member of staff said, "I feel well supported we have staff meetings and supervision."

Annual surveys were completed by people who used the service and their relatives. These included questions about the environment, care, food and activities. Most of the responses were positive and the results of the survey were fed back to people using the service in a monthly newsletter. The newsletter also provided people with information about any new staff, any upcoming events and any changes to the service. At this inspection the annual surveys were in the process of been sent out. The registered manager told us that following advice from the auditor they would generate a thorough action plan based on the responses, allocate timescales for action and then sign off as and when they were completed. Where requests could not be granted people would receive a full explanation why not.

We discussed the culture of the service with the registered manager who told us, "I encourage openness and honesty from all of the staff team. We cannot effectively deal with situations, investigate issues and learn

from errors if we do not know when things go wrong. I need to have honest staff and I believe that's what I have at Woodleigh."

Within the service user guide the registered provider described the aims of the service as 'promoting independence' and 'fostering an atmosphere of care and support which both enables and encourages our residents to live as full, interesting and independent a lifestyle as possible with rules and regulations being kept to a minimum."

The registered manager explained that they were currently receiving help from an external auditor, telling us, "The auditor is currently visiting the service on a monthly basis. They identify any areas that require attention and provide an action plan to ensure they are addressed within a specific period. I've found it really useful and I think the service is better because of this support." We were told that one of the areas identified for improvement was the advanced care planning, and as a result the registered manager has started to consult with people using the service, their families and any other relevant person about people's wishes and feelings in relation to end of life care.

The registered provider had developed a business plan for the current financial year. This outlined the history of the business and any goals that were to be achieved during the year. Analysis of the service saw that training was deemed a priority and the service planned to seek more specialist training to meet the increasing needs of the people who used the service. We saw the business plan identified that some improvements to the fabric of the building were scheduled to take place over the next three years. We saw that the business plan identified that both communal areas required upgrading and this included new chairs, carpets, wall coverings and curtains. The green lounge was due to be finished by the end of October 2016 and the green lounge by the end of January 2017. Other areas of the service they hoped to improve and update included an increase in bedrooms with en-suite facilities and the creation of a sensory room.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who use the service were not protected from the risks associated with premises and equipment that were not safely maintained. The registered provider was not doing all that was reasonably practicable to mitigate risks to people using the service. Regulation 12(2)(b)(d)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>People who use the service were not protected against the risks associated with premises that were not properly maintained and unsuitable because of inadequate maintenance. Regulation 15 (1)(c)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have in place effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity. Regulation 17(2)(a)(b)</p>