

Denmax Limited

# Woodland Villa Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on the 25 and 26 July 2017 and was unannounced. At our last inspection in August 2015 we rated the service as Good. On this inspection we found concerns in respect of how the service was safe, effective and well-led. We have rated the service Requires Improvement.

Woodland Villa Care Home (known as "Woodland Villa") is registered for 53 older people; when we inspected 46 people were living there. The service provides both nursing and residential only

A registered manager was employed to oversee the management of the service. 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.

People's medicines were not managed always safely. People's medicine administration records (MARs) were not always being maintained in line with current guidance. Although staff observed people had taken their medicine before moving on, they signed people's MARs before the person had taken the medicine. There was not a robust process to ensure that only medicines that were needed each month were ordered and the stock of medicines was not being rotated. People who administered some of their medicines were not being risk assessed in line with current guidance. Medicines were not always stored safely and not always kept at the right temperature. People had medicines in their room that should have been locked away and other medicines had been brought into the home that staff were unaware of.

The home was clean and free from adverse odours. People told us they were happy with the cleanliness of their rooms and the service in general. However, people were not being protected by good infection control practices in all areas. We found the medicines room, emergency equipment and kitchen were not well maintained. We have advised the local environmental health inspectors know about the kitchen. The provider and registered manager addressed these concerns straight away.

People had their need for sufficient to eat and drink in a personalised manner. However, staff were also then not always ensuring the relevant risk assessment was updated or discussions with the person, family and relevant health professional were recorded. This meant not all records were complete in respect of people's nutrition and hydration needs.

Risk assessments were in place to support people to live safely at the service. However, people had been identified in the care records as having issues swallowing their food, drinks and medicines but a risk assessment had not been drawn up to manage the current risk. The registered manager started putting a risk assessment in place to address this.

We spoke with the registered manager and provider about the concerns we had found in respect of the

service being safe and effective and why this was not identified by the range of audits active in the service. We were told that staff had the responsibility of checking the medicines and cleanliness of the kitchen, for example. However, this had not maintained the standards we found at the last inspection.

Woodland Villa ensured all people regardless of their racial, religious and sexual identity were welcomed. All cultures, faiths and sexuality were welcomed and celebrated. People told us they were safe and happy living at Woodland Villa and were looked after by staff who were kind and treated them with respect, compassion and understanding. All staff expressed a commitment to values of providing only good care and to continue to improve the service.

People were in control of their care. People's care plans were written with them, were person centred and reflected how people wanted their care delivered. Activities were provided to keep people physically and cognitively stimulated. People's faith and cultural needs were met.

Staff knew how to keep people safe from harm and abuse. Staff were recruited safely and underwent training to ensure they were able to carry out their role effectively. Staff were trained to meet people's specific needs. Staff promoted people's rights to be involved in planning and consenting to their care. Where people were not able to consent to their care, staff followed the Mental Capacity Act 2005.

People, relatives and staff were involved in giving feedback on the service. Everyone felt they were listened to and any contribution they made was taken seriously. People and their family members knew how to raise a complaint and felt any issues would be looked at. The registered manager made sure they and the staff learnt from people's concerns and complaints.

We found a breach of the regulations. You can see at the back of the full report on our website what action the provider has been asked to take.

## 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.

People's medicines were not always managed safely.

People were not always protected from safe infection control practices.

People did not have all risk assessments in place and staff did not also follow linked guidance.

People were kept safe by staff trained in and able to identify abuse and report it.

Staff were recruited safely and there were enough staff to look after people safely.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People were provided with plenty to eat and drink to maintain their health. Records in respect of this needed addressing.

People were assessed in line with the MCA as required. People's capacity to consent to share rooms needed addressing.

Staff were trained and supported to carry out their role effectively.

People could see a range of health professionals as needed.

### Is the service caring?

**Good** ●

The service continued to be caring.

### Is the service responsive?

**Good** ●

The service continued to be responsive.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The quality assurance systems were not robust enough to prevent the concerns found at this inspection.

People, their families and staff described the registered manager and provider as approachable.

People, their families and staff were asked their view of the service and could suggest new ways of working.

Systems were in place to ensure the equipment and building were safe.

# Woodland Villa 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.

The inspection took place on the 25 and 26 July 2017 and was unannounced.

The inspection was completed by one inspector, a specialist nurse advisor 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.

Prior to the inspection we reviewed our records. This included the Provider Information Return (PIR) which is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of incidents registered people have to tell us about.

During the inspection we observed how people were looked after, spoke with 13 people and three of their family members. Fourteen family members also completed a questionnaire to tell us their view of the service. A SOFI was completed during lunch on the second day. A SOFI is a tool that records an observation of how people experienced the service when they cannot communicate with us. We also spoke with other people over lunch time and in the lounges.

We look at the care and records of six people in detail to check they were receiving their care as planned. We also looked at the records of two people to look at specific areas of their care.

We spoke with nine staff and reviewed three staff personnel records. We looked at records of how the service was ensuring staff were trained, supervised and appraised. Records of how the provider and registered manager checked the quality of the service and ensured the premises and equipment was kept safe were also reviewed.

During the inspection we spoke with a community nurse, physiotherapist and occupational therapist.

# Is the service safe?

## Our findings

At our last inspection we rated this section as Good. On this inspection, we found concerns in respect of the service being safe.

The management of medicines was not always safe. People's care records did not hold a current list of their prescribed medicines. The medicine administration records (MARs) were the only record of the person's current medicines. However, people's MARs were not always being maintained in line with current guidance. Hand written MARs were not always clearly written which could place people at risk if staff misread the directions. Additional guidance was not available to staff to show what medicines prescribed to be taken when required (PRN) were for and how they should be taken. Staff did not consistently record the amount and the time when people's PRN medicines were given. Staff were also not carrying forward quantities of medicines in stock when new MARs were started. Some MARs were photocopied, and then had handwritten additions. Therefore, the codes at the bottom of the MAR, to identify why a person may not have been given a medicine, were then missing. Although staff observed people had taken their medicine before moving on, they signed people's MARs before the person had taken the medicine. This is not best practice and increases the risk that a medicine is signed as administered, when in fact, the person did not take it.

The ordering, storing, destroying and ensuring all medicines were available were not robust enough. Medicines awaiting disposal were not stored in secure in a tamper-proof container until they are collected. They were also stored in an unlocked cupboard. There was no record of these medicines dating back to January 2017, so it could not be checked they all still present. Previous records did not record when the pharmacy (residential) or clinical waste (nursing) had collected the medicine for destruction.

The ordering of people's medicines had not prevented some people having more than two month's supply of medicines in stock. Some medicines, including creams, dressings and an inhaler, had the dispensing label, containing the prescriber's directions and the name of the person for whom it was prescribed removed. Without a label we questioned whether the medicine had been prescribed to someone else and transferred to the person now using it. Guidance states, "Care home providers must ensure that medicines prescribed for a resident are not used by other residents" and, any medicines left over from those previously resident in the service should be disposed of safely.

Medicines were not always stored securely or at the temperature recommended by the manufacturers. We saw the door to one medicine storage area was propped open and contained an unlocked medicines refrigerator. Staff monitored and recorded temperatures of medicine storage areas. Whilst medicines requiring cold storage were stored at the correct temperature, we saw that staff had recorded room temperatures above 25°C. No action had been taken to ensure the room was adequately cooled. Storing medicines at too high a temperature may make them less effective. One person had been prescribed a cream that needed often however, it was noted to be out of stock and had been for six days. This means this person could have been experiencing discomfort. We advised the registered manager that this cream was not available so it could be ordered.



One person had a tube of prescribed pain relieving gel in their room which should have been maintained in their locked cupboard and given by trained staff only. This person was not self-administering their medicines. Another person had stock of medicines in a cupboard in their room which were outside the manufacture's expiry date. The person told us they used to self-administer their medicines and had a key to the cupboard. In their room, we also found a prescribed bottle of codeine linctus and an 'over the counter version' of the same medicine. When we advised staff and the registered manager of this, they were unaware of the presence of the medicines. The medicines were removed.

The home had a homely remedy policy and stock to enable treatment of minor ailments. This was carefully managed. However, people had medicines in their room that family had bought and brought into the home. This included eye drops and cough medicines. Staff were not aware of these and had not checked they were safe to take with prescribed medicines. Also, people could be experiencing other health conditions not known to their GP. We asked the registered manager how they were managing medicines coming into the home. They stated they would review this and communicate with families to ensure they are aware of what medicines were being brought into the service.

At the start of the inspection, we were told by the registered manager that no one was currently administering their own medicines. However, we found people were administering some of their prescribed medicines such as inhalers and creams. Guidance states staff should carry out an individual risk assessment to find out how much support a person needs to carry on taking and looking after their medicines themselves (self-administration). For one person who was administering their own inhalers, there was no risk assessment and the MARs stated they were "self-administering" only. There was no additional record of them having had a regular annual check with the asthma nurse and their technique checked to ensure they were using them correctly. Staff told us they believed the person was currently using their inhaler to relieve symptoms up to four times a day. This was not recorded in the person's record nor had it been raised with the person and their GP. This person's records detailed they had other health needs which may point to why they might be experiencing increased breathing concerns. We requested this person be urgently reviewed by their GP to ensure their medicine was meeting their current needs.

It was also noted on one person's MAR that they had 'refused' a medicine for 17 days. This is a prescribed medication that has essential vitamins and mineral elements for individuals who are not receiving them through a normal diet. It meant the person could become deficient in certain vitamins and minerals, such as Vitamin C, Calcium, Iron and Magnesium, as well as others that assist the body's functions. There was no documentation to state if medical advice was sought for this. We advised the registered manager of this person missing their medicine so they could ensure this was followed up with their GP.

People were not always protected from the service maintaining good infection control practices. We identified that the bins in both medicine rooms were an infection control risk due to them not working properly. Both pedals were not working and one bin was cracked. The content was not always being treated as clinical waste with one room disposing of the content in general waste. Staff member's personal items and other items, such as paperwork and old pieces of equipment were on the worktops within the clinical rooms; dust was collecting. This introduces risks of cross contamination from different sources being brought into the room and making the surfaces difficult to keep clean.

In the medicine rooms, we found items that should have been single person or single use. For example, there were two used droppers in a pot along with a small brown bottle. The bottle was not labelled. The staff informed us that it was "probably olive oil", but no one was certain what it was. When we asked what this was used for and if this was for people's ears and noses, staff and the registered manager were unable to tell us. We were unable to establish an expiry date and whether this had been or was being used for one or

more person under direction from a GP. Also, there was a small plastic box that had two small bottles of yellow coloured fluid in them. Only one had a label that stated "MRSA Broth". This is a medium for inoculating a swab once it has been taken to test for MRSA. There are very specific instructions for how this Broth is to be used, however, there were no instructions with the bottles. The staff and registered manager did not know it was in the cupboard and were unable to tell us why and how long this "Broth" had been there.

There was no evidence that staff were ensuring the equipment for resuscitation was being looked after to ensure it was clean. There was a suction machine, with an Ambu-bag (to be used to support someone's breathing) on top of a trolley, with various items of emergency equipment in a drawer underneath. There were nasopharyngeal airways (nasal) and oropharyngeal airways (oral) present which were both in their sterile date period. A nurse informed us that they would not be used unless the paramedics asked for them, because training had not been supplied. Since the inspection, the registered manager has advised they have been trained to use this equipment. Also, there was no cleaning list or service record to state when and who had maintained this equipment. The equipment on the trolley was not covered to protect from dust.

We found the kitchen had not been kept to a required standard of cleanliness. The floor under the main kitchen units was black; the shelving where the pans were stored and the store cupboard floor showed signs of dirt and old food debris was visible. The deep fat fryer and cooker hob had also not been cleaned thoroughly for some time. We were told by the provider that the fat in the fryer was due to be changed which could have explained the "burnt oil" smell we found, but the sides of the fryer showed these had not been cleaned for some time. The records kept for cleaning the kitchen also showed the cooker and fryer were not being cleaned as required. We advised the local environmental health team and the provider of the concerns during the inspection. The provider took immediate steps to have the kitchen cleaned.

Risk assessments were in place to support people to live safely at the service. However, people had been identified in the care records as having issues swallowing their food, drinks and medicines but a risk assessment was not in place to measure the current risk. People had been referred for assessment and advice by the SALT (speech and language team) and staff ensured their needs were met. The registered manager started putting risk assessments in place to address this.

People's weights were not always being monitored, when they needed, to ensure they remained healthy. People were weighed monthly and their MUST risk assessment (a 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese.) was completed. However, staff were not always then following through on an instruction to weigh more often if the MUST or other assessment required it. For example, one person's MUST stated on the 26 June 2017 and 5 July 2017 that they required weighing weekly. There was no record this had been completed the following three weeks (including when due during the inspection).

Another person had lost 13 pounds in three months. They were weighed twice in May and once in July 2017. Records suggested a dietician was spoken to as on the 18 May 2017 it was recorded a dietician had requested their food supplement be increased. Also, on the 21 July 2017 their GP had requested they had their food supplement increased to three times a day. The instructions from both these health professionals had not been followed through on. When we spoke with staff they told us they had spoken to the person's GP who had advised to give as much supplement as the person could tolerate due to their poor appetite. This discussion had not been recorded. Also, the person had not been weighed at regular intervals to check how they were progressing.

A third person had gained 10.1Kg in three months. There were no instructions noted for staff on how this

was to be managed.

We discussed with the registered manager that where staff were completing the MUST, they were not then fully utilising this and making sure action was taken as the MUST stated or recording any divergence from this. Staff were also then not always ensuring discussions with the person, family and relevant health professional were recorded to ensure all records were complete.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines (other than those requiring higher levels of control) were held in and administered from locked cupboards in people's rooms. Stock was held in one or two medicine rooms. Staff understood the importance of people getting their prescribed medicines on time and had undergone recent training and competency checks. People and families told us they were happy medicines were managed and they were given them on time and as needed. One relative told us medicines were "correctly administered by qualified staff and the MAR sheet completed".

The home elsewhere was clean and free from adverse odours. People told us they were happy in the cleanliness of their rooms and the service in general. The laundry was clean and the handling of people's clothes and contaminated laundry carefully managed to prevent the spread of infections. The service had cleaning equipment which was kept for specific purposes and was colour coded in line with national guidance.

People's other risk assessments in respect of falls and to their skin which were up to date. Where possible, people were involved in identifying their own risk and in reviewing their own risk assessments. All risk assessments were clearly linked to people's care plans and the registered manager's review of staffing and staff training. People completed a health and safety check of their rooms with a designated member of staff.

Personal Evacuation Plans (PEEPs) were in place and the provider had a clear contingency plan in place to ensure people were kept safe in the event of a fire or other emergency. Risk assessments were in place to ensure people were safe when moving around the inside and outside of the building.

People were protected from abuse and discrimination. One person said, "Yes, I feel safe here. They really are a fussy on the safety thing". Woodland Villa ensured all people regardless of their racial, religious and sexual identity were welcomed. There was a strong willingness on behalf of all staff and the provider to ensure people were accepted and one person told us, "We are treated with respect irrespective of where we come from". Staff, people and their families were supported to be accepting of each other. Staff had thorough training and support to understand other people's identities, in identifying abuse and how to report it. Staff understood the importance of not allowing other people to be discriminated against and how to apply their safeguarding training. Staff said any concerns would be taken seriously when reported to senior staff and people would be told their concern was being addressed. Staff were also clear that if they were not happy with this they would speak to the police, local authority or CQC. Staff told us they were told how to do this as part of their safeguarding training.

People felt comfortable raising any concerns with staff. One person said, "If I had any concerns I would talk with my named carer or matron" and another, "If I had any concerns I would talk to [one of the staff] he would sort it out, I have confidence in him".

People were supported by staff who were recruited safely. Robust recruitment practices were in place and

records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. People were involved in staff recruitment taking an active role in interviews. They were part of the panel and gave their views of the staff being recruited.

There were sufficient staff to meet people's needs safely. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. People told us there were enough staff. Staff told us there were enough staff for them to meet people's needs safely. Staff said they had time in the afternoons to spend with people and they were each allocated to look after specific people as their keyworker and they felt they had time to do this fully. One person said, "The staff never seemed to rush they're always steadily moving around, the whole place is one team; the staff seem relaxed which is important for residents". Two relatives commented that at times of high demand on staff, such as at meal times, their relative had to wait longer, but all the other relatives told us they felt there were enough staff.

## Is the service effective?

### Our findings

At our last inspection we rated this service as Good. On this inspection we found some concerns in respect of the service being effective.

People who had lost weight were identified and referred to their GP so an assessment could take place. For example, people who were losing weight or were observed by staff to struggle to eat certain foods were referred for assessments with their consent. Dieticians and SALT (speech and language team) were recorded as being involved in assessing and advising on people's needs. This was written into people's care plans and passed through to the kitchen to ensure their meals were provided to the desired consistency to enable them to be swallowed safely.

When needed, people's food and fluid intake was recorded however not all records were being kept to the same standard. We spoke with the registered manager about some of the records stating a person had eaten "half" of their meal with no reference as to what this meant. The registered manager advised the service used some standard plates which helped to reference what some people ate. The amount the person had drunk was not always being added up so any concerns could be followed up. The registered manager agreed to look at this to make these records more accurate. They added that staff would always raise if they had any concerns in the shift handover and all staff would then be more vigilant.

People had their nutritional and hydration needs planned in a personalised way. Staff looked for creative ways to ensure people had enough to eat and drink. In addition to set meal times and drinks rounds, people were encouraged to eat where and when they would like. People's likes and dislikes were sought from them or from getting to know people. People's special dietary needs were catered for. People could contribute ideas to the menu. People could ask staff to have a drink and snacks when they wanted. People were encouraged to drink tea, coffee and juice to keep their fluid intake up during the warm weather.

People told us they liked their food and were given plenty to drink. Comments received included, "The food is absolutely brilliant, there is generous meat and always a choice"; "The food is excellent we get [a] choice, they will customise if asked"; "The food is good, it tastes nice, there is a choice, we can have seconds if we wish" and, "We get plenty of tea and coffee".

One family member told us, "The chef interacts with mum to chat about their meals and is happy to consider alternatives if possible".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Records demonstrated MCA assessments were taking place as required. People who lacked capacity were encouraged to have a say in their care through an independent advocate. Staff ensured their care was discussed with a range of professionals and the family where appropriate to ensure the decisions were made in the person's best interest. There were people sharing double rooms at Woodland Villa but there was no record that this was with consent. One person who was sharing a room lacked the ability to consent to this, but when we spoke with their family, they confirmed they had been asked to consent on their behalf but there was no record of this. The registered manager advised they would look at how to record consent for all people who share their rooms.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people however, all except one was awaiting review by the local authority designated officer.

Staff were trained in the MCA and DoLS and demonstrated they understood how this applied to their work.

People told us staff always asked for their consent before commencing any care tasks. We observed staff always asked for people's consent and gave them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want the care at the time.

People told us that they could see their GP and other healthcare professionals as needed. One person said, "If I need to see a GP they [staff] will phone my surgery". Relatives told us, "They are very good at getting a GP to come out if needed"; "All health needs are met very quickly; GP advice or visit is sought when necessary" and, "Staff are very helpful in keeping us up to date with relevant health information."

Records showed people saw an optician, chiropodist and were referred to other health professionals such as dieticians, physio therapists and speech and language team as needed. The service could arrange for people to see a dentist although there was less take up of this option. The health professionals we spoke with during the inspection were happy with how the service responded to people's health needs.

People told us they felt staff were well trained and able to meet their needs. One person said, "Yes, I think they're trained [staff]; one of the seniors will mentor any new staff" and another said, "I believe staff are properly trained, they don't show me any shortcomings".

Staff told us they felt trained to carry out their role effectively. The registered manager had systems in place to ensure all staff were trained in the areas identified by the provider as mandatory subjects. This included first aid; fire safety; manual handling; safeguarding vulnerable adults; infection control and food safety. Staff were trained in areas to meet specific needs of people living at the service. For example, training in supporting people with dementia, catheter care and care of people being fed through the stomach wall was provided as required. Training had been reviewed for all staff to ensure they were having the training essential to their role. For example, all activity coordinators had training in meeting the needs of people living with dementia.

Staff were also being supported to gain qualifications in health and social care. Staff had regular supervision, appraisals and checks of their competency to ensure they continued to be effective in their role. Additional supervision was offered for any staff who required it and any staff performance concerns were reviewed by the registered manager.

New staff underwent an induction when they started to work at the service. New staff shadowed other experienced staff. While they were completing this, they were extra to the staff on the rota so they had time to learn their role fully. The progress was reviewed with new staff to offer any support and advice as required. The service was aware of/ had introduced the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

## Is the service caring?

### Our findings

At the last inspection we rated this section of the inspection as Good. We continued to find the service to be good in respect of being caring on this inspection.

People praised the staff for their kindness and compassion. People told us, "The carers, they are good"; "I think that the care is very good, the way the carers talk with me, I can't find fault at all really"; "The carers are committed to caring for everyone here" and, "We are treated with respect irrespective of where we come from".

People were supported to build friendships and enjoy time with each other. When staff brought people to the lounge they were introduced to everyone by name and asked where they wanted to sit. Staff were observed coming into the lounge often and spoke with people.

The atmosphere in the service was calm and staff and people were observed interacting in a respectful, joyful and unhurried manner. Relatives said the atmosphere was "Very Good"; "Lovely"; "Very relaxed and Happy" and, "Pleasant". Staff identified if someone was anxious and needed words of encouragement. All visitors said they were welcomed by friendly, well informed staff.

A relative told us, "My mum coming here is the best decision we have made; she is very well cared for and happy." Another relative said, "The staff are always kind and compassionate. In fact, we have witnessed what we can only explain as going 'above and beyond'; the care you would hope to receive".

A staff member told us they always had time to do for a person what was need and were never rushed. A staff member said, "We treat people as individuals and do the best we can so they are satisfied and happy in our care."

People and relatives told us people's privacy and dignity were respected. Staff knocked on people's doors. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. People told us they could choose the gender of staff they wanted to have personal care from and staff confirmed this was always adhered too.

People were supported to express their views whenever possible and involved in decisions about their care and support. People's representative or advocate were consulted if it was not possible for the person to say how they wanted their care.

Staff showed concern for people's wellbeing. People cared for in bed were observed to be well cared for by staff with kindness while maintaining people's dignity. The care people received was clearly documented and detailed. Staff told us they would go and see the people in bed who were in their end stages of living with dementia to ensure they knew they were not on their own.



People and families told us of times when people were made to feel special by staff. People had their birthdays, culture and religion celebrated.

The PIR stated, "Woodland Villa clients are served and cared for by people from many different walks of life, many different parts of the world of diverse cultures and traditions, of different ages and religious affiliation. But one thing is universal in the Home - the common respect and care rendered to every client, and everybody who enters the premises. We strive to maintain a peaceful, happy, caring atmosphere. Clients and their significant others are attended to with utmost respect and dignity".

## Is the service responsive?

### Our findings

At our last inspection we rated this service as Good. On this inspection we judged them as continuing to be good in this area.

People told us their care was centred on them and their needs. One person said, "Yes, they focus on my needs" and another, "Yes, I can go to bed when I want and get up when I want. I am an early riser, I get up early". People were confident that they could live as flexibly as possible with baths, showers, meals and the care to support them to do this given as and when needed. Families told us that care was flexible around people's needs and if their loved one was ill, staff would always make sure people's needs were met. One relative said, "As mum condition changes all efforts are made to ensure she is comfortable and as happy as possible".

People had detailed initial assessments before coming to live at the service. The staff made sure any emergency admissions were carefully monitored to ensure they had the necessary information to give immediate support to people. Care plans were commenced straight away so that staff could gain people's likes and dislikes. Care plans were drawn up with people or their family's input to ensure they were accurate. These were expanded as staff got to know people which included adding a detailed personal history.

People had care plans developed that had the same format but personalised details were added to ensure staff knew what was special and important to that person. We spoke with the registered manager to ensure people with very complex needs had this planned with greater details. This was especially in respect of nutrition and hydration requirements. This was to ensure staff had the necessary details to manage this. The registered manager agreed to review this.

People, their family or advocate were involved in reviewing their care plans each month. People living at the service had different ethnic and religious identities. The service worked closely with families but also use registered interpreters when reviewing people's care plans. This meant people had their right to contribute to their care planning respected. For one person living with dementia for whom English was not their first language, the staff put in place creative ways to communicate on a day to day basis. They had worked closely with family to develop a picture board that could be used with the person to understand day to day communication. The PIR told us how important it was that people were able to maintain or regain their abilities while living at Woodland Villa. One family member told us how their relative's life had improved telling us, "The staff have worked very hard with my mum. Her health has improved both physically and mentally. Since coming here staff have worked very hard to heal her; mentally mum is very content and happy here." The service worked closely with a range of health services to obtain this.

People were supported to maintain their hobbies. The service had put in Wi-Fi recently to support people who wanted this so they could maintain contact with family and friends and access groups they were members of. One person said, "Yes, I am encouraged to continue my hobbies, I paint in oils usually from a photo". Activities were provided throughout the time we were at the service. People confirmed there was often something happening which they could chose to take part in. One person said, "There are activities, I

give them 8 out of 10 and there are singers that come as well." Staff made sure people who were in their rooms had company and were checked that they were alright. A relative also said of their relative, "She loves the entertainment, she joins in the singing" and another, "The staff often pop into the room to ask mum if she is 'OK' or needs anything."

People and staff celebrated each other's cultural and religious days. Islam, Hindu, Christian and Buddhist special days were all currently celebrated with any others added in as and when this was part of any person's life.

The service had a complaints policy in place which people told us they knew about and would use if needed. Staff made sure they acted on people's smaller concerns straight away. People also told us they were reminded of how to speak up if they had any concerns. People knew they had named staff as key workers and would speak to them also if needed. One person said, "We have a regular residents' meetings where it has been explained to us how to make a complaint" and another person said, "If I needed to make a complaint I would speak with matron".

A relative said, "I feel I can always talk to staff if I am concerned about anything. I have never had to make a complaint, but I am sure if I did that it would be dealt with satisfactorily." A friend said, "If I have any concerns I mention it to a staff member and they sort it out; I can leave the home without any worry my friend is cared for."

The PIR stated, "Every complaint, whether small or big, is promptly dealt with to ensure all parties, esp. The clients are responded to and reassured. A robust complaint procedure is in place and carefully followed" and, "Staff members are informed about any complaint received, its resolution and any lessons learned. Greeting cards are displayed for everyone to read, compliments are shared and practices that merited praise are noted and everyone encouraged to emulate". Records held by the service confirmed that complaints were investigated and feedback was given to the person and their family. The registered manager and matron ensured lessons were learnt for the individual and service wide. This meant the service improved for everyone.

## Is the service well-led?

### Our findings

During our last inspection, we rated this area as Good. We have rated it requires improvement this time due to concerns we found during this inspection.

The range of quality assurance systems that included audits and were not fully effective. We spoke with the registered manager and provider why the audits had not identified the issues we found on inspection. We were told that staff had the responsibility of checking the medicines and cleanliness of the kitchen, for example. However, they agreed this had not maintained the standards we found at the last inspection. In discussions immediately following the inspection, we were advised that they were revising how they were going to ensure the quality of the service and address the concerns raised in our feedback.

There were a range of audits completed by staff in respect of medicines, infection control, care plans, call bell response times and health and safety. These were reviewed monthly. Also, every year, the service looked back on the audits to report on what had changed. We saw that staff were excusing something as not happening "because staff were busy" in one audit.

Woodland Villa is owned and run by Denmax Ltd who owns one other care home in England. The provider came to the inspection. There was a registered manager employed to manage the service. They were supported in this role by a deputy, matron, administrator and staff trainer. Nurses, team leaders and staff with caring responsibilities all had their dedicated roles and tasks.

People and their relatives were positive about how the home was run. Everyone spoke about how approachable all the staff 'in the office' were and they could speak to any staff if they needed to. People said, "I think it's well managed, the chain of command works well" and, "The owner takes the staff out for a treat at Christmas also those residents who are able to get to go as well". One relative said they saw the provider and registered manager often and shared, "All are very approachable and responsive" and another said, "We are always made welcome and can see the [registered] manager and matron on an open house basis." The PIR detailed how the service aimed to ensure everyone, people, their relatives (or people important to those living there) and staff could feel Woodland Villa was a learning service, keen to put right anything required. The PIR stated, "A no-blame culture is cultivated, every failure, every complaint is treated as a learning experience for all. All staff meetings begin with a list of accomplishments and compliments. The annual staff appraisal highlights the staff member's strengths and weaknesses are addressed as an opportunity to learn and change".

People could attend residents' meetings and fill in half yearly questionnaires in order to feedback about the service. People were also asked to fill in a questionnaire on leaving the service. People also told us of the informal opportunities to raise question or make suggestions. One person also told us, "Matron makes a weekly visit to enquire on our welfare; she is worth her weight in gold". Relatives also told us they felt they could raise questions and suggest other ways on how the service was run. One relative said, "We can do this either at meetings or have raised it with the staff." Of the provider one relative said, "The owner is always available to talk to and he is really sociable. He takes an interest in all residents".

The registered manager was very person centred in her approach and values. They strove to keep themselves up to date with current practice. The PIR stated, "The annual staff appraisal highlights the staff member's strengths and weaknesses are addressed as an opportunity to learn and change".

When the registered manager was not available there was an on call system between the management team. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the provider. Staff said, "The provider is a good man; matron is very helpful. I can raise any issues. They all really care about the residents. They want people to enjoy being here." Another staff member said, "It is lovely working here; people are a family. Especially the boss; he's really good. There is mutual respect among the staff and managers."

The registered manager had notified the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence. A policy in respect of the Duty of Candour (DoC) was in place and all staff had been advised of the importance of being honest and open in their communication with people and their families. The DoC places a legal duty on registered people to be open and apologise if something goes wrong.

The provider had systems in place to make sure the building was maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment such as the passenger lift.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Regulation 12(1)(2)(a)(b)(g)(h)</p> <p>Risks were not always assessed and all actions taken that was reasonably practical to mitigate such risks. Medicines were not always managed safely and good infection control practices were not always followed.</p>