

# Cornwall Care Limited Woodland

## 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



### Overall summary

Woodland is a care home which offers care and support for up to 37 predominantly older people. At the time of the inspection there were 34 people living at the service. Some of these people were living with dementia. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection took place on 19 June 2015. The last inspection took place in July 2014. At that inspection the service was meeting the requirements of the regulations.

We looked at how medicines were managed and administered. We found it was not always possible to establish if people had received their medicine as prescribed. There were gaps in the medicine records for eight people. Transcribed handwritten entries on the medicine records had not been signed by two people to help ensure the risk of errors was reduced. One person's medicine record had been re-dated by hand, which

# Summary of findings

meant the records were not clear for staff administering medicines. Cream application records did not clearly direct staff when to apply prescribed cream and were not regularly completed by staff. The medicine fridge temperature had been recorded regularly at temperatures that were outside of the safe temperatures required for the cold storage of some medicines. A recent medicines audits had identified this as a concern which had not been actioned by the provider.

The service had 16 outstanding defects which had been reported to the organization regularly by the registered manager at meetings with the provider. Some defects had been outstanding since January 2014.

On one bedroom door was a printed sign stating, “Be aware that this door is heavy to open and may shut abruptly”. We were told that the doors had been checked by a maintenance person but no change in the operation of the doors had taken place. We were told one person should be able to operate their door themselves but this was not currently possible due to the defect. This did not ensure the risk of injury to the person had been addressed.

Staff received supervision and appraisals. However, some staff had not received supervision since January 2015. The service policy stated all staff should receive supervision every three months.

The registered manager was supported by a deputy manager and senior care staff. The registered manager told us their personal supervision had not been formally recorded and their external coach no longer provided services to the provider. The provider’s representative assured us the registered manager’s necessary support would be formalised in the near future.

The service kept money on behalf of people who lived at the service. We checked the cash balance held with the records, they did not balance. There was a small surplus held. A member of the administration staff usually managed the cash for people but they had left at the end of the week prior to this inspection. There were no records to show that the cash balance held had been regularly checked against the records. We were told this would be actioned immediately.

The service did not hold residents or families meetings at present. This meant the service was not providing a

regular opportunity for people, their friends and families to express their views and share ideas for improving the service provided. However, the service had carried out a survey of people that used the service in 2014.

There were systems and processes in place to monitor the quality of the service. However, we did find some gaps which demonstrated audits and checks were not always carried out effectively. For example, the medicine fridge temperature records, defects in the premises that had an impact of people who lived at the service, staff supervision and the management of people’s money.

Training and informal support helped staff to be effective in their care and support of people in the service. Staff were aware how to report any concerns of potential abuse. However, staff were not aware of Cornwall Council being the lead authority in investigating allegations of abuse. We were told training would be reviewed to help ensure staff were clear on this in the future.

People were well cared for. Staff were kind and mostly respectful when supporting people. Comments included; “The staff are wonderful always happy,” “We can always talk to staff if we need anything” and “We are very happy.”

The service had identified the minimum numbers of staff required to meet people’s needs and these were being met. Staff felt there were enough staff at the time of this inspection but commented they had been through a recent period of staff shortages.

The service had robust recruitment processes in place to ensure new staff were safe to work with older people. The service had vacant staff positions for a cook and administrator, with a housekeeping post becoming vacant in the near future which had already been recruited to.

New staff were supported with an induction for a period by experienced staff until they felt confident to work alone. Staff working at the service understood the needs of people they supported.

Care plans at the service contained information to direct staff regarding the needs of each person, and how they wished their care to be provided. Staff were aware of people’s preferences and choices. Care planning was reviewed regularly and people’s changing needs recorded. Where appropriate, relatives were included in the reviews.

# Summary of findings

Staff meetings were held regularly for all groups of staff. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

A visiting healthcare professional told us; “They (staff) do call if they need help, they seem to be doing everything well. They know their patients well, no concerns.”

People were offered choices. Mealtimes provided a choice of food and drinks. The kitchen provided food in line with people's dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Activities were provided regularly, people could spend time in the secure garden independently and people enjoyed regular trips out in to the local area.

The service had a good relationship with external healthcare professionals who ensured effective care delivery for people whenever they needed or wanted it.

Families and staff felt they could raise any concerns or issues they had with the registered manager or the deputy manager. Both were considered to be approachable and people and staff felt their views and experiences were listened to.

We found a breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not entirely safe. The management, storage administration of medicines was not safe. However, people, their families and visitors told us they felt safe.

Risks to people living at the service were identified and managed. However, outstanding defects to the premises that impacted on some people living at the service had not been addressed by the provider.

There were sufficient numbers of staff to meet people's needs.

Requires improvement



### Is the service effective?

The service was effective. New staff received induction training and support from experienced staff before working alone.

Where people did not have the capacity to make decisions for themselves the service acted in accordance with the legal requirements.

Staff were knowledgeable about how to meet individuals needs.

Good



### Is the service caring?

The service was caring. People were supported by staff who were caring and kind and mostly respected people's privacy and dignity.

People, their families and staff told us they felt listened to and their views were acted upon.

Staff respected people's wishes and provided care and support in line with their wishes.

Good



### Is the service responsive?

The service was responsive. Care plans contained information which was personalised and included life histories, this guided staff how to provide care that was individualised.

Activities provided were relevant and meaningful to people.

People, their families and visitors were confident they could raise any concerns and that the issue would be addressed appropriately

Good



### Is the service well-led?

The service was not entirely well-led. systems and processes were not always used effectively to ensure the service met the requirements of the regulations.

The registered manager supported staff and was approachable, monitored the training of all staff and arranged regular updates.

Requires improvement



# Summary of findings

Equipment used at the service was regularly checked to ensure it was safe to use.

# Woodland

## 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 checked 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 19 June 2015. The unannounced inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the provider, the registered manager, the deputy manager, five staff, four people who lived at the service and seven visitors. Not everyone we met who was living at Woodland was able to give us their verbal views of the care and support they received due to their health needs. We spoke with two visiting healthcare professionals and three families following the inspection to seek their views and experiences of the service. We looked around the premises and observed care practices.

We looked at care documentation for three people living at the service, medicines records, three staff files, training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People and some families told us they felt the service was safe. Comments included; “I am very safe here” and “We are very happy she is in a safe place.” However, one relative told us although they were pleased with the care provided for their family member now, there had been an issue in the past when the person fell and they had not been told. They also felt the incident had not been recorded effectively at that time.

We looked at the arrangements in place for the administration and recording of medicines at the service. There were gaps in the records between 10 June 2015 and 18 June 2015, where staff had not signed to show they have given a person their medicines at specific times of the day. We checked the blister packs to see if the medicines had been given. We found two peoples medicine doses remained in the blister packs at times when a signature was seen indicating the person had been given their medicine. This meant it was not clear from the Medication Administration Records (MAR) if some people had received their prescribed medicines at the appropriate times. There were three handwritten entries on the MAR which had not been signed by two staff to help reduce the risk of any errors. This was contrary to the guidance in the medicine policy held by the service. One MAR had been re-dated by hand by staff over the top of the pre-printed dates. We discussed this with the registered manager who was not aware this had been done and agreed it was not appropriate and confusing for staff.

Some people had been prescribed creams and lotions. These had been dated when opened. This meant staff were informed when the cream would expire and was no longer safe to use. However, although the cream application records did clearly show where the cream was to be applied and how, they did not contain clear guidance for staff on how often each prescribed cream should be applied each day. There were also gaps in these records which meant it was not clear from the records if people had always had their creams applied as prescribed.

Some medicines used by the service required cold storage. The fridge in which these items were stored had temperature recordings undertaken by staff daily. The records showed the fridge had reached a minimum temperature of 0 degrees centigrade and a maximum temperature of 10 degrees centigrade regularly over a

period of a month. The recommended temperature for the safe storage of medicines that require cold storage is between 2 and 8 degrees centigrade. This meant the service could not ensure that medicines held in the fridge had been always stored appropriately and were safe to use.

The two trolleys, containing the medicines used at the service, were sited in a small office room off the main lounge. The door remained open throughout the inspection, other than during the shift handover and the trolleys were locked but not secured to the wall until later on the day of the inspection. We did not see the trolleys removed from the office during medicine rounds as staff administered medicines from the office to individuals in turn. People who used the service and visitors were seen in the small office room throughout the inspection whilst the trolleys were not secured. This meant the trolleys could potentially be removed when staff were not present and did not follow the guidance regarding secure storage of medicines.

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

The service did not hold any medicines that required stricter controls at the time of this inspection. These medicines required additional secure storage and recording systems by law. We checked the records held by the service for such medicines and found that previously held medicines, that required stricter controls, had all been returned to the pharmacy and no stock was held.

Following the inspection visit the registered manager advised us that a new thermometer had been obtained for the medicine fridge. The daily readings were 7 degrees centigrade, however, the new thermometer did not record the minimum and maximum temperatures reached in the fridge over a period of time. The registered manager told us they would closely monitor the re-setting of the main external thermometer to ensure that a constant safe temperature could be assured.

The premises were in the process of being updated and renovated. There had been some redecoration of three wings of the service, however the east wing, which had been requested for redecoration in January 2015, was in a poor decorative condition. Some furniture and carpets had been replaced, however there were a total of 16 reported defects in the service dating from April 2014 which, despite

## Is the service safe?

having been raised by the registered manager at every regular health and safety meetings, had not been actioned. Some defects were affecting individuals living at the service, for example, ‘banging’ pipes in a room, and the doors to two people’s bedrooms being very difficult for people to open independently. On one of these bedroom doors was a printed sign stating, “Be aware that this door is heavy to open and may shut abruptly”. We were told that the doors had been checked by a maintenance person but no change in the operation of the doors had taken place. We were told one person was independently mobile and should be able to operate the door themselves but this was not currently possible due to the defect. This did not ensure the risk of injury to the person had been addressed.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we told the provider to take at the back of the full version of this report.

The service kept money on behalf of people who lived at the service. This was accessed by people to purchase items such as hairdressing, or toiletries etc., Once a specific amount of money was reached the rest was banked regularly. We saw the records which the service kept regarding the management of peoples money. We checked the cash balance held with the records but they did not balance. There was a small surplus held in cash. The registered manager told us a member of staff usually managed the cash for people but they had left at the end of the week prior to this inspection. There were no records to show that the cash balance held was regularly checked against the records. We were told by the registered manager this would be actioned immediately.

Staff had received training in safeguarding and were confident of the action to take if they had any concerns or suspected abuse was taking place. Staff were clear on how to report any concerns they may have with the management or the provider. However, staff were not aware that Cornwall Council were the lead authority in the investigation of safeguarding concerns and were not clear on how they would raise any concerns outside of the organisation. Staff were aware of Cornwall Care’s whistleblowing and safeguarding policies and procedures and where they could be located. We looked at the safeguarding policy and found it to contain accurate information about the various types of abuse and the

contact details for the Council and the Care Quality Commission. We discussed this with the registered manager and the provider who told us they would review the safeguarding training to ensure it was clear to staff.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example in one care plan there was clear guidance for staff on how many staff were required to move the person safely with specific equipment. One person who liked to go out to the local shops alone daily had the risks associated with this activity regularly reviewed. This showed the service was supporting the person’s desire to be independent whilst helping to ensure they were kept safe.

Accidents and incidents that took place in the service were recorded by staff in people’s records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and helped ensure re-occurrence was reduced. However, in one care file we saw that a person’s pressure relieving mattress had been found by care staff to be deflated whilst the person was in the bed. This person required to be cared for in bed at all times due to their care needs and had been assessed as being at risk from pressure damage to their skin. This incident had not been reported and no investigation had taken place to discover how it occurred. This did not protect the person from the risk of their pressure relieving mattress deflating again.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. This helped ensure people were suitable to work with older people who may be vulnerable. The service was recruiting staff at the time of this inspection. There were vacancies for a cook, a housekeeper and an administrator. The housekeeper and administrator post were in the process of being appointed at the time of this inspection. The providers catering manager and peripatetic chef were supporting the service at the time of this inspection.

People and their visitors told us there were enough staff. Their comments included; “I think there are enough staff to



## Is the service safe?

meet (the person) needs” and “Staff always chat with us.” During the inspection visit we saw people’s needs were usually met quickly. Staff told us; “Six months ago we went through a lot of shortages of staff and use of agency,” “A lot better” and “Its ok as long a someone doesn’t go off sick.” Another member of staff told us: “There is a definite problem at night with only two (staff) on, it is an issue.” The registered manager was aware of this concern and a review

was being considered. The staffing rota for the service showed five care staff on duty on the morning of the inspection with five coming on to the afternoon shift. The care staff were supported by a senior carer, the deputy manager and registered manager if required. The service accessed agency and relief staff if required. Staff told us they felt they were well supported by the management and senior care staff.

# Is the service effective?

## Our findings

People told us; “The staff are wonderful always happy,” “First class” and “Very kind staff.” Visitors told us; “We can always talk to staff if we need anything,” “One of the best homes I have been in.” and “We are very happy.”

Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. Following the inspection we spoke with three relatives to gather their opinions of the service. We were told; “I have nothing but praise for them, absolutely wonderful,” “I stayed overnight to be with (the person), they have wonderful night staff, although I have to say I feel they are understaffed at night” and “Seems all ok to me, I visit every day, the staff are nice.”

Staff demonstrated a good knowledge of people’s needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. Staff commented; “I am happy here we get good training,” “I have sufficient knowledge to deal with people’s needs” and “We have had updates recently on moving and handling and I have done dementia training.” The training records, which were monitored by the registered manager, showed what training each member of staff had attended and when updates were required. Staff had undertaken training in subjects such as fire safety, health and safety and moving and handling. Some staff had also attended additional training in dementia care to help ensure they were able to meet the individual needs of the people living at the service. One family member told us; “They care for (the person) very well.” A visiting healthcare professional told us; “They are very good here, quite switched on.” During the inspection staff were available to support people with their needs. Some people required reassurance from staff to help reduce their anxiety. We saw staff spent time explaining things to people and sit with them chatting about things that interested the person.

All groups of staff had regular scheduled meetings with the registered manager, this helped ensure staff were able to express their views and share ideas as well as receive information relating to the running of the service from management. Staff told us; “Meetings are more regular now, they listen” and “Things we talk about make the clients life better.”

Some people had a personalised picture on their bedroom door and the door to the toilets and bathrooms had large pictures on the door to help people who required orientation to their surroundings. Some people’s bedrooms contained personal pictures and ornaments which helped the service to have a familiar feel for people who lived there. Some people were living at the service for a short period of time whilst they recovered from a stay in hospital, before returning to their own homes.

In care files we saw there was specific guidance provided for staff. For example, one person had a medical condition and there was detailed information regarding this condition held on the person’s file. This meant staff had easy access to relevant information that supported best practice in the care of individual’s needs.

Staff received supervision and appraisals. However, some staff had not received any supervision since January 2015. The service policy stated all staff should receive supervision every three months. This meant the service was not following its own policy. Staff told us they felt well supported by the registered manager and the deputy manager and were able to ask for additional support if they needed it.

Newly employed staff were required to complete an induction before starting work. Staff shadowed experienced staff until they felt confident to work alone. Plans were in place for any new staff to undertake the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA) and knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions

## Is the service effective?

and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the local authority for authorisation of potentially restrictive care plans in line with legislative requirements.

Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest discussions had been held. One person had recently attended a best interest meeting to discuss whether they could return home. This had been agreed and there were plans being made for the person to go home with support. Training for the MCA and DoLS had been undertaken by some staff. Care staff were not clear on this specific legislation. However, staff were aware of people's rights to make decisions for themselves and told us of situations where they had supported people's wishes and choices where possible. For example, one person wished to independently leave the service on a daily basis to go outside. The service had a locked front door which required a code to be entered before it could be opened. This code was not available to people who had capacity to safely access the community independently. We discussed this with the registered manager who said they would

make the front door code available. This meant people who had capacity, could come and go when they chose to. The provider had just completed reviewing the DoLS policy for the group of services, which now reflected the court ruling from 2014.

We observed the lunch time period in the dining room area. We heard staff chatting to people as they were supported to join others for lunch. Comments included; "Where would you like to sit today?" and "What drink would you like with your lunch?." One person told us; "The food is nice, I am gluten free and they do that very well." We saw people were offered a choice of food at the time of the meal. There was a menu displayed in the dining area to show people what was for lunch.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. For example one person, who was receiving end of life care and was only taking small amounts of fluid. We saw there was clear guidance for staff on what type of fluids to offer the person and this was recorded in detail by staff and regularly reviewed with healthcare professionals.

People had access to healthcare professionals including GP's, and district nurses. Care records contained records of any multi-disciplinary notes.

# Is the service caring?

## Our findings

Not everyone at Woodland was able to verbally tell us about their experiences of living at the service due to their healthcare needs so we spoke with their relatives who told us; “No problems at all, I can’t fault it, the carers are nice,” “The night staff were wonderful when (the person) died, we had expected it and I had planned everything, but I live a long way away, so the night staff rang me in the night and we talked through my and (the person) wishes, they were really good” and “I see (the person) care plan and get the opportunity to sign it. I come every day to help with meals, they (staff) are always very cheerful, which is the most important thing as far as I am concerned.”

People told us they were satisfied with the care provided and the manner in which it was given. Staff interacted with people respectfully. People were well cared for. Some women wore jewellery and make up and had their nails painted. Staff showed a genuine interest in their work and a desire to offer a good service to people. Staff were aware of people’s preferences and choices. We heard one member of staff saying; “I know you like blackcurrant, but do you want anything else today?” and “I know you take sugar.” During the day of the inspection we saw staff supporting people with their needs. The atmosphere was calm and relaxed and staff were patient and caring at all times. Staff enjoyed light hearted interactions with people with comments like, “Would you like to spend time with this lovely table of good looking ladies?” and “Would you like a window seat with a view of the garden?”

People’s life histories were documented in their care plans. This was important as it helped care staff gain an understanding of what has made the person who they are

today. Staff were clear about the backgrounds of the people who lived at the service. Staff knew people’s individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings. On one occasion a person became agitated during lunch. Staff were quick to respond to the situation and diffuse it by gently suggesting the person might like to sit in another place for a while. This action was effective in calming the person.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the service as they wished, including the garden.

People’s dignity and privacy was mostly respected. People, requiring moving and handling equipment in order to move them safely, had their own slings in their rooms for their individual use. This respected people’s dignity and reduced any possible infection risk from sharing communally used slings. Staff ensured that care was provided behind closed doors and spoke in a low voice when offering to support people to use the bathroom. However, we did hear one member of staff say in a loud voice across the dining area, “Are you sorting (the person) out?” which did not show respect for the person.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People told us staff were very quick to respond to any changes in their family members condition and always phoned to let relatives know what was happening. During the inspection we heard staff take phone calls from families and then immediately go to the person to pass on information to them about their family member.

# Is the service responsive?

## Our findings

One person told us; “I am very happy, I go out on trips to all over, Flora Day in Helston and Newquay, I am going out for lunch soon. I like to read and do word searches and the activities here are good, we do skittles too.” Families and visitors were all positive about the way care was provided. People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen chatting to visitors some of which visited daily and were very familiar to them. One family member had spent the night at the service so that they could be with their family member whilst they were particularly unwell. This person told us; “They are all wonderful, I did not see one thing that bothered me in any way at all.” A visiting healthcare professional told us; “They (staff) do call if they need help, they seem to be doing everything well. They know their patients well, no concerns.”

People who wished to move into the service had their needs assessed. This ensured the service was able to meet their needs and expectations. The registered manager was knowledgeable about people’s needs.

People received care and support that was responsive to their needs because staff had a good knowledge of people who lived at the home. Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people’s support needs including mobility, communication, nutrition, hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. This consistent approach between different staff meant that people’s needs were met in an agreed way each time. Family members were given the opportunity to sign in agreement with the content of care plans. One person had recently returned from hospital with increased needs. Some of the care plan had been reviewed to reflect the

changes in the person’s condition. However, a mental capacity assessment stated the person did not have capacity to consent to care, but the care plan stated, “Continues to give informed consent.”

One person, who was being cared for in bed and required to be re-positioned every two hours as they were unable to move themselves independently. The records in this person’s room showed staff had regularly re-positioned the person in line with guidance and advice in the person’s care plan.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people’s needs and their general well-being. There was also a shift handover meeting which we attended. Staff spoke about each person who was living at the service to ensure their care needs and any outstanding actions were known to the next shift of staff.

People had access to a range of activities both within the service and outside. There was an organised programme of events including ball games and music, as well as trips out to the local area. On the day of the inspection people were enjoying a visiting activities provider supporting them with chair exercises. People had access to quiet areas and a secure garden area with seating and shade from the sun. We saw people spend time outside with visitors and independently. One person enjoyed setting the tables for lunch and was seen preparing the tables on the day of this inspection. Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were available. People told us they had not had any reason to complain. The registered manager showed us the records of all concerns raised with the service and these had been appropriately addressed and resolved in a timely manner.

# Is the service well-led?

## Our findings

People, their relatives and friends and staff told us the registered manager was approachable and friendly. They told us; “The manager is a good boss, very approachable, I could ask her anything” and “Always available if we need to ask anything.”

Staff told us; “I can talk to her and she listens” and “I have not had any supervision since last year but I feel I can go to either of them (managers) at any time and its ok, they (managers) are supportive.”

During the tour of the service there was a basement area at the foot of the stairs which was used to store unused equipment. We asked the registered manager about the two stand-aids and a wheeled walker which were stored in this area, we were told that this unused equipment had been stored at the service without the registered managers knowledge.

We asked the registered manager how they checked to ensure they were providing a good service that met people’s needs. We were told the service did not hold residents or families meetings at present. This meant the service was not providing a regular opportunity for people, their friends and families to express their views and share ideas for improving the service provided. However, the service had carried out a survey in 2014 but we were not able to view the responses to this survey. We were told it had been highlighted by the survey that some staff were knocking on people’s doors but not waiting for a response before entering. We were told this had been addressed and staff were now waiting for a response, or leaving a pause if people were unable to respond, before entering. We saw staff had adopted this practice during the inspection.

A process was not in place to regularly monitor the MAR. This meant the registered manager was not aware of the concerns raised at this inspection relating to the safe administration of medicines at the service. The registered manager had not regularly monitored the recorded temperature checks in the medicine fridge. A recent medicine audit in March 2015 by an external pharmacist had highlighted this being a concern since January 2015 but no action had been taken to monitor the fridge. However, this concern was actioned as a result of being highlighted at this inspection.

The registered manager monitored staff training and held a file which showed when each staff member had been provided with supervision. However, there was not a process in place to prompt when staff supervision was next due. The supervision policy was not being followed and some staff had not received supervision regularly.

There were systems and processes in place to monitor the quality and safety of the service. However, we did find some gaps in processes being carried out which demonstrated audits and checks were not always effectively used. For example, the medicine fridge temperatures records, staff supervision, outstanding defects that had an impact on people at the home and the management of people’s money.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager and senior care staff. Staff were provided with regular opportunities to voice their opinions or concerns regarding the service provided. Meetings were held that provided a chance for staff to share ideas and keep up to date with any developments in working practices.

The registered manager and the deputy manager worked in the service regularly, providing care and supporting staff. This meant they were aware of the culture of the home at all times. The registered manager told us their personal supervision had not been recorded in the past and they no longer had a mentor as the external coach no longer provided services to the provider. The registered manager was committed and motivated to improving the service, and had worked many days without a day off to support the service. There was evidence that the manager had not received enough support. The provider assured us the organisation's necessary support of the registered manager would be formalised in the near future.

Equipment including moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. Service contracts were in place to ensure things such as the laundry equipment, the passenger lift, water, and gas supplies were all safe to use.

Families and staff felt they could raise any concerns or issues they had with the registered manager or the deputy manager. Both were considered to be approachable and people and staff felt their views and experiences were listened to.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The things which a registered person must do to comply include the proper and safe management of medicines. Regulation 12 (1) (2) (g)</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>All premises and equipment used by the service provider must be properly maintained. Regulation 15 (1) (e)</p>