Sheffield Health and Social Care NHS Foundation Trust

Woodland View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 9 February 2016 and was unannounced. The home was previously inspected on 28 and 29 October 2014 when we found seven breaches of regulations. These included failing to ensure people received care that was appropriate and safe, and not having suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who used the service. We found that suitable arrangements were not in place to ensure choice and support, where necessary to enable people to eat and drink sufficient amounts for their needs. There were not suitable arrangements in place to ensure that people's dignity and independence were maintained .People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration and recording of medicines. The provider did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experienced persons employed. The systems to monitor the quality of the service were ineffective.

Following that inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. This inspection was undertaken to check that they had followed their plan and to confirm that they now met all of the legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Woodland View' on our website at www.cqc.org.uk'

Woodland view is a care home providing accommodation for older people who require nursing and personal care. It accommodates people who have a diagnosis of complex and enhanced dementia. It can accommodate up to 60 people in four units known as 'cottages'. The cottages are called, Oak. Willow, Chestnut and Beech. The service is situated in Norton near Sheffield.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found improvements had been made and the provider had achieved compliance with four breaches. However, we found continued breaches in three regulations: Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Care and treatment was not always person centred and was not always provided in an appropriate way to meet people's needs who were living with dementia.

People were not protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines, but we found these were not always followed.

We found there were systems in place to monitor and improve the quality of the service. However, these were not always effective.

We found that people had care and support plans in place these were regularly reviewed and updated. They identified people's needs and were updated when needs had changed. There were also risk assessments in place.

A well balanced diet that met people's nutritional needs was provided. People's weight was monitored and appropriate tools were in place to ensure people received adequate nutrition. Although there was room to improve people's mealtime experience, so that it was more person centred and less task orientated.

We saw there were robust recruitment procedures in place; most staff had received formal supervision. Qualified nursing staff had also received some clinical supervisions, although they told us they would like more frequent supervision of their practice. Annual appraisals had either taken place, or had been scheduled to take place in the next few months. These ensured development and training to support staff to fulfil their roles and responsibilities were identified.

Staff told us they felt supported, they could raise any concerns with the registered manager and they felt that they were listened to. We found staffing levels had improved so that staff were able to attend to people's needs in a timely manner. However, the frequent use of agency staff meant people sometimes received care and treatment from staff who were not familiar with their needs. Two relatives we spoke with raised this as a potential concern.

Our inspection identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the full version of this report.

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.

Appropriate arrangements were not followed for the recording, safe keeping and safe administration of medicines. People did not always receive their medicines as prescribed.

Staff could tell us how to recognise and respond to abuse. People were protected as the provider had procedures to safeguard them. However, following our inspection we made two safeguarding referrals to the local authority.

Is the service effective?

Requires Improvement

The service was not always effective.

A well balanced diet was provided. However, the meal times we observed were task orientated. People were not always given choices and staff did not interact with people to ensure the meal service was a person centred, positive experience.

The adaptation and design of some areas of the home was not conducive to meeting the needs of people who were living with dementia.

There were safe recruitment procedures in place. Staff received supervision in line with provider's policies and staff had received a yearly appraisal.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 and staff understood the requirements of this.

Is the service caring?

Good

The service was caring.

Relatives told us staff were exceptionally caring and kind. They told us staff were always friendly and patient. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained.

We saw people were involved in discussions about their care and we saw evidence of this in their care files.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was social activity and stimulation. However, this did not always meet people's individual needs.

We saw people had health, care and support plans, which had been reviewed and updated. The plans identified people's needs and had been reviewed when needs had changed.

There was a complaints procedure available to people and their relatives. Concerns and complaints were responded to by the registered manager and people were listened to.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings and regular audits. However, we found these were not always effective.

People we spoke with told us the registered manager was approachable, always ready to listen and acted promptly to address any concerns.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. Although staff felt there was not always clear management or guidance at provider level.

Woodland View

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 February 2016 and was unannounced. The inspection was undertaken by three adult social care inspectors, a pharmacist inspector and an expert by experience with expertise in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of the visit there were 49 people using the service. Because people who used the service was living with dementia we were unable to speak with them in a meaningful way. We therefore spent time observing how staff interacted and gave support to people throughout this visit. We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We also spoke with the local council safeguarding authority and assessed the information they provided to us. We contacted Sheffield Clinical Commissioning Group and took into account the information they shared with us.

We did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at documentation relating to people who used the service, staff and the management of the service. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We spoke with a number of staff during our inspection. These included 11 support workers, five nurses, two clinical educators, the activity co-ordinator, the registered manager and the site operations manager.

We also spoke with three people who used the service, and nine relatives on the day of the inspection, and received feedback from a further five relatives by email following the inspection

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we found the registered person did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experienced persons employed. This was a breach of Regulation18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been implemented in this area.

We also found at our last inspection that people did not receive safe care and treatment. This was a breach of Regulation 12(f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we identified a continued breach of regulation 12 (f) and (g) with regard to medicines management. We found the systems for administration of medicines did not ensure people received medications as prescribed.

We checked the medicines and records for 11 people across the four cottages. We found people's records contained photographs, which reduces the risk of medicines being given to the wrong person and is in line with current guidance. However allergies were not stated in two of the 11 records we checked which increases the risk of an inappropriate medicine being given to someone with an allergy.

We checked the quantities and stocks of medicines for three people on two units and found the stock balances to be incorrect for two of them so were not able to determine if medicines had been given when they were signed for. We found medicines were not always given as prescribed to ensure people's needs were met.

Three people out of 11 had their medicines given in a covert manner (hidden in a drink or food). This meant it was in the person's best interest to receive the medicines so staff disguised the medicine in food. However, we saw one person who was to be given medicine covertly to reduce the risk of seizures; on two days their Medicines Administration Record sheet (MAR) it was recorded as being 'offered but not required', this meant staff had not been following best interest decision and could have had a detrimental effect on the person.

We observed a nurse administering medicines and we saw them crushing a medicine that was prescribed to reduce low mood for a person. The crushing pot used to crush the tablet still had powder left in it which meant that person did not receive the full dose. This particular medicine had also not been given for two days as the home had run out of medicine. Another person's pain relief medicine was not given for two days as there was no stock at the home. These two people who had not been given prescribed medicines for two days as they had not been ordered in a timely. We saw the medicines had previously been taken regularly by them and as such, not taking the medicines could have a detrimental effect on their well-being. We referred these concerns to the local authority safeguarding team.

We found two other people were taking medicine that was being given after food, despite the directions stating to be given an hour before food. This meant people were not receiving their medications as prescribed and could affect their wellbeing.

Three of the 11 people's records we checked were prescribed fluid thickeners to aid swallowing food and liquids. The fluid thickeners were prescribed for each person; however they were being used communally and were not always stored in their original container. One unit had fluid thickener in a cup which was not labelled; we had to ask the nurse to identify it. This was a risk because it could have been mistaken for something else. It also meant directions for use were not available to staff to ensure people had their fluids appropriately thickened to prevent the risk of choking.

Medicines were stored in a dedicated clean and tidy medicines room that was air conditioned to keep the medicines at the correct temperature. However, fridge temperatures were not always recorded daily on three of the cottages and temperatures recorded outside of the recommended range had not been acted upon. The fridge on one of the cottages had a urine sample in it, which is an infection control risk.

This is a breach of Regulation 12(2) (f) (g) the proper and safe management of medicines; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The spoke with relatives of people who used the service to gain their view about how safe they thought the service was. All the relatives we spoke with told us they thought the service was very safe. One relative said, "In the five and a half years since my (family member) has lived there, (family member) has maintained their general health and not suffered from falls, this shows staff are looking after (family member) very well." Another relative said, "I feel this is a safe environment."

Staff demonstrated a good understanding of people's needs and how to keep them safe. They described the different ways they tried to reduce the risks relevant to each person. For instance, one staff member told how hip protectors had been obtained for one person, to reduce the risk of injury, as they were prone to falls. They told us, "We look at people's footwear [to make sure they are suitable], remove any obstacles out of the way, guide them and make sure spills are cleaned up promptly."

A nurse told us that staff had discussed risk management that week, adding that they were looking at introducing a risk file so staff had easy access to information about the risks affecting each person. They said they had also discussed this information being available in people's rooms.

Care files looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Each person also had a personal evacuation plan in case of fire. We saw that risk assessments had been reviewed regularly.

Staff told us they had completed training on how to manage behaviour that may challenge and restraint. One staff member said they had received training to level two standard. They said the training had been focussed on meeting the needs of the people they supported at the home.

Staff told us they had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. They said they had received training in this subject as part of their induction and refresher courses were available. Staff were aware of the company's whistleblowing policy and their role in reporting concerns.

We found the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. Application forms had been completed, two written references had been obtained and formal interviews arranged. The registered manager showed us a format which was used

consistently when potential new staff were invited for interview and group discussion. A similar format was used when employing nursing staff. All new staff completed a full induction programme that, when completed, was signed off by their line manager. We were told that all new staff also attended a four day corporate induction based at one of the Trust's training venues.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. We checked eight staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Following our inspection in October 2014 the provider reviewed the number of staff on duty on each of the four cottages. They had increased the care staff and introduced a 'clinical educator', which helped to support the day to day management of each of the cottages. Through our observations and discussions with relatives and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home.

The registered manager showed us the staff rotas which were consistent with the staff on duty. We noted that agency staff were being used on a regular basis to cover for staff sickness and leave. We saw this was mainly for night shifts. The registered manager told us that there was a recruitment drive to employ more nurses and they hoped this would alleviate the need to use agency staff. Staff we spoke with told us that they primarily worked on one cottage, but were sometimes asked to cover on other cottages, if required. They told us they did not mind moving onto another cottage, as it gave them the opportunity to meet other people who used the service.

We spoke with four relatives about the levels of staffing on the four cottages. They told us that they had found the increase in staffing meant care could be delivered safely. However, two relatives did raise the issue of the frequent use of agency staff. One relative said, "I know sometimes they have to use agency staff, but the manager is trying to employ more nurses, so hopefully it will resolve the nurse shortages." Another relative said, "There is always staff available to answer any questions I may have had. It is sometimes more difficult when it is agency staff, as they do not know my family member as well as the permanent staff do."

Requires Improvement

Is the service effective?

Our findings

At our previous inspection we found people's nutritional needs were not met. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the care and treatment of people who used the service was not always provided with the consent of the relevant persons' in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found the provider did not take proper steps to ensure each person did not always receive care that was appropriate, met their needs and was person centred. This was a breach of Regulation 9(3) (b)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements in regard to regulations 14 and 11 and we found there were adequate measures in place to ensure compliance. However, we found a continued breach of Regulation 9, the care and treatment of people who used the service was not always appropriate to meet their needs and reflect their preferences.

We joined a group of people eating their meals. We carried out a SOFI during lunch and teatime. We observed that people were mostly seated in the lounge chairs and staff told us this was their choice. We observed some people found it difficult to sit throughout their meal and staff encouraged them to return to eat more of their meal. We did not see anyone being offered finger foods, which they could have eaten while moving around.

We found people experienced mixed experiences throughout the two meals we observed. In Oak Cottage people were supported to eat their meal and staff did this in an unhurried encouraging way. People were offered aprons to protect their clothing and staff made sure they were sat at the side of the person they were assisting to eat their meal. However, in Beech Cottage we did not find the dining experience as positive. At lunch time on Beech Cottage some people sat at tables but others stayed in their chairs. We did not see people were given a choice of where they wanted to sit. We also saw staff put meal in front of people with little or no explanation or interaction to explain what the meal was or if they required any assistance. Staff made little effort to engage or chat with people they were supporting. There was a board to display menus but his was blank and no picture menus were displayed to help people make choices of what they wanted to eat. We saw people were not served meals together, one person who had a pureed diet was given their meal at 12.05pm and others were not served until 12.30pm.

We observed one person being given their breakfast at 11.25am; staff told us they had only just got up. However, we then saw the same person being given lunch at 12.35pm. We did not see they were given a choice of when to have their lunch. This was only a gap of one hour and ten minutes between meals. We asked staff if people could have their breakfast in bed so they could have it earlier, rather than waiting after they were washed and dressed. Staff told us they always had it after they got up. This did not ensure care

and support was individualised or person centred. If someone wanted a late breakfast they should have the choice of a later lunch.

Two people were observed to be sitting in low lounge chairs and were served their meal on 'over tables', which were set at a height more suitable for someone having their meal in bed. This meant the two people could not easily help themselves, or see the meal that was left for them. We asked staff if the tables could be lowered, but they said they could not.

We saw that one person became agitated during the evening meal. Therefore, for safety reasons the meals was served from inside the kitchenette. This meant others diners could not smell or see what was being served to them. The nurse was able to distract the person who was agitated and we later saw them sitting at the table with the nurse, who had been successful in persuading them to eat their meal.

We found on some units the meal time experience was not a pleasant experience for people who used the service as it was task orientated and not person centred. However, some meal times provided a positive experience for people. The mealtime we observed in Willow Cottage was calm and organised with staff sitting with people to offer assistance as needed. They chatted to people and encouraged them to be as independent as possible.

We saw some relatives visited during meal times and they told us they liked to visit to assist their family member with their meal. One relative we spoke with said, "My family member has always been given a meal option." They went on to explain that their family member; could no longer speak, but the carers used their prior knowledge and carefully monitored the person's response to food, in order to make choices for the person. The relative said, "At mealtimes, staff gently feed my (family member), giving my (family member) their full attention and care." Another relative told us they thought there was always plenty to eat and a variety of foods on offer.

Care files included information about people's nutritional needs, and their likes and dislikes. We saw this information was also displayed in the unit's kitchen. We saw MUST assessments had been used, this is a malnutrition universal screening tool to help assess people that may be at risk from poor nutrition and hydration. Where it had been identified people were losing weight, or needed to gain weight, action had been taken to increase their daily calorific intake. Staff explained how cream and butter were added to food to fortify them. Supplements were requested from GPs when needed and people's weight was monitored carefully. We saw staff recorded what people had eaten each meal time and senior staff checked and signed to acknowledge they had considered the recorded information.

Staff told us a varied menu was available which catered for individual people's dietary needs. A care worker told us, "We know what [people using the service] like and how they need their food, such as a pureed, or fork mashable diet. In the kitchen it tells us about what they like and dislike, what utensils they need to use, and things like who needs their fluids thickened."

There was a small menu on one of the tables in each of the cottages we visited. However, the writing and information was too small for people to read. For people living with dementia this could be confusing, as they may not remember which meal they were seated for. We spoke with the registered manager about this and they agreed that the dining experience could be improved. The service of the meal was from a heated display trolley which was moved into the entrance of the kitchenette during service. The main meal of the day was served at teatime with a lighter lunch consisting of jacket potatoes or sandwiches. The meals in the service were bought in pre-prepared they just required heating and serving. We found because the meals were not prepared from scratch in the service but from a central kitchen it would be difficult for further

choices to be available.

We looked around the environment and saw some improvements had been made to make it more dementia friendly. However, most of the tactile collages and prints were on the long corridors between the cottages. This meant they were not easily accessed by people who used the service, as for safety and security reasons doors leading onto the cottages were locked. There was little or no stimulation on the walls in the cottages; in fact we saw office type notice boards with statistics and reports displayed. These were more for relatives and visitors to see.

Although the home mainly supported people living with dementia and corridors had dementia friendly stimulation, such as reminiscence wall decorations, we did not see many adaptations on the units. There was only minimal dementia friendly signage, on toilets We saw no evidence of memory or rummage boxes, and there were no reminiscence or tactile wall decorations in the living areas readily accessible to people who used the service.

We saw the bathrooms and toilets were very clinical. They were painted white with white suites. There were no adaptations to meet the needs of people living with dementia. Environmental Assessment Tool from Kings fund 2014 suggests bright contrasting colours make it easier for people to identify things and find it easier to locate things having different colours on walls and doors.

This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.□

We spoke with a former relative, who was involved in setting up a charity to raise funds for the service and was part of the governance committee. They told us about the BBC garden. The charity was successfully chosen by the BBC to develop a dementia friendly garden, which was accessed from one of the cottages. The relative showed us the area which was designed and modelled using research and best practice guidance. Relatives we spoke with told us the garden was liked and used during the summer months, and we were shown pictures of last year's summer fayre which took place in the garden.

The electronic care planning system provided information about people's capacity to make decisions. We saw that where people did not have the capacity to consent the requirements of the Mental Capacity Act had been followed. The records we checked included a record of best interest meetings held and decisions made. The best interest decisions were specific and involved all the relevant people involved in the person's care. For instance, we saw a meeting had taken place to discuss what to do if a person refused to take essential medication.

Care staff we spoke with were knowledgeable about the Mental Capacity Act 2005. They told us they had received training in this subject during their induction to help them understand how to protect people's rights. The registered manager told us that staff at all levels had recently completed a workbook which incorporated the Mental Capacity Act and Deprivation of Liberty Safeguards.

All of the relatives we spoke with told us that staff kept them informed and involved in all of the decisions around the care of their loved ones.

Records we looked at confirmed staff were trained to a good standard. The registered manager told us all staff would complete a comprehensive induction which was relevant to their roles and responsibilities. Staff were expected to work alongside more experienced staff until they were deemed to be competent. Training was a mix of face to face and on-line training and the registered manager showed us the training matrix which identified when staff required refresher training in mandatory subjects. Staff had also recently

undertaken a course looking at respect, which had been arranged specifically for the service.

A recently recruited nurse confirmed they had completed a thorough induction which included completing the company's mandatory training and shadowing a nurse for a period of time. They told us, "The clinical educator went through everything with me, I had to complete computer training and sit in at meetings [with other qualified staff]." The nurse also told us they had trained to be the manual handling trainer as well as becoming an assessor for the care certificate programme. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. The registered manager told us that annual appraisals were due to take place between the months of March and June.

Staff confirmed that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something. Team meeting at various levels were also used to support staff and to pass information about the Trust. They also provided staff with the opportunity to raise concerns and discuss work practice. We saw minutes of meeting which included clinical, cottage and governance meetings which confirmed that staff were reminded that supervisions should be brought up to date. One staff member told us, "Since the new manager came things have improved. We have support worker groups twice a week, last week it was about hand massaging."

Nursing staff we spoke with confirmed that they had opportunities to discuss their work practice, but some said they would like to have clinical supervision more frequently. We raised this with the registered manager during feedback following the inspection.

Good

Is the service caring?

Our findings

At our previous inspection we found the registered person did not have suitable arrangements in place to ensure that people's dignity and independence were maintained as far as practicable, or to enable service users to make, or participate in making, decisions about their care.
This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found suitable arrangements were in place to ensure people's dignity was maintained and there was evidence they were involved in decisions or their relatives.

Relatives we spoke with were consistent when describing the care provided at the home. They all expressed complete satisfaction and confirmed they thought staff were very caring. One relative said, "From the moment my (family member) first went to Woodland View my (family member's) behaviour has never been seen as a problem, just a normal deterioration of the disease. Its a great comfort to us to know that they don't view my (family member) as a 'problem'." Another said, "I have peace of mind that my [family member] is being cared for appropriately and with compassion and that is worth everything to our family." Another relative said, "My (family member) always has carers around chatting to them. I have never been with my (family member) without carers present. My (family member) increasingly spends time in their room where people come in every twenty minutes. Often, I will have been let in by a nurse and the carers don't know I'm there, so I am confident that this is common practice."

Although at times we found staff were task orientated and did not always interact with people who used the service. When we observed staff supporting people to go about their daily lives and take part in social activities we saw this was done in a very caring and responsive manner.. We saw staff interacting positively with people who used the service throughout our inspection. They gave each person appropriate care and respect, while taking into account what they wanted.

We observed staff were kind and considerate. We did not hear any staff member speak unkindly about or to the people they supported. Staff showed that they knew individuals very well. Especially the activities co-ordinator, who made sure that they spoke to every person by name and made general conversation with them.

We saw staff gently guiding and supporting people who were restless. We observed staff diffusing what could have developed into an incident, when one person did not want another to sit next to them. Staff dealt with this with insight and understanding.

People's needs and preferences were recorded in their support files. One care worker told us how one person preferred to be supported by female care workers, and this was respected.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They felt the care provided was very person centred.

People were given choice about where and how they spent their time. We saw staff enabled them to be as independent as possible, while providing support and assistance where required. Staff gave examples of how people could choose what time they went to bed and got up and the activities they joined in. When talking about a particular person, one care worker told us, "They like a bit of banter with staff. They know what time they want to go to bed and will tell you." At mealtimes we saw that some staff asked people if they wanted protection for their clothing.

Staff we spoke with gave clear examples of how they respected people and maintained their privacy and dignity. One care worker said, "It's about not belittling people. You talk to them properly, use their preferred name and get down to their level to talk to them." Staff spoke about covering people up while providing person care, offering them privacy when it was requested and not rushing people to make a decision or do something.

Staff told us how people were supported to decide their end of care wishes. They said this would include a referral to their GP and meeting with their family. If the person was unable to speak for themselves they said a decision would be made around what the person would want, such as to stay at the home rather than go into hospital.

Requires Improvement

Is the service responsive?

Our findings

We asked relatives if their family members had opportunity to join in activities. One relative said, "Regular and relevant entertainment is available to my (family member), an example being a recent singer who sang songs by the band, the Eagles. It was lovely to visit another cottage and have carers who don't work directly with my family member) acknowledge that the Eagles were my (family member's) favourite band. This is a testament to the extended 'family' of carers that the home provides."

One relative said, "We are well informed about my (family members) care and trust that their nurse and carers always have their safety and best interest at heart. Friends who visit my (family member) always comment on how well cared for my (family members) is, and how well they look. Carers maintain my (family member's) dignity by treating them with respect, dressing them with attention and care, and maintaining high standards of personal hygiene. I have never witnessed any resident who has not had their dignity maintained. Residents are treated with the respect that they deserve."

A person who used the service told us, "Everyone is absolutely brilliant, staff are like friends to me. They look after me." Another person said, "Staff know me too, which makes a difference."

We looked at people's care records, these were electronic. The care records we sampled demonstrated that needs assessments had been carried out before people moved into the service, and they and their relatives had been part of that assessment.

Care files checked contained detailed information about the areas the person needed support with and risks associated with their care. We found where support by staff was needed a care plan had been put in place along with details about how staff could minimise any identified risks. Care plans and risk assessments had been reviewed monthly.

We found in one person's records that information about their wound care was not complete and contradictory. Although the person's care needs were being met, records did not provide evidence of this. The care plan detailed that the person had an area that required cream applying, but did not mention a dressing being applied. However, the daily notes we samples talked about a dressing being in place, or needing changing. When we asked the nurse on duty she was unaware that a dressing should be applied, or the reason why. We checked other records and found the GP had recently prescribed a dressing for the person. However, the care plan had not been updated to reflect this change and the information had not been included in the daily handover record . The person in charge asked staff to update the care plan before the end of their shift, which we saw they did. We also saw there was no body map or wound mapping records in place. Staff said they did not know if these records were available on the computer system. We discussed this with the person in charge so they could look into it further. We also discussed this with a clinical educator who told us this had been identified and the electronic records were being improved, to ensure there were links in each care file to additional records, and this would include body maps.

The service employed two activity coordinators. However, at the time of our inspection one was on sick

leave. In the morning we spent time on all the cottages and saw very few activities taking place. People were sitting in the lounges with no staff present, so no social stimulation or interactions were seen. We saw staff were busy in the mornings, getting people up and dressed, so the interaction was very task orientated. In Beech Cottage, in the morning we sat and talked with people who were sitting around and they engaged, smiling and laughing.

We identified one person was nursed in their room and the door to their bedroom was locked. When we asked staff to open the door and we entered the person, responded to conversation with eye contact and smiles. They enjoyed the company. We asked the registered manager why the door was not open so they could see staff passing by and hear staff and people around. The registered manager told us this was for the person's safety, to stop other people who used the service walking into the room. This could lead to isolation and exclusion. We asked the registered manger to review this and look at other methods to ensure their safety and well being while in bed. They agreed to do this and confirmed this in writing in an action plan they submitted following our visit.

In the afternoon we saw people joined in with an arranged music and dancing session. Everyone who attended seemed to really enjoy this session. The atmosphere was jolly and uplifting and people were enjoying themselves. They were smiling and engaged. All of the staff in attendance engaged with people and this was in contrast to what we had observed during the morning.

In the afternoon we saw other people using building blocks and joining in ball games. Staff told us people went for walks and one to one sessions also took place. One care worker said they had escorted someone to the theatre, which they said the person really enjoyed." They went on to describe how a set of headphones had been acquired for another person who liked to listen to hymns. They said this helped to calm the person. On the noticeboard there was an activities programme, but this was not in a format that most people living at the home could understand.

On one unit there was access to the safe garden. This had been developed as a sensory garden for people living with dementia. However, staff told us people did not access this on their own, so there was still limited access to outside space. Also the three other units did not have direct access onto this garden. We discussed this with the registered manager who agreed to look into access, as there was potential to use other entry points so more people could access the garden.

We spoke with the activity co-ordinator and asked them how people chose what activities they wanted to do. They told us that the decision was made for them based on information they obtained from reading people's life histories and getting to know their likes and dislikes. They also told us they asked family members. They made a record when people had enjoyed an activity, so they knew what they liked and what they had engaged in, to be able to achieve a positive experience from the activity.

The provider had a complaints procedure, which was available to people who lived and visited the service. We saw comment forms were available in the reception area, so people could share their opinion of the service provided. The compliments and complaints file had 12 compliments recorded, and no complaints. When we asked staff about this they said only one concern had been raised in the last year, and that was very recently. We saw an electronic record of the concern which had been addressed and the outcome had been completed.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found the registered person did not have effective systems in place to monitor the quality of the service delivery. This was a breach of Regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered manager had implemented some quality monitoring and was working hard to ensure the service improved. However, we found some of the monitoring had not identified the medication errors we found during our inspection. This meant at times they were not effective. It had also not been identified that people's meal time experiences varied depending on what cottage people lived in. We also identified some care and support was provided in a task orientated way, rather than in person centred way, and the environment was not conducive for people living with dementia. The home's quality monitoring had also failed to identify the improvements still required to ensure people living with dementia had all their individual needs met.

We also identified that there was a high use of agency nursing staff. These ensured staffing levels were maintained to meet people's needs. However, we were told the agency staff did not have access the electronic care planning system. Therefore, they were not able to look at information about people's care needs. Staff told us this caused difficulties, as they could also not record any changes in the care records. The monitoring systems had not identified this. The registered manger and provider have confirmed to us, since our inspection, that this has changed and any agency staff working now had access to the care records.

Relatives we spoke with raised concerns regarding agency staff. One said, "Staffing concerns me. Agency staff are not familiar with individuals, and some are not caring."

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manger had improved the monitoring of peoples weights and incident's and accidents. We saw the nutritional tool was reviewed each week for all people identified as at risk, and any changes were reported to registered manger and monitored. We also found the monitoring of accidents and incidents had identified that additional staff were required at certain times, and the additional staff had been provided to reduce the risks of incident's and ensure people's needs were met.

Staff we spoke with were complimentary about the management team in the service saying they were approachable and that they enjoyed working at the home. However, many told us they felt they did not get support from the Trust management team and felt they were not part of a Trust, but a stand-alone service. Some staff told us decisions were made and they were not given any explanation at times and this was very frustrating. However, all staff acknowledged that the registered manager was very good and always gave then as much information as they knew.

Staff said they were well supported by the registered manager and discussed various meetings that took place, for instance the qualified staff meetings and support worker workshops.

When we asked staff if there were any areas that could be improved and most said staffing. One staff member said there was "Nothing." Another staff member commented, "Meals, fresh food and more flexibility (with mealtimes)." They also suggested the environment on the units could be more dementia friendly, with things people could do on their own, and things they could touch and smell, like herbs and tactile pictures.

There is an active Woodland View Dementia Support Group that held monthly meetings. Minutes for these meeting were unavailable, but feedback had been summarised and displayed on notice boards in the main reception corridor.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who use services did not receive care and support that was person centred and met their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected as the provider did not have effective systems in place for monitoring the quality of the service provision.