Porthaven Care Homes No 2 Limited

Woodland Manor Care Home

Inspection report

Micholls Avenue
Chalfont St Peter
Gerrards Cross
Buckinghamshire
SL9 0EB

Tel: 01494871630
Website: www.porthaven.co.uk

Date of inspection visit:
05 November 2018
06 November 2018

Date of publication:
27 December 2018

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 the 5 and 6 November 2018. The inspection was unannounced. At the previous inspection in March 2018 the provider was in breach of Regulations 9, 12,13,17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of that inspection we served a requirement notice in respect of breach of Regulation 9 and 13. We also served a warning notice in respect of the breach of Regulation 18 and imposed positive conditions in respect of breach of Regulations 12 and 17.

We carried out a focused inspection in June 2018. That inspection was to follow up on the warning notice we had served in relation to the breach of Regulation 18. We found the warning notice had been complied with and that progress had been made in meeting Regulation 12 and 17. However the service was not fully complaint with Regulation 12 and 17 and we continued to monitor that through the actions plans been submitted to us.

Following the last two inspections, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well- led to at least good. At this inspection we found improvements had been made to the caring domain. However, there were continued breaches of Regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and improvements were still required to ensure the service was safe, effective, responsive and well-led.

Woodland Manor is 'a care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Woodland Manor accommodates 64 people across four separate units. Two of the units specialise in providing care to people living with dementia. The other two units are described as nursing care units. At the time of the inspection there was 45 people living in the home. The home is purpose built, with all bedrooms having an en-suite shower, shared communal dining and sitting room facilities. It has a separate dining room for special occasions, a cafe bistro at the entrance to the home, a cinema and activity room which is accessible to people.

The service is required to have 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.' The service had a manager who had applied to the Commission to be registered.

The majority of people and relatives spoken with felt the service had improved since the two previous inspections. This was because they had built positive relationships with staff, the staffing levels were better,

team work was promoted and they reported staff seemed happier, communication between people, relatives and the service had improved and activities were more varied and appropriate to the needs of people.

The staffing levels had increased on some units. A host was consistently provided on the ground floor units to serve meals and take the pressure of serving meals away from the care staff. The service still had a high use of agency staff but requested regular agency staff to promote continuity of care. Permanent named staff were allocated to specific units which promoted better continuity of care to people. However, some people and staff felt the staffing levels were not maintained and gave examples where there was a delay in their care needs being met. The rotas and allocation sheets viewed showed the suggested staffing levels were not consistently maintained, but this had not been audited and addressed by the service.

Risks to people were identified but not always appropriately managed. Systems were in place to ensure medicine was safely managed, however time specific medicines were not given at the prescribed times.

People were consulted on their day to day care, however the Mental Capacity Act 2005 was not followed for people who lacked capacity to make decisions about their care.

People had care plans in place but they lacked specific detail on the support required. The provider confirmed that person centred care planning is an on-going process that they are committed to improving. Access to activities had increased and the activity programme had been developed in line with people's abilities and choices. This was still work in progress.

Records relating to people and the running of the service were not accurate, up to date and suitably maintained. A new audit system had been introduced in October 2018. This was not yet effective and fully established to bring about the required improvements to the service.

Staff were kind and caring. They had developed open and more trusting relationships with people and their families. People's communication needs were not identified and met in line with the Accessible Information Standard. A recommendation has been made to address this.

Systems were in place to safeguard people. Staff were suitably recruited, trained and had an awareness of their responsibility to report poor practice. Staff competencies were not assessed. A recommendation has been made to address this.

Systems were in place to induct and train staff. The service had accessed external trainers and was keen to further develop the training on offer. Staff told us they felt supported but staff were not having one to one support meetings at the frequency outlined in the provider's policy. A recommendation has been made to address this.

Some people, relatives, staff and professionals were happy with the way the service was managed. They felt the manager had brought about positive changes and had developed a more cohesive staff team to support them. The manager recognised the challenges of the service. They told us they had the support and backing of the organisation to improve the service. The manager was committed to improving the service but felt this was not something that could happen overnight.

People were provided with the information to raise concerns and resident and relative meetings took place to enable them to raise concerns and share positive views about the service.

People's medical and nutritional needs were identified and met. The service had developed good working relationships with other health professionals. There was mixed feedback on the meals provided, with some people telling us they were very good, whilst others were not impressed with the overall quality of some meals.

The home was clean, suitably maintained, health and safety and infection control were appropriately managed.

At this inspection the provider was in breach of Regulations 9,11,12,17 and 18 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People's risks were not appropriately managed, which put them at increased risk of injury.

People's time specific medicines were not consistently administered at the prescribed times.

People were provided with more staff than previously, but the staffing levels indicated by the manager were not routinely provided.

People were safeguarded as staff were provided with the information on how to keep people safe. Staff were suitably recruited to promote people's safety

Health and safety and infection control was suitably managed, which promoted a safe environment for people.

Is the service effective?

Requires Improvement

The service was not always effective

People who lacked capacity were not adequately supported. This was because the Mental Capacity Act 2005 was not followed.

People were supported by staff who were inducted and trained. Staff felt supported but formal one to one meetings were not routinely happening in line with the organisation's policy.

People's nutritional needs were identified and met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People's privacy and dignity was promoted.

People's communication needs were identified, but the provider was not working to the Accessible Information Standard.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were not person centred and specific relating to the care and support people required.

People were provided with more person-centred activities and activities were being developed and promoted.

People were provided with information on how to raise a complaint.

Systems were in place to support people who required end of life care.

Is the service well-led?

Requires Improvement

The service was not always well-led

Records were not suitably maintained, up to date and accurate.

The manager was committed to bringing about improvements to the service. However, auditing was not yet effective in bringing about the required improvements.

Woodland Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 November 2018, and was unannounced. The inspection was carried out by two inspectors on day one, three inspectors and an expert by experience on day two of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was provision of care for older people and people living with dementia.

Prior to the inspection we reviewed the information we held on the service, such as notifications and safeguarding alerts or concerns. A Provider Information Record (PIR) was not requested. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make.

We contacted health care professionals involved with the service to obtain their views about the care provided. We have included their written feedback within the report.

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

During the inspection we walked around the home to review the environment people lived in. We spoke with the nominated individual, manager, four registered nurses, four team leaders, eight care staff, the home's trainer, the organisation's clinical auditor, acting head chef, head housekeeper, two housekeepers and the

maintenance technician.

We spoke with ten people, ten relatives and a friend of a person over the course of the two days.

We looked at a number of records relating to people's care and the running of the home. These included fourteen care plans and five people's medicine records, staff rotas, daily allocation sheets, seven staff recruitment files, 12 agency profiles including their induction to the service, seven staff training and supervision records.

We asked the provider to send further documents after the inspection. The provider sent us documents which we used as additional evidence.

Requires Improvement

Is the service safe?

Our findings

At the previous inspections the service was in continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because safe care and treatment was not always provided. We took enforcement action and imposed positive conditions on the provider to ensure risks were managed, audited and action taken to address any shortfalls. At this inspection there was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's electronic care plans contained risk assessments in relation to risks associated with mobility, pressure areas, behaviours and moving and handling. A person who had regular falls was deemed as being at a medium risk of falls. During discussion with staff, some staff believed the person was at a high risk of falls, whilst other staff told us the person was at a medium risk of falls. The number of falls recorded would suggest they were at a high risk of falls but this had not been picked up and therefore was not being appropriately managed. The reviews of the falls risk assessment referred to the falls but did not consider that their risks had increased. Another's person's electronic care plan made reference to them being a high risk of falls due to their agitation but their falls risk assessment indicated they were a low risk of falls. Therefore, the risks were not mitigated and managed.

A third person's electronic care plan indicated they were at risk of choking. However, there was no risk assessment in place to mitigate the risk. Their care plan suggested they needed prompting and encouragement to eat and drink but there was no reference to the level of supervision required if any to mitigate the risk of choking. Their care plan indicated they were to be seated in the correct position but no guidance was provided as to what the correct position was.

There had been a recent incident of a person pushing over another person. This did not trigger any change in the management of the person's behaviour to promote theirs or other people's safety.

Risk assessments were regularly reviewed, but the reviews failed to pick up the issues we found and actions were not taken to mitigate risks to people.

At the two previous inspections a person who had weekly physiotherapy input required staff to assist them to mobilise regularly. Their falls and moving and handling risk assessments made no reference to this need and the daily records did not include an entry to say their mobility was promoted. At this inspection the moving and handling and falls risk assessments still made no reference to the physiotherapy involvement and the progress records did not show mobility was routinely encouraged. Some staff spoken with were unaware the person needed to be mobilised regularly, whilst other staff told us "They didn't always get the time to do it." We saw from the accident reporting that the person fell on a regular basis. The accident and incident report and manager's sign off did not show that measures were put in place or considered to mitigate the risk. The manager told us they had liaised with the next of kin with a view to trialling other equipment. This was not recorded on any of accident/ incident reports viewed and was not reflected in the person's moving and handling and falls risk assessment.

At the previous inspection in June 2018 time specific medicines were not given as prescribed. At this inspection staff were more aware of their responsibility to ensure those medicines were given at specific times. We observed they had set timers to remind themselves of that. However, in the medicine administration records viewed there were still occasions when time specific medicines were given from 30 minutes late up to two hours late. On some occasions, explanations were given. On other occasions, no explanation was provided. For one person their time specific medicines were given almost four hours late. For another person their 11.30 am dose was given at 9.30 am with a comment to say given early as assisting residents. This person had their 7.30 am dose at 7am which meant there was only a two and half hour gap between their medicine as opposed to four hours and they then had to wait till 17:30 for their next prescribed dose. This meant their medicine was not given as prescribed and instructed on their medicine administration chart. This had the potential to have an impact on the condition they were prescribed the time specific medicines for.

Medicines were administered by nurses, or by senior carers trained to administer medicines. The provider used the electronic care system for medicine administration, including recording administration. The system recorded the exact time of administration. We checked the management of medicines and observed medicines being administered. We saw when a medicine giver went to administer a time specific medicine that the electronic medicine system gave an alert to indicate the interval between that and the previous dose had not lapsed. However, the staff member went ahead and administered it. They told us" The nurse had told them it was ok to give." The medicine record showed that administration times were 0830, 1300 and 1800 hours, so the interval between breakfast and lunch doses was 4 hours 30 minutes. It was therefore established that the wrong minimum interval time had been entered into the electronic care system. This was fed back to the Director of Nursing to address.

These are continued breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because safe care and treatment was not consistently provided.

Records were in place of medicines received, administered and disposed of. The service used approved homely remedies such as paracetamol and senna. Protocols were in place to guide the use of PRN (as required) medicines were these to be required by individuals. Medicines were stored appropriately and records were in place to show that controlled drugs were managed in line with the required legislation.

The service had people who had been admitted to the service with pressure sores. Wound management plans were in place, which included photos of the wound and progress being made in bringing about improvement. Turning charts were completed which showed positioning was changed when the person was in bed.

At the previous inspection in March 2018 the service was in continued breach of Regulation 18, which meant sufficient numbers of staff were not provided on shift. We took enforcement action and served a warning notice in respect of the breach. At the inspection in June 2018 we found the warning notice had been complied with. Extra hosts were recruited for the ground floor units to serve meals and refreshments and extra care staff were provided on the dementia care units to ensure sufficient staff were available to support people. At this inspection staff and relatives on the ground floor dementia care unit confirmed the host remained in place and more staff were provided on each shift. They were satisfied that the staffing levels were usually maintained to enable staff to support people adequately. A relative commented "I think the staffing levels fluctuate."

Staff on the dementia care unit upstairs told us they had no host and therefore they were required to serve meals, as well as providing care to people. Three people required two staff to support them with moving and

handling needs. Staff told us the staffing levels had increased after the previous inspections but had recently decreased from four care staff to three care staff in the morning. They told us they were not given any explanation as to why that was the case. We observed at lunchtime that a person who used a wheelchair asked to go downstairs. A staff member told them "I have to do the lunch." Another staff member told them "You'll go down in a minute, don't worry." At this time one staff member was serving lunch (acting as host) while the other two staff members were attending to other people. The person waited at least 15 minutes (from 13:00 to 13:15) for a staff member to become available. At 13:20, we observed that five people were in the lounge on Buckingham unit with no staff member present. When one of the staff members had gone for a break, this left two staff on the unit.

The manager told us the staffing levels had reduced only recently on that unit as one of the people with high needs was due to move to another unit, but the move had not gone ahead when scheduled. They were moved in the afternoon of day one of the inspection. We reviewed the rotas and allocation sheets for a period of 14 days. We saw that over a period of 10 days the fourth staff member was not provided on the early shift on that unit. The provider confirmed the deficiency in the rota on some days, was due to last minute sickness which was out of their control.

Staff and people on the ground floor nursing unit also felt the staffing levels were not sufficient, particularly in the afternoon. People commented "Personally no, there are not enough staff, I am told on paper there is, certainly at peak times of the day. For example, the staff normally comes at 0815 to my room, but today it was 0920 before I saw someone. I understand there are needs other than mine and I need to be patient. I always require two staff to get me up." "They haven't got enough carers. They only focus on the physical and not the mental, when it should be both." "Staff don't have the time to chat or listen, they get out the door fast enough." "They leave me in my room till the day is half gone. Then they get me up."

Staff on the ground floor nursing unit told us they felt under pressure due to the amount of work required of them and not always sufficient numbers of them to meet the needs of people promptly. A staff member commented "Some days are hard, there's so much pressure. I can't do everything." We were told the ground floor nursing unit had three care staff in the morning and two staff in the afternoon, with a registered nurse supporting across the two ground floor units on both shifts. There was a host to serve refreshments and meals. The unit had five people who required two staff for moving and handling. Staff and people said this resulted in a delay in them getting their care when required. Staff told us there were times when they may have to leave someone they were assisting to go and answer a call bell. They also told us there were times when people may have to wait for long periods to get assistance. A staff member said, "People accept they may have to wait occasionally, but it should not be every day." Another staff member commented on how, having to wait for a pad change may have a detrimental effect on a person's skin and added, "It undoes all the good work we do with washing and creaming their skin." The rota and staff allocation sheets viewed showed that on eight out of 14 days, a third staff member was only provided till 11am and not for the full early shift, as was suggested.

People on the ground floor nursing unit told us their call bells were not answered in a timely manner, whilst others told us the call bells are responded to, turned off but then they still have to wait to get the care and support they required. During the inspection whilst a person was being interviewed by the expert by experience they activated the call bell. It took almost 15 minutes for the call bell to be responded to. The provider sent us a print out of responses to call bells over a period of two weeks. This showed call bells were answered within an average time of just under two minutes, with the exception of the call bell during the inspection.

A person told us they use the call bell all the time. They commented "The response again depends on the

time of the day. My challenge is moving. For example, the lamp cord is on the wrong side for me to use, so I can't turn the bed light on or off. I have asked them to move it but nothing has happened." During our walk around the home we saw call bells were attached to the bedside light and often out of reach for people. The manager agreed to consider why there was a delay in that call bell being answered during the inspection and was asked to address the issue of call bells out of reach of people.

After the inspection the manager confirmed the staffing levels for each unit. This was not in line with the staff provided on the rotas and staff allocations sheets viewed. They informed us that four care staff would continue to be maintained on the upstairs dementia care unit, in the mornings on the days that the team leader is scheduled to administer medicines. When the nurse is administering medicines on that unit, then three care staff would be provided. They also advised us that they intended to have a floating staff member on the afternoon shift to work across the ground floor units, to provide extra support to units that required it.

Whilst we recognise the staffing levels have improved since the inspection in March 2018, there are still gaps in the rotas which have not been effectively monitored and addressed. This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a number of staff vacancies, including a deputy manager position. They were actively trying to recruit into the roles. The service used agency staff to cover the vacancies and had a number of regular agency staff that worked across the service. Relatives spoken with were generally happy with the staffing levels. They had regular permanent staff that they had confidence in and had built positive relationships with. Some relatives felt the agency staff did not provide continuity of care but they recognised that the provider was trying to address that by requesting the same agency staff, whilst attempting to recruit. They acknowledged that some agency staff were very good, and worked well as part of a team.

At the inspection in June 2018 we found recruitment practices had improved from the previous inspection in March 2018 and were robust. At this inspection they remained robust and relevant checks had been completed to help ensure only staff of suitable character were employed to work with people. Checks included references from previous employers to establish the applicants' conduct while in their employment and a disclosure and barring check (DBS) to ensure staff had not committed any offence which would prevent them working with people who used the service. All the recruitment files we reviewed contained the information required by the regulations except for one which did not have a full employment history recorded, prior to them working in the United Kingdom. We raised this with the management team who agreed to address it. Checks on nurse's registration continued both prior to employment and monthly during employment. This ensured they had no restrictions placed on their practice by the Nursing and Midwifery Council (NMC)

The profiles of agency workers were reviewed and we saw appropriate recruitment checks had been carried out. The service had volunteers to support the service. The manager confirmed a DBS had been obtained for one of the volunteers and one had been applied for the other volunteer. We asked that a risk assessment be completed for the volunteer awaiting the DBS check. The manager confirmed after the inspection this had been addressed.

Systems were in place to safeguard people. Staff were trained in safeguarding and were aware of their responsibilities to report poor practice. A staff member commented "I report it. I call the nurse. Always report it." Guidance on how to respond to safeguarding concerns were made available to staff. Some staff were not aware of the process of whistle-blowing. When we asked if this was covered in training, a staff member replied, "not really". This was fed back to the manager to discuss with the trainer.

Systems were in place to promote a safe environment. People had individual personal emergency evacuation plan (PEEPs) in place. These outlined how individuals should be supported to evacuate the building in the event of a fire. A 'grab bag' for emergency use was available in the reception area. The service had a maintenance technician who was responsible for carrying out health and safety checks. Comprehensive records of health and safety records for fire, gas, electrical and water safety were maintained. There were two fire drills monthly, including one at night, and an annual evacuation. The fire alarms, call bell system and sensor mats were checked weekly. A fire risk assessment was completed in March 2018 and actions identified had been completed. Water temperature checks were carried out and a legionella risk assessment took place in March 2018.

The home was clean. Cleaning and laundry staff were employed and managed by the head of housekeeping. The service had a designated infection control champion. Staff told us they had completed infection control training. They were aware of a person who was a potential cross infection risk and how their needs were to be managed. A risk assessment was in place to ensure staff were aware of any potential risks. Gloves, aprons and appropriate bins were provided to prevent the risks of cross infection. A monthly infection control audit was completed in October which showed a high percentage score.

People felt the home was kept clean. A person commented "Since [head of housekeeping's name] took over housekeeping and laundry it has been first class. He has the ability to get things done."

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The dementia care units were locked and some people required one to one staff supervision, to promote their safety. The home had people for whom DoLS had been applied for and some which had been approved.

We observed people were consulted with on their day to day lives. Staff showed an understanding of consent and offered choices, such as whether to take part in an activity session. Staff spoken with confirmed they had attended MCA and DoLS training. They demonstrated a good understanding of the Act. However, the records viewed indicated staff completing the MCA assessments were not applying the training to practice. At the previous inspection in June 2018 we had made a recommendation that the provider needed to work to best practice in relation to the Mental Capacity Act 2005. At this inspection we saw the recommendation had not been acted on. The service had a number of people who lacked capacity to make decisions relating to their care. Each person who lacked capacity had a mental capacity assessment in relation to care and accommodation only. There was no best interest process in place in relation to specific decisions being taken on behalf of these people. The service had a person with a lap belt, some people on one to one care and a number of people with bed rails and requiring support to take their medicines. There was no evidence that mental capacity assessments were decision specific and best interest decisions had been completed for those individuals. Some people had a nominated Lasting Power of Attorney (LPOA) for their care and welfare. A staff member told us the LPOA had agreed and consented to their family member's care being provided in a restrictive way, therefore mental capacity assessments and best interest meetings had not taken place. The staff member also indicated that best interest decision meetings were not required as those individuals had a DoLS applied for or agreed in relation to restrictions imposed on them such as bed rails and bed rails. This meant the service was not working to the principles of the MCA which meant people who lacked capacity to make decisions on their care were not properly safeguarded.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection in June 2018 a new home trainer had been recently appointed and had begun to make significant improvements in training. At this inspection we found these improvements had been sustained and built on. The home trainer had assessed the training needs of staff and records indicated mandatory training was mostly up to date. For newer staff, who had still yet to complete some topics, it was planned into their schedule and the home trainer monitored their progress. The home trainer continued to

make observations of staff following training to assess and monitor the acquisition of skills.

At the previous inspection in June 2018 the home trainer had completed a review of the care certificates awarded to new staff being appointed and had found observational assessments had not always been carried out. At this inspection they had completed the necessary observations for five staff and told us there were a further seven to observe. They had a clear plan to ensure this was completed as well as assessing newer members of staff who also needed to complete the care certificate.

In addition to the practical sessions that had been introduced at the last inspection, further developments had been introduced to enhance training in the service. The local authority had been invited to deliver training in topics such as safeguarding, the Mental Capacity Act 2005 and falls prevention. This had been received positively and further sessions were planned. The home trainer told us they sought other relevant training based on the particular needs of the people who used the service. For example, they had recently sourced external dementia training and during the inspection they sourced and booked training in managing behaviours that challenge. They continued to encourage staff to gain relevant and recognised qualifications in health and social care. They said four staff had just begun levels two and three qualifications in health and social care.

Senior staff were trained to assist with medicines administration. At the previous inspection we noted that although staff competence was observed this was not recorded. The home trainer had introduced a competency test record. They told us this was carried out quarterly and they had completed an assessment of five staff since the previous inspection. However, they told us there had been some confusion regarding who should complete the assessments, but it had been agreed the registered nurses would complete them in future. From the records we reviewed, we noted only one registered nurse had undergone a competency check in the last year. The Director of Nursing told us "Registered nurses are able to administer all medication apart from intravenous and intrathecal (and other specialised treatments) as part of their registration". They advised "Revalidation of nurse's registration with the Nursing and Midwifery Council (NMC), is a separate event entirely and competency is only a part of that process. At interview past experience is viewed and questioned and registered nurses will only have their competency assessed for non-specialist medication administration if their practice is seen to be an issue." The medicine records viewed showed that not all staff administering medicines were competent, as people's medicines were not always given as prescribed.

Records indicated nurses had been given opportunities to attend clinical skills workshops as well as undertaking the provider's mandatory training sessions to maintain their skills. However, it is recommended the provider works to best practice to assess all staff competencies and understanding of their training in relation to specific tasks and duties they undertake such as medicine administration, management of risks, mental capacity assessments and care planning.

At the previous inspection the manager had reviewed the policy relating to staff appraisal and supervision. They told us the process would provide an annual appraisal and three performance review meetings each year on a one to one basis. At this inspection we reviewed the policy and the records and saw this process had begun. Some appraisals and performance review meetings were recorded on a matrix but these were not on file, whilst others had dates planned for future meetings. However, this was not so for all staff and some staff had no one to one meetings recorded. Despite this, staff we spoke with told us they felt supported and they could approach managers for advice or to raise concerns. They were confident they would be listened to. A staff member told us they had supervision "every two months "and appraisals were "every year" while another staff member thought they last had supervision "about four months ago".

It is recommended that all staff receive performance review and appraisal meetings in line with the organisations policy.

People were assessed prior to them coming to live at the service. The assessment identified people's cultural and diverse needs. Staff were trained in equality and diversity and they promoted people's religious and cultural needs. A Reverend involved with the service told us they visited at least once a fortnight to lead a brief service on a Sunday. A relative confirmed their family member had been assessed prior to admission. They told us that a senior staff member came to see the person at home and their family member had made several visits to the home prior to moving in. They added "I can't fault anything."

Some people's care plans outlined medical conditions and the interventions required. People had access to a range of health professionals such as GPs, district nurses, speech and language therapists, tissue viability nurse, physiotherapists and members of the community mental health team. A record was maintained of the visits and outcome. Relatives felt their family member's health and medical needs were met. A relative commented "I am informed of any changes in [person's name] almost immediately. "

A professional involved with the home told us "Staff at Woodland Manor will request a visit when they have a concern for a resident. Visit requests are usually appropriate and communication between staff is good. I have never visited and found staff do not know the reason for the visit. I am always shown to the patient's room, introduced to the patient and the patient offered to see the Doctor alone if they wish. The nursing and care staff always seem knowledgeable, caring and efficient. They have always been helpful in assisting with any examination. I have not had any concerns with my instructions or treatments not being carried out. Repeat prescription requests are efficient, timely and appropriate." Another professional commented "I always feel that the residents I am involved with are cared for safely and effectively. The staff and nurses always follow advice and recommendations given and they always refer appropriately. The nurses and members of staff in charge are always very helpful and give me adequate information to enable me to do my job effectively. They are supportive of our intervention and of their residents' progress."

We received mixed feedback on the meals provided. A person told us they had "a very good meal". Another person commented "On the whole the food is pretty good. I enjoy lunch. "A person's friend told us they would sometimes have lunch which they enjoyed "I can't fault that". Other people commented "The food is inconsistent. Some days it is good. I appreciate it is difficult to cater for 50 people. " "The food is satisfactory. Sometimes it is excellent, sometimes it is appalling."

People were provided with drinks in their bedrooms and were offered drinks regularly, at late morning and mid-afternoon as well as at mealtimes. Jugs of drink such as water and juice were available in communal areas. People's food preferences were noted in their care plans, along with special requirements and potential nutritional risks. Staff were aware who required thickeners in their drinks and the consistency at which it needed to be prepared. They were aware who was at risk of malnutrition and the intervention required.

Seasonal monthly menus were in use which catered for people's likes and specific dietary needs. The chef was aware of people's food allergies, dietary needs e.g. soft diet, high protein diet. They had a record of MUST scores for people. People who were identified as being at risk of malnutrition were offered fortified milkshakes twice daily (1000 and 1500hrs) and extra 'finger foods' (1500 and 1930). Food temperature checks were carried out before meals left the kitchen.

People were provided with three meals a day which included varied options to cater for all likes and choices. One person did not feel their individual choices were catered for, as French food meal options were not

provided. This was fed back to the service for the chef to explore further with the person.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring. People commented "Oh yes, staff are really kind." "Yes, without doubt, staff are caring."

Relatives named a number of individual staff whom they felt went above and beyond what was expected of them. They described staff as "giving, caring, genuinely kind, willing and show affection for people." A relative commented "There are a core of staff on the unit, that are kind, caring and go the extra mile."

Another relative told us "I'm so grateful for this place. Every time without fail, [person says] 'It's a nice place.' "He's incredibly happy. He's incredibly well looked after. I've no complaints. "They told us "I'm delighted" (and cited three staff by name).

A visitor told us "They're just all wonderful. It's very calm up here. We looked at a lot of homes before [person's name] came here." They told us "[Person's name] had "settled in very well". The friend referred to two staff on duty "(they're) regular these two girls, brilliant. I'm very impressed." Another visitor commented "I have always found the home to be warm, welcoming and a positive and caring atmosphere."

A professional involved with the service told us "The manager and [name of a registered nurse] are always caring and have a good knowledge of their residents." Another professional commented "I have always found Woodland Manor to be a very caring and well organised nursing home. "

A staff member told us "I really enjoy my job." Another staff member told us "It is truly caring here. The staff really know the residents and have their best interests at heart." We observed that a nurse had stayed on after their night shift. They carried out a morning medicine round on one of the units and updated care plans. This demonstrated commitment to meeting people's needs and supporting colleagues.

During the inspection the interactions we observed were positive. Staff engaged with people spontaneously as they went about their work. People seemed comfortable in the company of staff and called to them or approached them for assistance. Staff were kind, caring and the regular permanent staff had positive relationships with people. They used appropriate touch, eye contact and reassurance when people were distressed or not engaging.

People had their own bedrooms with an en-suite shower. The bedrooms viewed were personalised. Staff were observed to knock on people's bedrooms doors, prior to entering. People who required it were provided with napkins at meals times to protect their clothing. People were suitably dressed. A relative commented how their family member was always nicely dressed and presentable, which was something their family member would have wanted if they were able to express such a wish. We observed a staff member who was providing one to one care with a person, put make up on the person and ensured they were well groomed and presentable. A professional told us they were provided with a room to see family members in private, when this was required.

Throughout the inspection people were offered choices in relation to meals, drinks and activities. A pictorial activity programme was in place but not observed to be actively used to promote choices. We were told a pictorial menu was in use but this was not displayed or available to people. The management team told us people could see the food on display to enable them to make their food choices at each meal. Some people chose to have their meals in their bedrooms so therefore they would not see what food options were provided to enable them to make a choice.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider had an accessible information statement in place which stated "All our residents are assessed prior to admission and communication is one of the areas assessed. Where support is required with communication, this will be organised and provided prior to admission. Where communication becomes a challenge during the Resident's stay, this will be addressed in a timely manner in association with the appropriate individuals and third-party organisations." The communication electronic care plans viewed and the lack of use of aids, pictures, prompts indicated the provider was not working to their statement or meeting the Accessible Information Standard. During the inspection we observed occasions where people were distressed, agitated and unable to communicate verbally their needs. Whilst staff intervened and offered reassurance, staff did not have access to any aids or support to enable the person to communicate their needs.

At the inspection in June 2018 we recommended that the provider worked to best practice in promoting people's involvement in their care. Whilst staff had received dementia care training to enable them to understand how dementia impacted on people's communication skills, the service was still not working to the Accessible Information Standard.

It is recommended the provider works to best practice in meeting the Accessible Information Standard.

The service was aware of how to access advocates for individuals. None were involved at the time of this inspection.

The provider had systems in place to promote people's confidentiality in line with the General Data Protection Regulation (GDPR). People's records were kept secure and computers were password protected. This meant they could only be accessed by staff authorised to.

Requires Improvement

Is the service responsive?

Our findings

Relatives felt the service was responsive. A relative told us how staff interventions and care had brought about improvement to their relative's legs, which were previously swollen and the skin was dry and flaky. They commented "I feel more confident that [person's name] is getting better care, look at how bright and engaging he is." Another relative commented "Staff are wonderful with [person's name], they know when {person's name] is having a bad day and more support is provided. "

A professional involved with the home commented "I feel the residents are safe and well cared for. Any notes I have left with respect to dressings have always been acted upon in a timely manner." Another professional commented "I find the nursing staff very caring."

At the previous inspection in March 2018 the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because person centred care was not provided. At this inspection there was a continued breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information for staff on the signs and symptoms of hypoglycaemia and hyperglycaemia were provided. Staff spoken with were aware that a glucose box was provided to deal with a diabetic emergency.

The service had electronic care plans in place. The electronic care plans outlined people required support with their personal and oral health care. There was no indication as to the level of support required and it was not specific to individual's choices and previous lifestyles.

A person's behaviour electronic care plan outlined the person could display challenging behaviour which resulted in them becoming agitated and confused. There was no indication for staff as to how the agitation presented and what was the challenging behaviour that resulted from them becoming anxious. Their mental health and well-being care plan indicated staff were to be aware of triggers and behaviours but again no detail was provided as to the triggers and behaviours staff needed to be aware of. Their electronic care plan also indicated they had been physically violent but the action recorded had no relevance to their behaviour and how it was to be managed. The care plan stated staff were to offer support and understanding of the person's behaviour, and to divert them but again there was no indication of what that support might be or what diversion techniques were to be used.

At the previous inspection people's care plans made reference to individual's communication needs. However, they lacked the specific detail as to how staff should support people who could not communicate verbally to understand and communicate their needs and wishes. At this inspection the electronic care plans on communication viewed still lacked specific details as to how individuals communicated and what staff intervention should be provided to aid communication and prevent frustration. None of the electronic care plans viewed made reference to the use of pictures and/or aids to enable people to communicate their needs. One person's electronic care plan stated they showed some signs of being able to communicate wants, needs and choices. The action stated that if the person refused assistance then staff should return at

appropriate intervals to try again. There was no detail as to what assistance was to be given.

Staff had been trained in the electronic care plan system and a sample template was provided which was detailed and specific. However, the electronic care plan records viewed showed the staff completing them were not referring to the sample care plan to bring about the required improvements.

A keyworker is a named staff member who supports a person to coordinate their care. At the previous inspection keyworkers were not established and relatives did not feel actively involved in the review of their family member's care. The service also operated a "Resident of the day" where all aspects of a person's care was reviewed on that day. At this inspection keyworkers had been identified and relatives were aware who their family member's keyworker was. The keyworker system was still under development and not fully imbedded into everyday practice. Relatives told us they were aware when their family member was "Resident of the day" and felt more informed and able to contribute to the process. Some people and their relatives told us they had been consulted with on care plans whilst other people and relatives had no recollection of being involved in them yet. People commented "I am fully familiar with my care plan." Yes, we have a meeting every so often about my care plan." Other people told us "No I don't know. What is a care plan?" "No, don't know what a care plan is."

There was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection limited activities took place suitable to the needs of people with dementia. At this inspection the service had two staff who ran a leisure and wellness programme. A third staff member was being recruited to this role. A weekly leisure and wellness programme was in place. Throughout the inspection we saw some people went out for a pub lunch and in-house activities took place such as music, art, reminiscence session, manicure and walks. The reminiscence session took place on one of the dementia care units and people on the dementia care units were provided with a music corner, which helped distract and calm people when they were becoming anxious and distressed. People enjoyed the activities provided and participated in them. The weekly programme included events facilitated by external individuals and companies such as entertainers, exercise sessions, music therapy and choir groups. A person told us "They give us lots to do." A relative told us "They had a fantastic entertainer last week." Relatives confirmed that access to activities and the range of activities provided had improved.

Champion roles had recently been introduced to the service in a number of areas. For example, diabetes, medicines, infection control and continence. The home trainer told us when a staff member had a particular interest in an area, they were encouraged to take on this role and additional training was sourced for them. They were then responsible for passing on information to other members of the team to help advance their practice. They told us this was just the beginning of the champion system and champions were being sought for areas such as dementia, skin integrity and end of life care among others. We will review the progress with these at the next inspection.

The service had a complaints procedure in place. At this inspection a pictorial version of the complaints procedure was in development. We were provided with a copy of it after the inspection. People and their relatives felt able to raise issues and concerns. They felt more confident now they would be listened to and action taken. The service had a system in place to log complaints. One complaint was logged, investigated and responded to since the previous inspection. The service had a number of compliments on file, which praised individual staff and units for their care of family members.

Some people had end of life care plans in place. An end of life care plan viewed contained clear, detailed

information, including the person's wishes around when they should be admitted to hospital. It included the funeral director details. Other people's end of life care plans were incomplete or blank. The Director of Nursing told us this was because those people were not receiving end of life care at that point.

Some people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) forms in place. Some had been discussed with both the person and a relevant other; whilst others had not been discussed with the person or a relevant other and the doctor had made the decision. The manager was made aware of this to address with the GP.

A Reverend involved with the service commented "Over the last year I have supported two residents and their families through their last moments of life and the staff were excellent in bringing suitable care, dignity and support. It has been a real honour in these moments to be part of the team working there to bring most honouring last moments of life. The way I tend to describe Woodland Manor to people is that it is like a nice hotel run and lived in by a big family."

A health professional commented "The manager has good clinical knowledge and is very competent in caring for palliative care patients. She liaised with the community palliative care teams effectively. "

Requires Improvement

Is the service well-led?

Our findings

At the two previous inspections in March and June 2018 the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records were not suitably maintained and the service was not being effectively audited. We took enforcement action and served a notice of decision on the provider. This was for the provider to audit the service to ensure records were suitably maintained and for their auditing to be effective in picking up issues and acting on them. At this inspection there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records were not suitably maintained. A person's falls risk assessment indicated they were a medium risk of falls, which was not accurate in view of the number of falls the person had. After discussion with the electronic care plan auditor it was concluded that staff had chosen the wrong dropdown option on the electronic care risk assessment and therefore the person should have been rated as a high risk of falls as opposed to a medium risk. The change in risk rating would also impact on the person's dependency level. The registered nurse had not considered that the increase in falls should have impacted on the risk rating and believed that the electronic care risk rating tool did not allow them to reflect the change in risk, which was not accurate.

Care plans were regularly reviewed but failed to be updated to reflect changes in people's needs. A person's electronic care plan stated that they had a urinary catheter in situ. However, this had been removed approximately 10 days previously. Staff spoken with were aware the person did not have a catheter in place and the person received the required level of support. Another person's care plan indicated tape was used to prevent the person opening their seat belt. When we questioned this practice, we were told it had been discussed but had not happened despite their care plan reflecting this.

A number of electronic care plans had sections that were incomplete and blank. A person's electronic care plan stated that the person had 'no history of dental appointments' (in the oral/dental assessment) but no action was noted. The section 'specify toileting assistance' was left blank. The goal stated was 'would like to be supported with all incontinence care'. Another person's electronic care assessment for 'medication, healthcare assessment and treatment form' e.g. 'diabetes', 'epilepsy and seizures' and 'strategies to meet the person's medication needs' were left blank. The 'meals and drink assessment' was blank in sections e.g. 'medical history affecting eating and drinking and how it impacts them' and 'known food allergies and reactions.'

The rotas and staff allocation sheets did not match. This was because staff were allocated on the rota to specific units but the staff allocation sheet showed they were on another unit. Staff were rostered on the rota to be on duty but the staff allocation sheet showed different staff were on duty. Where staff were sick or on training, this was not reflected on the rota. The service used agency staff to cover the one to one care. This was not consistently recorded on the staff allocation sheets and therefore did not provide an accurate record of staff on duty.

Shadowing records for new staff on induction were incomplete and not signed off. We were told this was the responsibility of the senior staff in each department but it was not clear who had oversight of ensuring the records were completed fully, to satisfy themselves that new staff had completed all aspects of their induction.

There was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records were not suitably maintained.

The provider had introduced a new quality audit system. This had commenced in October 2018. Heads of departments were required to audit their area and return it to the manager. These included audits of health and safety, infection control, staff files, and finances. The audits completed in October showed a high percentage of compliance. However, the staff files we viewed showed inductions were not completed and staff were not being supervised in line with the organisations policy, which was not reflected in the audit report. The rota and allocation sheets showed gaps in staffing levels. There was no system in place to audit the rotas and allocation sheets, which meant there was a number of occasions where the required staffing levels were not provided. The provider confirmed the home manager reviews in advance and on the day, the staffing levels for the service and anomalies are addressed.

The organisation had appointed a group clinical auditor. Their role was to initially audit the electronic care and medicine management systems. The electronic care plan and medicine system was audited in July 2018. The issues identified were similar to our findings at this inspection in relation to the Mental Capacity Assessments, risk assessments. incomplete care plan records and lack of details within the care plan. The auditor had reviewed the same electronic care plans in August 2018. This showed most of the actions identified by them in July 2018 was still outstanding. There was no indication action had been taken to address the outstanding actions from the audit. The auditor confirmed that actions from these audits would be monitored through the new quality audit system introduced in October.

Aspects of auditing such as catering, health and safety and infection control were audited in July 2018. Alongside this senior staff of the organisation visited the service monthly and carried out audits of the service such as activities, health and safety, infection control, catering and the environment. The nominated individual frequently visited the service and records were maintained of their visit and findings. As a result of the previous inspection the provider was required to send us monthly reports. This was to show us they were auditing the service and taking action to make improvements. The monthly action plans submitted to us showed issues were being identified and addressed. However, this was not yet effective and fully established to bring about the required improvements to the service.

There was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because good governance was not established and operated effectively.

Some people and their relatives felt the manager had made good progress in improving the service and felt the improvements had been sustained. They felt overall the service had improved because more staff were provided, although felt this was not consistently maintained as was reflected on the rotas we viewed. Relatives commented "The [manager's name] is trying very hard to improve the service. They are wonderful, loving to everyone and always makes a special effort with people and families", "The manager is doing a superb job and is getting support to make a difference. Staff appear much happier and working more collaboratively" and "The manager has definitely made a difference, her door is always open, she has a good rapport with staff and it feels like she has a handle on things."

Other people felt the manager was not always accessible to them. "I don't know the manager by name but

to look at yes. She just floats by and that is literally floats by. I have raised issues but as far as I know they were never addressed." They went to say, "When you are at the bottom of the tree, that is how it is." Another person commented "I think that they fire-fight here rather than plan. The Manager is still operating in her previous role and I am not sure they have the authority to act. "

A professional involved with the home commented "I feel Woodland Manor is strongly led by the home manager. I find the home is well organised during my visits. "

Staff were positive about the manager. They described the manager as being accessible, approachable, supportive and knowledgeable. A staff member told us they were praised for what they did and that motivated and encouraged them. Staff felt team work and staff morale had improved. They felt listened to and felt there was better co-operation and organisation across units. A staff member told us that "We are much, much happier." There is a "really good team like a little family." Another staff member told us that "The new manager is great" and this "brings out a nice atmosphere in the home."

However, some staff did not always feel supported by some of the registered nurses on the units who they felt were always "too busy" to help them when they needed assistance to support people. This was fed back to the manager to explore further and act on.

The manager had applied to the Commission to become the registered manager. They were aware of their responsibilities to make notifications to us and of their responsibility under the duty of candour to be open and transparent. Their vision was to improve the service and they felt empowered to do that. They had established community links and had set up visits from local school children to the service. This was because latest research suggests interactions with children benefits older people with dementia. The manager had completed "home life" training and was committed to their own development to assist them in their role.

People and their relatives told us opportunities were provided to give feedback. Resident and relative meetings took place and people were encouraged to complete questionnaires to feedback on their care. Staff meetings took place, although the frequency of these varied. A daily stand up meeting took place with all heads of departments. This was an opportunity for everyone to be aware what was planned in the service each day.

Systems were in place to promote communication within the service. Handovers took place and a communication book was in use to ensure key information was communicated amongst staff. Relatives told us communication with them had improved. They had started to receive emails about activities, resident of the day and other meetings. Staff felt better informed, although not always informed of the rationale for the changes in staffing levels.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Person centred care was not provided.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Staff did not work to the Mental Capacity Act 2005 in obtaining people's consent to care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not managed and medicines not always given when required.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not suitably maintained and auditing was not yet effective to bring about the required improvements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The required staffing levels were not always maintained.