

North East Care Homes Limited

Woodlands

Inspection report

Great North Road
Wideopen
Newcastle Upon Tyne
Tyne and Wear
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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

The unannounced inspection took place on 22 and 24 May 2017. The previous inspection undertaken in November and December 2016 found the service inadequate overall with breaches in Regulations 9, 10, 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in connection with people not receiving person centred care and not being supported in a respectful and dignified way. Medicines were not safely managed and moving and handling procedures were not carried out appropriately. Risks to people's health were not managed safely and people did not always have prompt access to medical attention. Safeguarding concerns were not always reported for investigation and quality assurance audits and checks were not robust, with records needing improvement.

After the last inspection, the provider sent us regular action plans to show how they would rectify our concerns and we returned to check all regulations were now being met. We found the provider had made improvements and was no longer inadequate, but there remained some areas for further improvement to be made or further time to be given for us to be assured the improvements made could be maintained.

At the previous inspection, the service was put in special measures due to the rating they received. We found that, although further improvements were required, the service was no longer in a position to continue to be in special measures and these have been removed.

Woodlands is situated in Wideopen on the outskirts of Newcastle. It provides residential care for up to 42 people, some of whom are living with dementia. At the time of our inspection there were 18 people living at the service. The lower occupancy figure was due to a voluntary suspension having been put in place by the provider until they were able to confirm they were meeting all of the regulations and had made satisfactory improvements. After consultation we agreed with the request to lift their voluntary suspension and this is no longer in place.

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

People we spoke with told us they felt safe living at the service. Family members also confirmed that they felt their relatives were safe and that the service had improved.

Staff we spoke with had a good understanding of safeguarding procedures. They also knew how to report any concerns they had. The provider had a system in place to log and investigate safeguarding allegations. People were moved and handled in line with guidance and best practice.

Risk assessments were in place and had improved, although guidance for staff was in the process of being put in place. Checks on the premises and equipment were undertaken to ensure the safety of people who

lived at the service. Accidents were recorded and monitored by the provider to ensure that no trends were forming.

We found some further improvements with medicines needed to be taken but found no evidence this had impacted on people's health. Medicines were largely managed well, but we have made a recommendation in this area.

There were enough staff in place. The provider had recruitment procedures and checks to ensure staff were suitable and had the right skills to support people at the service. Staff received suitable training which they put into practice and felt supported by their line manager.

The Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the registered persons were complying with their legal requirements. Thirteen people were subject to a DoLS authorisation.

Communication had improved between the staff team and also with healthcare professionals. Care and support was planned and provided in accordance with their needs. People's health and wellbeing was monitored, with access to general practitioners, hospital appointments and other health professionals as needed.

Updates had been made to the environment with more improvements underway.

People told us they liked the food made available to them on the whole and were given opportunities to choose a variety of meals. Anyone who required special diets were supported by staff and referred to their GP for advice when required. Food and fluid recording needed to be further improved and we have made a recommendation.

People and their family members told us they were well cared for and were treated with dignity and respect. We completed a number of observations during the inspection and saw positive and appropriate interactions taking place and had no concerns with the way that people were being treated.

There was a new activity coordinator now employed at the service. They had a range of activities organised which people could be part of if they so wished. Some people preferred to remain quiet in the comfort of their own room and this was respected as their choice.

There were some further areas to improve with record keeping but we acknowledged the registered manager and staff had spent considerable time bringing records up to date and organising them better.

A complaints procedure was available. Four complaints had been received in 2017. Feedback systems were in place to obtain people and their representatives' views.

The registered manager undertook regular checks on people's care and the environment of the home. Staff felt the registered manager was approachable and supportive. There were regular meetings with staff and interactions with people and their relatives, to allow them to comment on the running of the service.

We have made two recommendations overall with details in the above summary and in the body 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 consistently safe.

We found the provider had further improvements to be made in connection with the safe management of medicines and we have made a recommendation.

People told us they felt safe. There were no safeguarding concerns which had not been reported and investigated properly.

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

Risk assessments had been carried out to assess risks relating to people.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

People's nutritional needs were addressed, but food and fluid recording needed to be reviewed and we have made a recommendation.

A supervision system continued to be in place, but appraisals needed to be completed. Staff felt supported.

The provider worked within the principles of the Mental Capacity Act 2005 with regards to Deprivation of Liberty Safeguards, and any best interests' decisions were recorded.

People had access to a range of healthcare services with prompt referrals being made.

Is the service caring?

Good 

The service was caring.

People told us that staff were caring. We saw positive interactions between people and staff.

People told us and our own observations confirmed that staff promoted people's privacy and dignity.

People were able to express their views.

Is the service responsive?

The service was not consistently responsive.

Care plans were in place which detailed the individual care and support to be provided to people, but there were some improvements to be made.

Activities were available for people to participate in.

There was a complaints procedure in place. Feedback systems were in use to obtain people's views.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

A system was in place to monitor the quality and safety of the service, although records were not always consistent and actions not always recorded.

Staff told us that morale was good and they were happier now working at the service.

There was evidence that people and staff were involved in the running of the service through meetings recorded.

Requires Improvement ●

Woodlands

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 unannounced inspection took place on 22 and 24 May 2017 and was carried out by two inspectors, one specialist advisor and one expert by experience. A specialist advisor is a person who specialises in a particular area of health and social care, for example medicines, moving and handling or quality assurance. This particular specialist advisor was a tissue viability nurse specialist. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the provider to complete a Provider Information Return (PIR) due to the timescales of the inspection. The PIR 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 checked information we held about the service, including notifications we had received from the provider about any deaths or any serious injuries which they are legally obliged to send us.

We contacted the local authority commissioning and safeguarding teams, the local Healthwatch and infection control leads for the area. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We used comments we received to support the planning of the inspection.

During this inspection we carried out two observations using 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.

We spoke with eight people who used the service and six family members and visitors. We spoke with the registered manager, the deputy manager, one senior carer, six care staff, two cooks and one activity coordinator. We also spoke with one social worker, one community psychiatric nurse and one care

manager.

We looked at a range of records in relation to the management of the service, including quality assurance checks and health and safety information. We checked care and medicine records of eight people who lived at the home. We also viewed four staff personnel files.

During the inspection, we placed a poster in the reception area to alert people and their relatives that an inspection was underway.

Is the service safe?

Our findings

At the last inspection we found a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, finding concern with the safe management of medicines and the way in which people were moved and handled. We found the provider had addressed the majority of concerns although we have made a further recommendation.

We completed a medicines 'round' with the senior staff on duty over two occasions. They followed safe working practices and were attentive, explained to people what they were doing and did not rush individuals to take their medicines. People received all of the medicines which had been prescribed to them, including being asked if they required any 'as required' medicines. 'As required' medicines are types such as paracetamol which is prescribed at times for intermittent pain relief as the person requires. Where people were unable to communicate if they needed their 'as required' medicines, staff had documented information to support them to help them make that decision on behalf of the person. Medicines were stored at suitable temperatures with these being checked regularly by the staff.

The senior on duty showed us a mistake which the pharmacist had made in preparing one person's medicines which were in a dosette pack. Monitored dosage systems (dosette packs) are a system used by pharmacists to dispense medicine's so that people can keep track of what to take at particular times of day. They are usually in some form of tray with medicines boxed into individual pods which are labelled by day and time. They said it would be reported and resolved. This meant that one person may have received an incorrect dose had it not been for the good observations of staff administering people's medicines.

We noted that one person was administered Nystatin which had been prescribed for oral thrush. This should have been administered just after food, however, we saw it administered before breakfast. We also noted that another person was prescribed Lansoprazole and this should have been taken 30 to 60 minutes before food. We saw staff administer this medicine after the person had taken breakfast. However, we noted on the dosette box that information regarding timings was not displayed and this same lack of information was on the person's medicine administration record (MAR). The medicine was together with others ready for administration. We brought both of these issues to the attention of the registered manager who said she would make sure this was rectified with staff and with the pharmacist. We saw other medicines which were given at the correct time, including Alendronic acid, which needed to be administered at least 30 minutes before food. Night shift confirmed they administer these types of medicines. The registered manager said she would review everyone's medicines to ensure they were administered at the correct time.

Information was available in people's records as to how medicines should be administered. However, there was no separate medicines care plan in place, but instead elements of medicines information within various care records. Staff knew how to meet the medicines needs of people from our observations. We spoke with the registered manager about this and she told us she would address this and make sure separate care plans were in place fully detailing people's medicines needs in one place.

Disposed medicines were recorded on a medicine administration record rather than a disposal of medicines

book which made it a little more complicated than it needed to be for checking. We saw one staff member dispose of a small amount of liquid docusate (which is a laxative) down a sink. All medicines should be recorded and disposed of as per The National Institute for Health and Care Excellence (NICE) guidelines.

We recommend that the provider review their disposal of medicines procedures in line with NICE guidelines and review care plans for medicines.

We noted that a small number of light bulbs were not working in the dining area. We brought this to the attention of the senior staff on duty who said it had been reported and the maintenance person would replace them. However on the second day of the inspection, the same light bulbs had not been replaced. It is important for older people to have good lighting as this is important for maintaining good visibility.

People felt safe and their relatives confirmed this. Comments from people included, "Yes I feel safe here"; "I like the staff here, and I feel safe"; "Yes it's safe, I like it here" and "I do now [feel safe]." Relatives told us, "My mam is safe here"; "I'm happy, it's safe here" and "I think it's very safe here."

People told us that staff administered their medicines correctly and in a timely manner. Comments included, "I get my medicines on time" and "I think we all get our medicine on time, if I needed medical assistance, the staff would call them out." Relatives agreed with people's comments and told us, "I would notice if he didn't get his medication on time" and "To my knowledge, there is no problem with [person's name] meds."

At the last inspection staff had not always reported safeguarding concerns to the registered manager or appropriate senior staff member. This had improved. There were safeguarding policies and procedures in place. Staff members told us they had undertaken training on safeguarding and protecting people from abuse and training records confirmed this. Staff were knowledgeable about what action they would take if abuse were suspected. One member of care staff told us, "I would report anything untoward straight away." There were no recent safeguarding concerns, but any issues arising had been reported appropriately and we were confident that with the updated staff training and additional support given, that staff would report any concerns they had correctly and in a timely manner.

Risk assessment tools had been improved and were in place to help identify risk and minimise as much as possible. For example those used for pressure ulcers, falls and malnutrition. Care records for some people contained an infection prevention tool. We found one tool which was recently reviewed which had been incorrectly scored due to missing information about an infection the person currently had. However, we found no evidence that this had been detrimental to the person's health and the care they had received.

We noticed that there was no guidance on how to complete general risk assessments and how a rating of high/medium or low was calculated. From information we reviewed it appeared that risk had been correctly identified as low/medium or high but it meant that there may be some inconsistencies as more than one staff member implemented these assessments. The registered manager told us that the provider's representative was in the process of forwarding guidance to be placed on file with risk information to support staff.

One concern at the previous inspection was the way in which people were moved and handled. We spent an extended amount of time observing practice in the service and found staff followed correct techniques while supporting people to transfer or mobilise.

We saw regular checks had been carried out within the service; such as five year mains electrical checks, fire

systems, fire equipment and emergency lighting. Personal emergency evacuation plans continued to be in place for people to support staff and rescue teams in the event of an evacuation of the building. Very regular fire drills were carried out. This meant appropriate systems and procedures were followed to maintain the safety people who lived at the service and ensure ongoing repairs of the building and maintenance of equipment was up to date.

Accidents and incidents continued to be correctly recorded and monitored for trends.

People and their relatives thought there were enough staff on duty and our observations confirmed this was the case. Comments included, "There seems to be enough staff"; "The staff are very nice and there seems to be enough"; "The staff are excellent with [person's name] and I think there are enough staff. I have seen staff manage very challenging behaviour in a sensitive and caring manner"; "Yes there are enough staff and they go out of their way to help [person's name]. The new staff are very approachable and I've seen a marked improvement" and "There has been major changes since the beginning of the year, I think the staffing levels are good."

We visited one person on the first floor who had the call bell in their hand. We asked if they knew how to summon help and they confirmed they did. They required support from staff and when the bell was pressed it took less than two minutes for staff to attend.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made and notes from an interview process. We saw two references had been taken up, with one from the staff member's previous employer, and Disclosure and Barring Service (DBS) checks had been made. This verified the registered provider had appropriate recruitment and vetting processes in place.

Is the service effective?

Our findings

At the previous inspection in November and December 2016 we had found breaches of regulations relating to this area and had rated the domain as Requires Improvement. We found breaches of Regulation 12 (Safe care and Treatment) and Regulation 9 (Person centred care). These breaches related to staff not ensuring that people had access to appropriate medical attention and review in a timely manner. We had also made a recommendation with regard to the environment of the service and stated that we would further review staff training at this inspection.

At this inspection we found evidence that people had been helped to access support for their health and wellbeing in a timely manner and people confirmed this. One person said, "I get my meds on time and the staff look after my hospital and doctor appointments." Another person said, "If I need to make any medical appointments, the staff make them for me." One relative also told us, "The staff arrange hospital and doctors' appointments and [person's name] has always been accompanied by staff." There was evidence in people's care records of visits by general practitioners and district nurses. People's files also contained evidence that general practitioners had been consulted when there were concerns about their health. On the first day of the inspection one person was visited by a GP due to concerns about a skin condition. Staff had a good understanding of people's needs and knew when they should alert senior staff or seek further advice. One healthcare professional told us, "They [care staff] seem to act on advice, this was not always the case, but things have changed."

At the previous inspection we had made a recommendation about improving the environment of the service. At this inspection the surroundings continued to look tired and in need of updating, although people and relatives told us they could see a slow and steady improvement overall. One relative told us, "The improvements in the building have made a big difference, it's a lot lighter and brighter." They told us some new furniture had been purchased and new flooring had been laid in the main lounge/dining area. Some paintwork continued to look scratched and required recoating and other furniture was worse for wear with joints loose or arms broken. The registered manager told us the provider had engaged a local tradesman to refresh the main corridor areas and the room doors. However, they were severely disappointed by the standard of the work and were seeking advice about how to address the issue and rectify the poor results.

We visited the garden area of the service and found attention was needed in places, including fencing off the area to keep people safe and secure while visiting outside areas. The registered manager confirmed that work was already in progress with quotes being sought and work to commence soon.

At the inspection in November 2016 we had noted that staff did not always seem to apply the training they had been given to actual care delivery. At this inspection the registered manager showed us a copy of the service's training matrix for mandatory training. Mandatory training is training the provider considers essential for staff to undertake in connection with their roles. We saw that with some minor gaps, the majority of staff had completed up to date training in areas such as; fire safety, moving and handling, safeguarding and food hygiene.

The registered manager told us that since the previous inspection she had been supported by one of the provider's sister homes in Middlesbrough. She said the registered manager and senior staff from this service had arranged to complete a range of training to the staff at Woodlands. She showed us copies of emails demonstrating that these training sessions had been formally arranged and covered areas such as: infection control, nutrition, pressure care, dementia awareness, stroke awareness and epilepsy. There were also further sessions on mandatory subjects such as fire safety and infection control. We also saw evidence of previously held training days covering subjects such as; first aid, safeguarding, Deprivation of Liberty Safeguards (DoLS) and health and safety, with attendance sheets available to show which staff had been present at these events. Staff we spoke with told us they had access to a range of training and development opportunities. We spent time observing how staff dealt with and approached people and assisted them with their care needs. We did not witness any direct care delivery that gave us cause for concern and noted that staff followed appropriate procedures when hoisting people and also followed the care delivery outlined in people's care plans.

Suitable support systems were in place. One recently appointed staff member told us, "The best thing about working here is the support I have received from the manager and staff, they are all very helpful." Another staff member said, "I feel supported by the management team when I ask for advice."

Staff we spoke with told us they had regular supervision sessions and annual appraisals. Records provided by the registered manager confirmed staff received supervision approximately every two months and a range of areas were covered. There was also the opportunity for staff to contribute directly to these discussions. There were also more structured supervision sessions where staff were questioned on how they would recognise and deal with safeguarding issues or issues such as a fall or serious injury. Additional supervision sessions were also undertaken where there had been any lapses in procedure, such as a minor medicine error. We also saw the matter was fully discussed and, where appropriate additional training offered. We saw copies of observed care sessions, where the registered manager directly witnessed staff carrying out their duties to ensure care delivery was personal and met with procedural requirements. Competency observations were also undertaken for those staff dealing with people's medicines.

We found documentation to indicate that staff had been provided with an annual appraisal in 2015 but could find no record of an appraisal taking place during 2016. We spoke with the registered manager about this. She told us she had been on sick leave for a period of time and this had resulted in annual appraisals not being completed in 2016. She said that she had subsequently undertaken detailed supervisions of all staff to try and catch up on this and would be undertaking annual appraisals again this year.

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

At the previous inspection we had found the provider was meeting the requirements of the MCA and that applications for DoLS had been in progress. At this inspection we found that the majority of applications had now been approved and the registered manager had robust system in place to monitor and review these. We saw that where necessary, applications to renew DoLS previously granted had been made in a timely

manner. 13 DoLS applications had been authorised by the local authority.

There was evidence in people's care records that best interests decisions had been made, where people did not have the capacity to make those decisions for themselves. We saw best interests decisions for the handling of finances, consideration over whether a Do not attempt cardiopulmonary resuscitation (DNACPR) was required and for having bedroom doors locked when they were not in their room. We saw appropriate family members and/or professionals had contributed to these discussions. Some relatives had been granted lasting power of attorney or guardianship of people's finances. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. Guardianship is a legal process decided by the Court of Protection that places legal responsibility to oversee a person's finances on a named individual. Where these orders were in place the registered manager had copies of the orders to ensure the correct individuals made decisions about people's care, welfare or finances.

People living at the service felt that the food had improved. Comments included, "I like the food and I get enough"; "The food is pretty good now, there is a good choice"; "The food has definitely improved lately" and "The food is not brilliant, but there is a wide choice, the new chef is better than the old one." Relatives comments included, "Food is very good, there is always a good choice and the staff are happy to make sandwiches or drinks on demand"; "[Person] is gaining weight and the food seems to be good, there is always enough"; "The food is good now, the new chef is really good" and "The food seems okay, mam has put weight on and her weight is monitored." One healthcare professional told us, "The cook is engaging and seems very good."

During the day we saw a range of freshly prepared food being served to people, including homemade cakes served during refreshment breaks in the afternoon.

At the previous inspection we had found that people's nutritional needs were being met. At this inspection we found this continued to be the case. The provider had recently appointed a new cook and deputy cook. We spoke with the kitchen staff who had a good understanding of people's special diets, likes or dislikes. We saw the service had established a dining committee which allowed people living at the service to comment on the quality of the food and make suggestions as to meals they would like to have in the future. We saw a range of ideas had been put forward and had been met with approval. We observed people being supported with their meals and found this was done appropriately and sensitively. People had a regular nutritional assessment carried out and were weighed on a regular basis, depending on need. We saw that people had care plans linked to their nutritional need. Whilst staff had an understanding of people's personal requirements we found that plans were not always up to date. For example, a GP had supported one person moving to a pureed diet, for their comfort. Whilst staff were aware of this and a letter was filed in their care records, their main plan had not been updated to reflect this.

Food and fluid charts were completed, where there were concerns about people's nutritional intake. The completion of these was variable at times and on one occasion, two separate forms were used for fluid intake. We brought this issue to the attention of the deputy manager who said they would address it. One person had been given some toast during the inspection and had this recorded on their food chart. We saw that they had not eaten the toast, yet it had been recorded as having been consumed. We also noted through care records that this person had maintained a steady weight over the last five months.

We recommend that the provider review's their fluid and food recording and ensures that staff follow correct recording procedures.

People had a choice of food at each meal time. The provider had recently implemented picture cards of meals available to help people choose which meal they would prefer. This type of support is particularly helpful to those people who were living with dementia or who had communication difficulties. We observed as one staff member asked people for their choice of food. One person said, "I don't know, can I have a look?" The staff member replied, "I only have it written down." This was not the case as the picture cards were available. We brought this to the attention of the registered manager who said, "We have just started using these, but I will make sure staff are reminded."

Communication had improved. Positive exchanges of communication were observed between staff members. We also received positive comments about improvements in communication with healthcare professionals. One told us, "Sometimes staff would forget to tell us pertinent information, this has been rectified now, which is much better."

Is the service caring?

Our findings

At the last inspection in November and December 2016, we found a breach of Regulation 10 in relation to dignity and respect. People had not always been treated with dignity and respect and were sometimes spoken with inappropriately. At this inspection we found no concerns in respect of people's dignity and respect.

Staff showed consideration, care and patience throughout the inspection. Comments from people and their relatives included, "The staff are great, they look after me and they are all very friendly"; "The staff are very nice to me"; "The staff are very good, they are respectful and polite"; "I find the staff very helpful and approachable"; "I visit the home regularly at different times. I have always found the staff helpful, friendly and caring. They always know how she is when I ask"; "Think the bad ones [care staff] have all gone now" and "The staff are very polite and respectful, I find them patient, caring and compassionate." One relative approached the lead inspector to ensure that they were aware of the improvements that had been made and confirmed what people had already told us about the compassionate care shown from the staff team.

The registered manager kept 'thank you' cards and letters which had been received after people had stayed at the service. They were mostly from relatives thanking staff for the care provided to their family member during their stay.

We noted that a small courtyard area of the building had been made into a small enclosed setting area for people to sit. The registered manager confirmed that a few members of staff had volunteered their own time to come into work and paint chairs and tidy the area for people to use.

We spent time observing staff practices. People were relaxed with staff and staff supported people to make decisions for themselves. One person required extra assistance to use their walking frame, which was offered without delay by a member of care staff.

Interactions between staff and people were friendly, respectful, supportive and encouraging. We heard some kind, polite and caring comments from staff such as, "Take your time, there's no rush"; "You're looking lovely this morning [person's name]" and "How are you feeling today [person's name]...what about a nice cup of tea?" We observed staff ask people what they wanted to do and they listened. Staff explained what they were doing and bent down as they talked to individuals, so they were at eye level. Maintaining eye contact helps enhance effective communication.

We undertook a specific observation during lunch-time. People enjoyed the food provided and there was a relaxed atmosphere with no person being rushed to finish their meal. Staff were present during meal times and very attentive throughout, providing support to those people who needed additional help with eating their food. This was done in a dignified way with enough staff on hand to provide individual attention.

People told us that their privacy and dignity was maintained. Comments included, "Yes I'm treated with respect"; "They always knock before they enter the room"; "Yes they are always polite"; "My dignity and

privacy are always respected"; "They are very good with me, they look after my privacy and dignity. I need two helpers at most times, they are very good" and "Staff are very good, respectful and polite and they respect my privacy." Relatives commented, "Staff treat my mam with respect. They are polite and they really look after her"; "Her dignity is maintained and her privacy, her preferences are observed" and "They do maintain his dignity and look after his privacy."

As we made observations around the building and shadowed staff while they completed various procedures, we saw them knock on people's doors and wait for permission to enter. They also asked for permission for us to go into people's rooms. When staff believed that people may need a visit to the toilet, we saw them being discreet and quietly asking people if they could help. One person was reluctant to leave a musical instrument while they went to the toilet. The member of care staff said, "If you leave it there it will be fine, no one will touch it." This seemed to pacify the person and they went happily with the staff member.

Rooms had been individualised with personal items, including pictures, ornaments and photographs of family members. One person told us that their room was how they liked it and said, "I can have all the things I like in here. It's not as big as home, but it's big enough for me now."

Relatives were seen to be made welcome when visiting the service. The relatives we spoke with confirmed this was the case. The service communicated with people and their relatives to ensure that they felt fully involved with the development and decisions made about their care and treatment. Although some of the people we spoke with were living with dementia and had no recollection of their care records. Comments from people and their relatives included, "Yes my relatives are kept up to date"; "I'm not aware of any care plan"; "My relatives are kept informed"; "We are told what's happening and we are aware of the care plan"; "We are informed immediately of any change in [person's] condition, day or night. We know about her care plan...we like to leave the care plan to the professionals, but we feel we are kept fully informed at every stage. I am happy as a relative. If we weren't she wouldn't be here" and "[Person's] care plan is discussed regularly, we are informed every step of the way as far as hospitals and doctors are concerned."

Advocacy information was available in the reception area. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. Although no one was currently in need of this type of service staff were aware of how to access them if required.

Is the service responsive?

Our findings

At the last inspection in November and December of 2016 we found a breach in Regulation 17 in relation to good governance and Regulation 9 in relation to person centred care. Records were poor, not in place or difficult to locate and people's choices and activities available were limited.

At this inspection we found that good improvements had been made with the registered manager, provider and staff implementing new paperwork, review of information and improving filing systems. Choices were now offered. A new activity coordinator had been employed and had a range of activities for people to participate in.

The registered manager told us they carried out detailed assessments prior to admission, to confirm the home could meet the needs of the person and ensure that the care provided for others was not compromised, through an inappropriate admission.

The majority of care plans we viewed had been written by staff members who had taken time to get to know the people in their care. Care plans were in place which aimed to meet people's health, emotional, social and physical needs. They gave staff specific information about how people's care needs were to be met, instructions for the frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. We noted that the provider used the word 'problem' to denote a person's needs, this is not in line with best practice.

We found that reviews of people's care had taken place, however, for some people a full rewrite of part of their care plan was required to ensure that all details were captured and were reflective of the changed needs and preferences of people. For example, one person's care plan written in May 2016 showed them as having some skin damage and that they required two hourly turns. Regular reviews had taken place and showed that the skin damage had healed. The reviews also recorded various updates and changes, including that they were reluctant to comply with the advised 'turning' regime in place. However, their full care plan had not been updated to show these changes. Another person had spilled a hot drink on themselves and although suitable measures had been taken, their skin integrity care plan had not been reviewed since the recent incident. Before we completed the inspection, this care plan had been updated. When we asked the registered manager and deputy manager about people's wounds and skin integrity, they were both fully aware of each person's individual needs.

One person had the use of an airflow mattress and we saw good practice being followed in calculating the setting required. Airflow mattresses are alternating pressure mattresses which are designed to reduce the risk of pressure ulcers. However, this person had an 'on-going review form' in their care records which had not been reviewed as often as it should have been. We brought this to the attention of senior staff who said it would be updated immediately, and were able to confirm it was correctly set.

A new activity coordinator had recently been appointed and were in the process of developing their role. People and their relatives told us, "We have bingo and entertainers come in"; "There is a new activities co-

ordinator and I've noticed the difference"; "There has not been any real activities but recently we've seen an improvement, very much for the better. The new activities co-ordinator is making a big difference. The cinema nights are very good, they get popcorn and choc ices"; "Now we have a new activities coordinator there is much more for people to do."

We observed a number of activities taking place during the inspection, including chair exercises, singing, a pamper session and one to one 'chats' with people. The activities co-ordinator was seen reading newspapers to people and moved their own position when they recognised that some people could not hear them properly.

We spoke with the activities coordinator a number of times during the inspection and she was enthusiastic throughout. She told us she supported people with activities such as, dominos, board games, arts and crafts, indoor gardening, baking, chair exercises, sing-alongs and entertainers. We saw pictures of recent events, including an Easter fair. The activity coordinator told us they were hoping to raise funds so a mini bus could be hired to take people out on a trip.

During the morning handover we saw that staff coming onto shift were given an overview of any pertinent issues regarding people's health. Each staff member was allocated an individual whom they would provide care for that morning. All staff were then asked to sign a written record to confirm they had been present and understood. Included as part of the handover was timings of staff breaks to ensure that not all staff went off duty at the same time and left people without care staff. This meant that staff coming on shift were more organised with work prioritised and breaks allocated.

We saw people who were independently mobile were free to move around the service. Many people sat in the main lounge areas, although a number of people returned to their rooms where they sat reading, watching television or simply rested.

People had choice in how they went about their day to day lives and were able to choose what they wanted to do. We saw that people could get up at a time that suited them as some people had chosen a late rise during both days of our inspection. We noted that some people had keys to their bedrooms so that they could lock the room when out socialising with others. Care records confirmed peoples preferences regarding having their room doors locked.

The provider continued to have systems in place to gather the views of people, relatives, staff and external agencies through issuing surveys and questionnaires. Review of documents showed mostly positive comments being made.

People and their relatives felt they could complain if they needed to. They told us, "Yes I know how to complain; I would go to the manager or raise it at one of the meetings"; "I don't know how to complain, but I have no complaints"; "I will go to the manager if I needed to complain"; "We know how to complain if needed" and "I know how to complain but we have no complaints." The registered manager told us and records confirmed that the service had a complaints procedure. The complaints policy and procedure confirmed the expected timescales for responses and advised people of the process if they were dissatisfied with the outcome. There had been four complaints since the last inspection, two regarding laundry issues with all of the concerns being dealt with appropriately.

Is the service well-led?

Our findings

At the previous inspection in November and December 2016 we had found significant breaches of regulations relating to this area and had rated the domain as Inadequate. We had found several breaches of Regulation 17 and in particular concern about the efficacy and robustness of audits and checks taking place at the service, practical observation of staff to ensure effective care, action not taken in relation to issues raised and a lack of oversight from the provider's representative. We also found the records were not always well organised and could not always be located easily for inspection.

At this inspection we found that there had been an improvement in the overall management of the service and in particular the range of audits and checks put in place to monitor the care and safety of people living there. Storage and filing of records had been greatly improved and the registered manager was able to provide us with all the information we requested during the inspection.

There was a registered manager in place who had been registered with the Commission since 2013. She was present throughout the inspection and supported the inspection team with requests for information. Staff told us that the registered manager was approachable and supportive. One staff member said, "I have no issues with the manager, she has sorted out a lot of issues and things have improved...staff are much happier now." Another staff member said, "The manager and all of the staff have worked hard to put everything right...I am not saying everything is perfect, but it is 100% better than it was last time you were here. I am much happier."

One relative we spoke with commented, "Staff have left and there have been new starters, this has been a big improvement. There has been lots of improvements in the last three months." Another relative said, "The manager's door is always open and all the staff are friendly and happy to help. The manager is very approachable, listens and takes notice."

At the last inspection we made a recommendation with regard to the environment of the service and although some work had been completed this was slower than our expectations. The provider had a plan to complete further work. We spoke with the registered manager about this and she confirmed that further areas of development were required.

We saw the registered manager undertook a range of checks and audits. These included audits on health and safety, infection control, medicines audits, catering audits and reviews of care plans. The registered manager also conducted a daily walk around of the service to check that items were being dealt with and effective care was being delivered. As part of this walk around audit she also spoke to people living at the service and dealt with any concerns they may have had. Some audit documents contained details of actions plans or points and there was a note or signature to say these had been followed up or completed. For example, as part of a health and safety audit where some issue with electrical items had been noted, there was evidence of an email to the provider's maintenance contacts asking them to arrange for the matters to be dealt with.

In other areas it was not always possible to see if action had been taken. For example, following a care file review the registered manager had noted the person's nearest relative had not been asked if they wished to review care plans and sign the appropriate documentation. We looked at this set of care records and could find no indication that this issue had been dealt with and documented. In another recent care file review we noted that one person required a skin integrity care plan put in place, but this had not been completed. On a third person's care record audit we saw that it had been identified that their 'life story' was not up to date.

In addition to practical reviews of care documentation the registered manager also undertook competency observations of care, to ensure staff delivered care in an appropriate manner and in line with procedures and requirements. We saw a detailed record was made of these observations and maintained in staff personnel records.

The service was being overseen, on behalf of the providers, by a care management company. We saw that a representative from this company visited the service and undertook their own reviews. We saw they looked at a range of matters including; any recent complaints and whether they had been dealt with, any safeguarding matters and staff training issues. We saw that, where necessary, a note had been made of actions. For example, we saw this audit had noted that staff training on fire safety was due for update and a note had been made of when the update training was due to take place. The monthly report from the care company offered a balanced view of the progress the service was making and indicated they felt the service was now operating at a level equivalent to 'Requires improvement'.

The registered manager told us that since the previous inspection she felt she had received considerable support from a range of professionals and colleagues. She told us the manager from one of the providers sister homes had been in regular contact, that she had had regular phone contact with the providers and also the care management company had been very helpful and supportive. She said the manager from the sister home had provided a range of documentation and checking systems for her to develop and implement at Woodlands.

We saw there had been a range of meetings established since the previous inspection to address the issues raised in the report. We saw there were regular relatives' and residents' meetings in order to update people on progress at the service and seek their views of planned changes or ongoing issues. We saw the registered manager had been exceptionally candid with relatives about the issues highlighted by the CQC, even prior to the final report being published. Records showed she kept them fully updated with staffing issues and other matters of importance.

We also saw there had been regular staff meetings, with the registered manager again looking to be open and honest about the changes that were required. We saw the most recent meeting had covered time keeping, time management during the shift, infection control issues and general cleanliness of the home. As a final part of the meeting the registered manager had asked staff to be open and honest about any issues so that these could be addressed.

The registered manager had conducted a quality review through the issuing of annual questionnaires in January 2017. Nine forms had been returned by relatives, with the majority rating the care at the service as 'Fair' or 'Good'. Two questionnaires rated activities at the service as 'Poor' or 'Fair'. Five questionnaires rated the food at the service as 'Very good' or 'Excellent'. Responses to the overall management of the service was variable with two returns raising concerns about the management and the leadership but a further two rating the management as 'Excellent'. The majority of relatives who returned a questionnaire had stated they could see slow but steady improvement in the service.

Eight staff had also returned questionnaires anonymously. Six rated their experience of working at the service as 'Good' to 'Excellent'. Areas highlighted for improvement included; staff training, team working and support and communication. Three professionals had also returned questionnaires. They had highlighted that the physical environment still needed further work to improve the overall ambience of the service.

The registered manager had produced a brief action plan based on the issues highlighted in the returned questionnaire. Whilst it was clear that some issue had been addressed, such as the appointment of a new activities worker, there was no update on the plan to show further progress.

Since the previous inspection, members of the local authority contracts team had regularly visited the service to check on progress and improvements. We saw various documents that the contracts staff felt there was steady improvement in the operation of the service and the delivery of care.

The registered manager told us there had been considerable change at the service since the previous inspection. In particular a number of staff had left the service and a number of new staff had been recruited including; a new deputy manager, two new cooks, new senior staff and a new activities co-ordinator. She told us she now felt there was a good and enthusiastic staff team in place that she was confident would be able to further improve the care at the service.

Records maintained were variable. Care plans often contained good detail for staff to follow, but had not always been updated in light of monthly reviews. Other documentation was inconsistently completed, although this did not have an effect on the delivery of direct care. Reviews were regularly undertaken although it was not always clear that action had been taken or action points followed up and completed.

The registered manager had sent us notifications which they are legally obliged to in line with their registration. Notifications are deaths or other incidents which have occurred at the service.