Anchor Carehomes Limited

Wynyard Woods

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 24 and 31 May 2018. The inspection was unannounced. This meant the provider and staff did not know we would be attending. This was the first inspection of the care home since it was registered under the new legal entity of Anchor Care Homes Limited.

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

The care home accommodates up to 50 people in one adapted building across two floors. One of the floors specialises in providing care to people living with a dementia. At the time of our inspection there were 46 people using the service.

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

During our inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good Governance. We found records were not accurate and up to date. Staff administered people's oral medicines in a safe manner. However, we found there were gaps in the record for people's topical medicines (creams applied to the skin) and we could not be reassured people were in receipt of their prescribed topical medicines. Food and fluid charts were incomplete and did not show people were getting the right nutritional intake according to their assessed needs. People's needs were assessed before they began to live at Wynyard Woods. The home provided a service to people who needed respite care. We found one person who had been admitted for a further period of respite care whose records had not been updated. We found audits used to monitor the quality of the service failed to identify the deficits we found in the service.

The service had received accreditation from the provider due to the work they had achieved on providing care to people with dementia. We found the environment of the home was not conducive to supporting the independence of people living with dementia.

We carried out observation of a mealtime and found staff did not engage people in meaningful conversations. Staff were task centred and people's experience of mealtimes could be improved. We recommended the provider carry out a review of mealtimes.

The provider used a dependency tool to measure the numbers of staff on duty. We found the staff on duty matched the outcome of the dependency tool. Relatives told us there did not always appear to be enough staff on duty. We recommended the provider review the deployment of staff.

There were differing opinions between staff and relatives regarding the provision of meaningful activities for people. People were supported to go out and attend activities if they wished. Relatives spoke with us about the long hours in the home with no provision of activities. We recommended the provider review the activities on offer for people using the service.

Regular checks were carried out on the home to make sure people lived in a safe environment. These included for example, fire and water checks and window restrictors.

Accidents and incidents were recorded by staff and reviewed by the management team to ensure actions were taken to prevent a reoccurrence.

Staff were trained in how to safeguard people who used the service. Staff told us they felt able to raise concerns.

Pre-employment checks were carried out on staff before they began working in the home. This ensured staff were suitable to work with people who needed support. Staff were provided with an induction and training to carry out their roles. They had regular supervision meetings with their line manager.

The provider had a complaints process in place. We saw relatives had complained about the length of time it took to fix the lift. A stair lift had been put in place. The lift had now been repaired.

Cleaning was carried out throughout our inspection. We drew to the attention of the management team areas of the home which required further cleaning. These areas were addressed during our visits to the home.

Kitchen staff were given information about people's dietary requirements and understood people's needs. A menu was on display in the reception area. People told us if they did not like what was on the menu alternatives were available.

Systems were in place to promote good communication between staff. These included handover records were pertinent information was passed between shifts to enable staff to be up to date with people's care needs.

People and their relatives were given the opportunity to engage with the service. A resident and relatives meeting was held on a regular basis.

Staff respected people's dignity and privacy. Personal care took place behind closed doors and staff knocked on people's bedroom doors to seek permission to enter.

The home was a part of the community and used by local services to support local people.

The provider carried out an annual survey of the home. The provider was open and transparent regarding the results of the survey and had put them on their website

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.

Medicines were not always managed safely.

Staff were not always visible to people and their relatives. We recommended the provider reviews the deployment of staff.

People using the service were kept safe in their environment through the use of regular checks on fire systems, water and window restrictors.

Is the service effective?

Requires Improvement

The service was not always effective.

We recommended the provider review the meal time experiences for people using the service. We found staff were task centred during mealtimes.

We found adaptations were required to the home to support people with living with dementia. We made a recommendation about this.

Staff were supported to carry out their role through a programme of induction, supervision, and training.

Is the service caring?

Good

The service was not always caring.

Staff spoke in kind and compassionate tones towards people. However, we found staff did not engage people in meaningful conversations.

Staff supported people to be independent. As the environment did not always support people living with dementia type conditions we found people's independence was compromised

Relatives were engaged in the service and had the opportunity to attend meetings to give their views and make suggestions.

Is the service responsive?

Requires Improvement

The service was not always responsive

People's care plans were not always accurate or up to date.

We received mixed feedback on activities at the service. We made a recommendation about this.

The provider had a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led

Records held in the home were not always up to date or accurately reflected how people's needs were met.

Systems were in place to monitor the quality of the service. However, we found these were not always effective in identifying the deficits we would in the home.

The service was an integral part of the local community. Local organisations and services worked within the home.

Wynyard Woods

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 24 and 31 May 2018 and was unannounced. The inspection team consisted of one adult social care inspection manager and one adult social care inspector.

Before the inspection we reviewed information available to us about this service. We reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We spoke with the local authority commissioning team.

We used information the provider sent us in the Provider Information Return (PIR) to inform our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

On our inspection days we spoke with seven people who used the service and six of their relatives. We spoke with 12 staff including the quality manager, area manager, registered manager, deputy manager, administrator, cook, maintenance person, team leaders and care staff.

We reviewed five people's care records and four staff records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

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.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Topical medicines are those which are applied to the skin. The service had topical medicine administration records (TMAR). Guidance given to staff on the TMARs for example, indicated people needed their topical medicines applied two or three times daily. We found there were gaps of up to six days on the TMAR. We could not be reassured people had received their topical medicines as prescribed because the records were not up to date.

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

Processes were in place for safe ordering, receipt, administration and disposal of other medicines. Fridge temperatures were measured daily. We reviewed the medicines administration records (MAR) for people who used the service. The MAR charts showed staff were aware of the stock of each person's medicines and whilst these were correct there were some gaps where staff had failed to record the stock levels for each day. People had been prescribed PRN medicines. These are medicines which people may need on an 'as and when' basis. Although it was not always recorded how people looked or behaved when they were in pain staff were able to describe to us when people needed pain relief.

Each person's medicines were now being delivered to the home in separate boxes rather than using a pre-prepared dosage system. This was in preparation for the service changing over to an electronic system for documenting records. Controlled drugs are those liable to misuse. The service had a handover of the controlled drugs between shifts. Each staff member responsible for the administration of medicines signed to state the controlled drug records were accurate when they came on duty.

Relatives told us there did not always appear to be enough staff on duty. The provider had a dependency tool in place which was updated and looked at people's dependence needs. This informed the level of staffing required in the home. We checked the rotas and found a consistent level of staffing in place. We observed staff were not always present. For example, we observed in a 30 minute period one person was shouting out the name of their relative. No member of staff was available to respond. We saw staff during our inspection sat together at the end of a corridor writing up people's daily notes. We found that although there were enough staff on duty, the deployment of staff in carrying out their duties meant there were periods of time when people were not supervised. In the survey carried out with family and friends in 2017/18 there was a 57% drop in positive responses when compared with the previous year on the question, "Staff have time to talk to my relative or friend."

We recommend the provider reviews staffing levels and the deployment of staff in the home.

People who used the service were supported by staff who were trained in safeguarding. The provider had an electronic records system for recording any safeguarding concerns. These were reviewed and actions were taken where necessary to keep people safe.

The provider had in place arrangements to carry out checks on the building including fire equipment to ensure people were safe. Checks were also carried out on the nurse call system, emergency lighting and window restrictors. The checks were carried out on a regular basis. On the first day of our inspection we observed emergency pull cords were at different heights and some were inaccessible to people should they fall to the floor. On the second day of inspection the issue had been resolved. Profiling beds are those which incur the use of electricity to raise or lower a person using the bed. These were inspected and serviced on an annual basis. Staff told us they may carry out visual checks of the beds throughout the year and confirmed these checks were not documented.

The provider had an emergency plan in place to give staff guidance on what actions they needed to take should an emergency arise. Personal Emergency Evacuation Plans (PEEPS) had been documented to tell emergency personnel the type of support each person needed to safely evacuate the premises.

We looked around the home and found the majority of the communal areas were clean and tidy. Cleaning was on-going during our inspection. Records were held to show cleaning had taken place in the dining room. However, on the first day of our inspection we found the upstairs dining room needed cleaning. A hot locker to keep people's food warm was in the upstairs dining room. We found this to be dirty, together with the floor in the dining room. We pointed out to the quality manager the dirty flooring around the floor units, the hot locker and the dirty table cloths. The quality manager directed staff to clean the area. This was raised with the manager who agreed to address the issues

Accidents and incidents were recorded by staff on an electronic system. These were reviewed and actions taken. One person told us about an injury they had received during our inspection. We checked the electronic records and found this had been appropriately documented. Following an accident staff were required to document the accident on the system and they used a post fall accident observation tool to monitor the person's well-being after they had fallen. One professional told us the service dealt with accidents appropriately and followed up on the actions to be taken to prevent accidents reoccurring.

Information was displayed in the home about the provider's whistle-blowing policy which told staff what they needed to do if they had worries to report. The registered manager told us there were no current whistle-blowing concerns under investigation.

Staff disciplinary procedures were clearly evidenced on staff files. This meant the provider acted with staff where their conduct was not satisfactory.

Staff recruitment records showed appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff and staff were required to complete and application form which detailed their past experience and training.

Requires Improvement

Is the service effective?

Our findings

The provider used the Malnutrition Universal Screening Tool (MUST) to measure if people were at risk of malnutrition. The MUST tool gives guidance on what people at risk are to be offered. A location dietary summary was in place in the dining rooms. This was a list of people who lived in the home with their dietary needs and their MUST risk score. We checked people's weights and found no one was losing unnecessary weight. Staff were required to complete food and fluid charts. We saw these did not show people were being offered the required nutrition according to their assessed needs, or their hydration needs were being met. In one person's records we saw staff had recorded after 2pm in the afternoon the person had consumed good food and fluids. The food chart documented the person had nothing to eat or drink since that morning which does not demonstrate the consumption of good food and fluid. This meant the person's daily records did not were not accurate.

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

A tea trolley was provided each morning and afternoon. We observed the trollies had biscuits and cakes on them. We asked staff what was prepared for the trolley for people who needed fortified food and those who were at risk of choking. A staff member spoke with us and showed they understood people's dietary requirements and how they could be met from the tea trolley.

People living in the home were maintaining a stable weight. Staff had referred people to dieticians when necessary. Kitchen staff were aware of people's dietary needs as well as their likes and dislikes. Arrangements were in place for checking the kitchen to make sure it was clean and issues were reported. People who needed greater support to have their meals ate earlier than those who could eat independently. Staff explained this protected the dignity of people who needed additional support. We found people were able to eat at their own pace.

People had mixed views about the food. One person said, "If you don't like something you can ask for something else, if they have it, you get it." Another person preferred their vegetables to be softer; they looked forward to meals with their family when they got the vegetables cooked the way they liked them. In the minutes of residents' meeting people were asked about their views about the food. People said they liked most items on the menu.

One professional told us, "I am particularly impressed with the management of clients who have sensory loss difficulties and the support these clients are given to ensure adequate nutrition, attention is always made to presentation of food and on entering the dining room staff patiently support those who need it." During the first day of our inspection we observed staff give people their meals and did not engage them in conversation. On our second inspection day we carried out a Short Observational Framework for Inspection (SOFI) over one mealtime and found staff were task orientated. Staff spoke to people about their meals only. Meals were put down in front of people without comment. Staff spoke to people from across their room. One person was given fruit; they said, "Thank you" and the staff member did not respond. This meant

people's experience of meal times was not enhanced with staff interaction.

We recommend the provider reviews the meal time experiences for people who use the service.

Staff spoke to us about decorating the home themselves. In a residents and relatives meeting the registered manager had involved people in the choice of furnishings. They showed us areas of the home including a wall paper with books and told us they were trying to develop a shop area. Two mannequins were arranged in the corridor. Staff told us one person talked to them.

The quality manager and the deputy manager spoke with us about the Anchor Inspires dementia accreditation programme and told us the home had become accredited. The provider told us staff had been trained to become dementia champions. Despite the staff making improvements to the home, we found the home had not been adapted to promote the well-being of people living with dementia. The quality manager told us this was, "Work in progress". The area manager showed us photographs of another home owned by the provider where changes had been made to improve the environment for people living with dementia. They told us they were applying for funding to make the same changes at Wynyard Woods. Following the inspection, the area manager sent us email communication to show the service was in discussion with the local authority about applying for funding in order to improve the environment.

We recommend action is taken to create a dementia friendly environment in line with national good practice guidelines.

Prior to living in the home people's needs were assessed. The provider used a pre-admission assessment tool to gather information about people's needs and wishes. The assessment tool had a space for 'Customer or representative comments' which demonstrated people and/or their representatives were engaged in assessing each person's needs.

Documents were in place containing information if a person needed to transfer to hospital. We found these were not always completed. Staff explained where people's needs fluctuated there were gaps which would be completed if a person needed to transfer to hospital. They were concerned if they were completed earlier they would be inaccurate on transfer.

The provider had in place arrangements for newly recruited staff. Staff who were new to the service underwent an induction. If staff were new to the caring role they also completed the Care Certificate. This is a nationally recognised certificate for staff new to working in the care environment.

A staff training programme was in place. Staff were required to undertake mandatory training which was determined by the provider. Each member of staff had an employee passport which listed their required training, the date it was completed and the date any training expired. One staff member told us the registered manager made sure staff were up to date with their training.

Staff had regular supervision meetings with their line manager. A supervision meeting is used to discuss for example, a staff member's progress, their training needs and any concerns they may have. Staff confirmed to us they received supervision.

One professional wrote in a testimony about the service, "Effective communication is achieved by the daily shared care home and district nurses' documentation." Staff communicated with each other about people's needs throughout our inspection. The service had handover sheets on each floor where pertinent information about people's care needs was documented and passed onto the next staff when they came on

duty. A weekly handover sheet was used to aggregate any on-going concerns. For example, these included if people had on-going infections which required continued use of antibiotics. We spoke with people about staff meeting their health care needs. One person told us staff call doctors in when needed. They told us they got a, "Quick response."

Records showed the provider worked with external professionals to meet the needs of people who used the service. One professional confirmed their involvement and explained staff knew about people's needs and were able to account for the actions they had taken.

Good

Is the service caring?

Our findings

People spoke to us about the staff. One person told us staff were, "Lovely and helpful" We spoke with people about how staff respect their privacy. One person said, "Staff knock on the doors when they come to give you your medicines." A relative said, "Care is excellent, best it can be." One relative felt they had, "Peace of mind" when they left the home as the person using the service was well cared for. People told us the conservatory area was often too cold. They told us the registered manager had been caring and bought fan heaters for them because they were cold.
Following the inspection one professional provided a testimony and said, "I have found the team of carers led by [registered manager] to be kind caring and attentive to resident's needs" and, "The home is great at involving (where applicable) and their families in decision making about future medical care needs."

Staff were able to tell us about people's backgrounds, their likes and dislikes. They knew people well and spoke in warm tones to us about people in their care.

Music was played throughout the home and at different times during our inspection. We observed some staff chatting and laughing with people as they passed by. They spoke with people with kindness and compassion. However, we found staff did not always spend time with people and engage them in meaningful conversation.

Advocacy services were available to people who needed an advocate to address specific issues. An advocate is an independent person who speaks up and represents the views of people who experience difficulties in speaking up for themselves. Relatives acted as natural advocates for people using the service and had spoken to staff about concerns. They spoke to us about their experiences of acting on behalf of their family members. One relative told us they had raised an issue about the laundry and people getting the wrong clothes back. They told us the situation had continued. We drew this to the attention of the management team who told us they were not aware of the issues and would address them. The provider's survey showed 53% of people who use the service strongly agreed the laundry service was good and 43% tended to agree.

The provider had a statement of intent for Equality, Diversity and Inclusion. The statement said, "To Anchor inclusion means that all are welcome, and will be treated with respect and dignity in line with Anchor values, irrespective of their background. We will always work to enable our customers to maintain their independence as much and as long as possible." Care plans provided staff with information about what people could do for themselves and when they needed support. We observed staff supported people and encouraged them to be independent. However, the adaptations to the building did not support the independence of people living with dementia. For example, one person asked the inspector where they could go to the toilet. The nearest toilet door had a small sign saying 'Toilet' but there were no other distinguishing features to promote the person's ability to go to the toilet independently. We found best practice guidance in the design and use of colour to support people's independence had not yet been implemented in the service.

Relatives were engaged in the service. One relative told us how they spent time with people doing activities.

Meetings were held for people who used the service and their relatives to give their views. The minutes of the latest meeting were available on a notice board in the reception area. The minutes of the meetings showed people had been engaged in choosing new furnishings for the home. The registered manager attended the relative's meetings and provided responses to the issues raised. For example, they provided information on the refurbishment of the home, the gardens and activities.

The service had a poster on display which offered information to staff and people who used the service who identified as lesbian, gay, bisexual and transgender. This meant the provider showed they were open to responding to equality and diversity issues.

Staff knocked on people's doors before entering. Personal care was carried out in private and people's dignity was respected. In the survey carried out with in 2017/18 100% of people who used the service and their relatives felt their privacy was respected.

Staff understood about the need for confidentiality. People's records were kept in locked offices. When staff finished completing their notes, the information was returned to the office.

Requires Improvement

Is the service responsive?

Our findings

Staff assessed people's needs and put in place care plans for each person. The care plans included information on people's personal care and mobility needs, nutrition, medicines and sleep and rest preferences. The plans contained personalised information and documented people's preferences. However, we found not all care plans were accurate. Records did not always accurately portray how a person's needs were met. For example, one person's records told us staff enabled them to eat. We found daily support was provided by a relative to eat their lunch time meal. The care plan did not include the extent of the relative's involvement. In another person's records we found it was recorded a person needed assistance from one member of staff to support their mobility. We found they needed assistance from two members of staff.

Daily records were written by members of staff at different points during the day. These were not always dated which made it difficult to track a person's delivery of care. In one person's records we found they had experienced a fall resulting in an admission to hospital. This was not documented in their daily notes.

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

We raised concerns about the level of care provided to a person who was being cared for in bed. We observed a staff member told another staff member they had left a cup of tea in the person's room. They said it needed to cool. We saw over an hour later the person had not had their cup of tea. There were no checks in place to monitor the person's well-being. On the second day of our inspection we found improvements had been made and there were checks were in place.

There was a disagreement between the views of the managers and staff and the views of people and relatives about the activities on offer in the service. The registered manager told us the provider did not employ activities coordinators. Staff on duty were expected to incorporate activities into their daily work. The service provided us with list of activities which included a gardening club, coffee morning, bingo, movie afternoons, a monthly quiz and trips out. Weekly visits by local clergy were on the list as well as a weekly visit from a person who brought their dog into visit people who used the service. Work was in progress to change a lounge into a cinema room. Our observations included staff preparing to take people on a visit to a bowling alley, and people spent time sitting alone without staff engaging them in activities.

Prior to admission, when staff carry out an assessment of people's needs the assessment tool incorporated questions about social activities and asked, "What are the customer's preferred activities?" People's daily records did not always reflect they had participated in or been offered meaningful activities.

Relatives spoke with us about the lack of stimulation for people and they told us they felt people were left with long periods and nothing to do. One relative pointed out a person sitting alone and told us they were left alone each day for hours. Following the inspection, the provider told us visitors to the home did not always know the contents of people's care plans. Another relative told us how they would take a group of

people into a games room to encourage them to participate in, for example a game of dominoes. Although a games room was available, we did not observe games around the home to make them accessible to people. The area manager told us there was plenty to do in the home, and perhaps relatives did not always see what was going on or knew when people had been offered activities and refused. During our inspection a new activities sheet was introduced for staff to record any activities. Following the first day of our inspection the deputy manager fed back to staff the inspection findings. Staff were requested if they had a spare five or 10 minutes that they engage with people and document the activity.

On the second day of our inspection people were taken to a gardening club and visited a local bowling centre. The latter was organised for the first time by staff and discussions took place between staff about taking the most able people until they could more thoroughly risk assess the environment. People were asked if they wished to attend the activities, however we did not observe regular activities displayed for people to remind them or their relatives what was going on. Following our inspection, the provider told us a monthly activities sheet which lists main activities is delivered to each room.
We recommend the provider conducts a review of the activities required to meet all needs in the home.

Information was displayed in the home in the reception area. This included for example, the daily menu. People's communication needs had been assessed and actions put in place to meet those needs. An optician had been invited into the home and carried out eyesight tests. One person was assisted to use electronic equipment to keep in touch with their family members.

People who used the service and their relatives told us they knew how to make a complaint and would speak to the provider. Information on how to make a complaint was available to people. We saw relatives had complained about the length of time it had taken to repair the lift. Due to the length of time it had taken for the repair the provider had installed a chair lift on one of the staircases. The lift had been repaired before our inspection commenced.

Requires Improvement

Is the service well-led?

Our findings

The registered manager used an 'excellence tool' to monitor the quality of the home. Actions to improve the service were identified and added to the actions log. These actions were subsequently tracked until the actions were resolved. However, we found issues in the home which had not been discovered using the auditing tools. For example, the cleanliness of a dining room, the failure to address the completion of records such as the food and fluids chart in line with their needs and topical medicine's charts, and the inaccessible emergency pull cords. This meant the use of the auditing tools were not effective in identifying the deficits we found in the service. Also, records in the home were not always up to date or accurate.

The district manager carried out a monthly visit to the home and provided a record of their visit which included comments on the staff who worked in the service, the financial aspects of the service, assets, and information and practice issues about the running of the home. The record also included compliance observations about the home using the CQC five key questions – is the service safe, is the service effective, is the service caring, is the service responsive and is the service well-led. We reviewed the district manager's visit records for February, March and April. We saw actions were agreed throughout the discussions and were reviewed the following month. Although compliance with the CQC key questions was not always evidenced in the reports every month the key questions about caring and well-led had been addressed in April 2018. Following the inspection, the provider told the format of the reports had changed. The reports did not identify the deficits we found in the service.

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

Staff told us they felt supported by the registered manager and were able to raise any concerns with them. One relative found the registered manager approachable. Another relative told us the registered manager was, "Very good and their door was, 'Always open.'" They told us the registered manager took an interest but they felt the registered manager did not always follow through on their concerns. One professional told us, "The senior management team have always been approachable, assisting when required with Continuing Health Care Assessments and nursing reviews."

The service carried out an annual survey of people who used the service and their relatives which was published on their website. The survey compared the results of the home against the average of the other homes run by the provider. Scores were bench marked against the provider's average for their other homes. Trend results within the home were also monitored. This meant the provider conducted an in-depth analysis of the results.

The registered manager pointed out that Wynyard Woods, due to its setting and the legal arrangements for the land which does not permit having a garden fence, the home would always score low regarding outside space. People did not have access to a secure garden area. Permission had been sought from the local land owner to enclose the garden but this had been refused. Although we observed people who were independent sitting outside in the sun, people living with dementia were not able to independently access a

secure and safe garden. Following the inspection, the provider told us any person who wished to spend time in the garden can be accompanied by a member of staff.

Staff had also provided feedback in an 'Anchor Colleague Engagement Survey' in 2018. Thirty- two staff out of 33 from Wynyard Woods responded to the survey. The results showed that whilst 13% more staff that the previous year felt they were satisfied with the career opportunities available at Anchor, 19% less staff felt committed to Anchor's goals. Following the analysis of the survey insufficient time had elapsed for the registered manager to put in place an action plan in response to the findings.

The staffing structure of the home consisted of one registered manager, two deputies and team leaders on each floor. Staff explained that this was a situation which the service had inherited from a previous provider. When the registered manager was in the home, team leaders became additional carers and the deputy managers carried out the medicines administration. Although the provider told us the deputy manager has a clear role and job description one deputy manager told us they regularly take on the role of the team leader when the manager is present.

The provider had an overarching business plan and a business continuity plan in place. Key actions were documented in the continuity plan should an incident taking place. Emergency contacts, key contractors and national contacts such as the Environment Agency were recorded.

In the PIR the provider told us about a newsletter called 'In Touch'. We reviewed these newsletters and found they were provided to staff monthly. They provided information to staff and updates from the provider such as information about work wear, the property team, pensions as well as asking of ideas on forthcoming events.

A statement of purpose giving organisation details, the vision and values of the organisation and information about Wynyard Woods was available in the home. The provider had five values in place to underpin the service - personal accountability, reliable, respectful, honest and straightforward. During our inspection we observed examples of these values in action. For example, staff were respectful towards people.

Staff told us the home was used as a community venue. They had recently initiated a "Cuppa with a copper" where local police came to the home for local residents to call in and discuss issues which affected them. The home had also been used as a polling station which allowed people who used the service to vote. The local resident's committee used the home for their meetings. This meant the service was integrated into the local community and was able to demonstrate partnership working in the locality.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to maintain an accurate, complete and contemporaneous record in respect of each service user. Regulation 17(2)(c) The provider failed to have in place effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17(1)