

Bostan Care Homes Ltd

Woodford Care Home

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?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive re-rating inspection of this service on 8 and 9 October 2015. This was to check that the registered provider now met legal requirements we had identified at inspections in February and May 2015.

Woodford Care Home is situated on a main road in Hull near to public transport facilities and there are local shops within walking distance. The home was originally three terraced houses which have now been combined. It is registered with the Care Quality Commission [CQC] to provide accommodation and care for up to 18 older people who may be living with dementia. On the day of

the inspection 10 people resided in the home. Accommodation is provided in single bedrooms spread over two floors. Communal rooms consisted of a main lounge, an additional smaller lounge and a dining room. The home had three toilets and one bathroom.

This service does not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the

Summary of findings

service is run. A manager was in place at the time of our inspection; who was in the process of applying to become registered with the Commission. We have called them the interim manager throughout this report.

Following our comprehensive and focused inspections, the registered provider was found to be non-compliant with regulations pertaining to infection prevention and control. During this re-rating comprehensive inspection we saw that the registered provider had taken appropriate action to ensure people were cared for in a clean and hygienic environment. An extensive programme of cleaning, replacement and redecoration had been undertaken throughout the service.

Following our comprehensive and focused inspections, the registered provider was found to be non-compliant with regulations pertaining to assessing and monitoring the quality of service provision. During this re-rating comprehensive we saw that the registered provider had implemented a range of audits and daily checks; we found these were effective and highlighted shortfalls within the service so that appropriate action could be taken.

Staff were recruited safely and received training as well as on-going supervision and support. The training records we saw highlighted some staff required specific training to ensure night shifts were run by staff with suitable skills and knowledge. When we mentioned this to the registered provider they took action immediately to rectify this.

Safeguarding systems had been developed which consisted of effective monitoring accident and incident investigations, staff training and policies and procedures designed to guide staff to take action if they had concerns. This helped to safeguard the people who used the service from the risk of harm and abuse.

The service was meeting the requirements of the Deprivation of Liberty Safeguards [DoLS] and staff understood the Mental Capacity Act 2005 and its principles in relation to people who lacked the capacity

to make decisions themselves. These safeguards provide a legal framework to ensure people are only deprived of their liberty when there is no other way to care for them or to safely provide the required treatment.

We observed care workers gaining people's consent before care and treatment was provided. When people lacked the capacity to make informed decisions themselves, best interest meetings were held appropriately.

We observed numerous positive interactions during our inspection; we saw that staff treated people with kindness and compassion. It was evident staff were aware of people's life histories and knew their preferences for how care and support was to be provided. Staff understood the need to respect people's privacy and maintain their dignity.

People's nutritional needs were met. People chose their preferred option from a daily menu. Staff monitored people's food and fluid intake and took action when there were any concerns so referrals to healthcare professionals would be made in a timely way when people's needs changed or developed.

Resident and relative meetings were held regularly and used as a forum for people to raise concerns, ask questions or make suggestions about the overall running of the service. When suggestions were made they were implemented by the interim manager.

Medicines were ordered, stored and administered safely. People received their medicines as prescribed by staff who had completed a safe handling of medication training.

During the inspection we saw improvements had been made and have changed the rating each domain. However, we could not rate the service higher than requires improvement for 'safe', 'effective' and 'well led' because to do so requires consistent and sustained improvement over time.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

People who used the service were protected from abuse and avoidable harm. When accidents or incidents took place they were investigated and action was taken to prevent future reoccurrence.

People's assessed needs were met by appropriate numbers of staff who had been recruited safely. However, we saw staff did not have appropriate training on some nights shifts.

People's medicines were ordered, stored and administered safely.

Requires improvement



Is the service effective?

The service was not always effective. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'effective' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

The manager understood their responsibilities in relation The Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards.

People who used the service received a wholesome and nutritional diet which was of their choosing. Pictorial aids were used to aid people's selection of meals when required.

Staff received training, support and professional development which equipped them to meet the needs of the people who used the service.

Requires improvement



Is the service caring?

The service was caring. People were cared for by staff who were kind, caring, considerate and understood their needs.

We observed interactions between staff and people who used the service that were enabling, comforting and supportive.

Good



Is the service responsive?

The service was responsive. People's assessed needs were planned for and met. People's care was reviewed on an on-going basis to ensure they received the most appropriate care to meet their needs.

Good



Summary of findings

A range of health care professionals were involved in people's care and treatment and staff made appropriate referrals when required.

A complaints policy was in place and people told us would raise any concerns they had with the interim manager.

Is the service well-led?

The service was not always well-led. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

There was no registered manager in place at the time of this inspection.

A quality assurance system had been implemented to ensure care and treatment was delivered in accordance with best practice which consisted of audits, checks and questionnaires. Action was taken when shortfalls were highlighted or feedback was received.

Requires improvement



Woodford Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 8 and 9 October 2015 and was unannounced. The inspection was completed by an adult social care inspector.

Before the inspection, we asked the local authority safeguarding and commissioning teams about their views on the service and whether they had any on-going concerns. We also looked at the information we hold about the registered provider.

During the inspection we used the Short Observational Framework Tool for Inspection [SOFI]. SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time, the type of support received and if they had positive experiences.

During our inspection we spoke with four people who used the service and four visiting relatives. We also spoke with the registered provider, the interim manager, the assistant manager, five care staff, a member of the domestic team and the cook.

We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We looked at six people's care plans along with the associated risk assessments and their Medication Administration Records [MARs]. We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards [DoLS] to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance documents, stakeholder surveys, recruitment information, staff training records, staff meetings and handover minutes, policies and procedures and records of maintenance carried out on equipment. We also took a tour of the premises to check cleanliness and infection control practices.

Is the service safe?

Our findings

At our focused inspection of Woodford Care Home on 6 and 7 May 2015 we found that the registered provider had not taken appropriate action to meet the shortfalls we identified during a comprehensive inspection on 9, 10 and 26 February 2015. This meant that the registered provider continued to be in breach of Regulation 12 and had failed to comply with our formal warning. People were cared for in an unclean and unhygienic environment and staff failed to follow best practice guidance regarding infection prevention and control which increased the risk of cross infection.

The service was not always safe. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.

During this comprehensive inspection we found that the registered provider had taken action to improve the environment, cleanliness, practices and knowledge of staff. We took a tour of the premises and found that required investments had been made to update bedrooms, communal areas, bathrooms, toilets, external grounds, facilities and equipment. We noted there were no mal-odours during the tour. Old and worn carpets in people's bedrooms had been removed and replaced with laminate/linoleum flooring that was easy to clean. Commodes and sink units that had rusted and become permeable had been removed and replaced with new. The registered provider told us, "We have a maintenance plan in place and want to make more improvements; we want everyone to be proud of the home." A visiting relative told us, "The difference is obvious, they took three skips of rubbish from in here, we all helped out and everything was replaced and redecorated; it's lovely now."

Staff told us they had completed training in relation to infection control and knew how to minimise the risk of cross infection. Records we saw confirmed this. We saw a sluice room had been created to wash commodes and hand sanitizers and glove dispensers had been erected in several locations with the home. A member of staff commented, "The things we do now are so much better, we

use bags [clinical waste bags] to take commodes from people's rooms, we use gloves and had the gels to make sure our hands are clean before we go and support people" and went on to say, "I can't believe some of the things we did when I think about it."

We spoke with a recently appointed domestic member of staff who told us, "I used to work here and have come back, I can't believe the changes, it's like it's a different place." The staffing rota provided evidence that a member of domestic staff worked for four hours, seven days a week. The domestic we spoke with commented, "I've got enough time to get everywhere, now everything is clean and new it makes things easier to manage." The registered provider and interim manager told us that a cleaning schedule was in place to ensure all areas of the home were kept to a high standard.

People who used the service told us they were happy with the changes made to the home. Comments included, "It's lovely in here now", "My room gets cleaned every day and I get my laundry done, it always smells clean and fresh" and "Lots of improvements had been made; I love it, it's like a hotel." Relatives we spoke with said, "The cleanliness has really improved", "It's a different place, it's fresh, clean and the whole atmosphere has changed, it never smells anymore" and "So much has changed, it's immaculate now, the owner deserves a lot of credit."

People also said they felt safe and that they were supported by suitable numbers of staff. We were told, "I'm really safe, there is lots of staff around and they help me whenever I need them to" and "There is nearly as many staff as there is of us [people who used the service] these days." A visiting relative told us, "Moving Mum in here was the hardest thing I've ever done but she is safe here and if there is ever a problem someone is with her. It's really reassuring for me to know she is not alone."

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training. Staff knew how to recognise signs that abuse had potentially occurred and understood their responsibilities to report anything they became aware of. One member of staff told us, "I would report anything I saw straight away; the people in here are like my family so I wouldn't think twice about raising my concerns." The assistant manager said, "If we were made aware of anything we would investigate and take action, our first priority would be to keep them [the people who used the service] safe."

Is the service safe?

We saw evidence to confirm when accidents or incidents took place the interim manager completed an internal investigation. When possible improvements to the service were made to ensure people's safety was maintained and future occurrences were minimised. The interim manager told us, "I review them [the accidents or incidents] and look for patterns and trends." We saw evidence to confirm action had been taken after incidents occurred, this included developing care plans and risk assessments as well as contacting relevant professionals as required. This helped to ensure people who used the service were safe and known risks were managed effectively.

Staff were deployed in adequate numbers to meet the assessed needs of the people who used the service. At the time of the inspection 10 people were using the service. They were supported by three care staff, an assistant manager who worked as the shift senior providing hands on care and guidance to staff, an interim manager, a domestic and a cook. The interim manager told us, "We are happy with the staff numbers at the moment but I will use a dependency tool to make sure the levels stay right when we get more residents." A member of staff commented, "I think we have just the right amount of staff, everyone gets

seen quickly, no one is really waiting so everyone is happier." Throughout the inspection we noted call bells were answered quickly which meant people were not waiting for care and support.

We reviewed the registered provider's staff rota and noted two members of staff worked during the night shift which was between 10pm and 7am. When we looked at the staff training records it was apparent that during several recent night shifts staff were working who had not completed first aid or fire training. This meant people who used the service would not be safe in the event of a fire or a respiratory emergency. We discussed this with the registered provider who took immediate action to ensure staff had completed training and knew what action to take in the event of an emergency during the night.

The registered provider had a business continuity plan in place that covered several emergency situations including fire, flood or the loss of facilities such as water, gas or electricity. The registered provider explained, "I want to develop the plan; I am building relationships with local providers so we know where our residents can go if something does happen." This helped to provide assurance that people would remain safe and be cared for during a foreseeable event.

Is the service effective?

Our findings

People who used the service told us staff gained their consent before care and support was provided. One person said, “Of course, the staff ask me if I want help; if I need them then they help me, I do like to do whatever I can myself.” A relative we spoke with said, “They are always offering to help people, they wouldn’t just do something without permission. My mum is very ill; she can’t speak to them [the staff] but they still ask if they can get her up or change her bed.”

People were complimentary about the staff who supported them, comments included, “They are first class, they all know what they are doing and look after us really well”, “They are great”, “The cook is good, the meals are lovely” and “We couldn’t get a better bunch of staff.”

The service was not always effective. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will review the service’s rating during our next planned comprehensive inspection.

Staff were supported during periodical supervisions and team meetings. We saw that staff meetings were used as a forum to discuss staff practices, ways of working, menus, rotas, training and the needs of the people who used service including how people had spent their day, the general wellbeing and if they required additional support. The interim manager explained, “I have done one supervision with all the staff, it was an introduction for us all and I learnt about their skills and training needs. We have looked at what they need support with and how I can help them develop.” A member of staff told us, “The new manager is great, the new management team are, we all know what is expected of us and how to do things properly.” The interim manager confirmed that staff’s annual appraisals were due to be completed and this would be done as a matter of priority.

The registered provider utilised an on-line training provider which staff could access at any time to complete training or refresher courses. We saw that staff had completed training in safeguarding vulnerable adults, health and safety, infection control, the Mental Capacity Act 2005 [MCA],

Deprivation of Liberty Safeguards [DoLS] and dementia awareness. Plans to develop staff knowledge and skills were in place and further training had been booked including, fire safety, first aid awareness and food hygiene. The registered provider explained, “Getting the staff trained in all of the training we have access to is key; they have done a lot and we just have a few things left to complete.” The interim manager told us, “A lot of the staff have completed NVQ [a nationally recognised qualification] level two and some have level three. If we can get everyone to that level I will be happy.”

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty Safeguards [DoLS]. This is legislation that protects people who are not able to consent to the care and support they require. It ensures that people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The interim manager was aware of their responsibilities in relation to DoLS and had made applications for the relevant people who used the service.

Staff understood the importance of gaining people’s consent before care and treatment were provided. During discussions staff described how they would gain consent, “I just ask people if they want me to help them”, “I explain what needs doing and ask people if I can do it, if they say yes I do it and if they say no I don’t”, “Sometimes we have to ask people more than once, or I could go away and ask again in five minutes; sometimes if a different member of staff asks, that works” and “We get consent in a number of ways, we ask people, we ask family and have best interest meetings. Some people can’t communicate with us very well so we say what needs doing and judge their reactions.” We observed staff using a number of these techniques throughout the inspection.

People were supported to maintain their general health. They had access to a range of health and social care professionals to meet their holistic needs, including specialist nurses, dieticians, speech and language therapists [SaLT], falls professionals, emergency care practitioners, GPs and dentists. Referrals were made quickly when people’s needs changed and we saw they were supported to attend health appointments when required. We spoke with a visiting specialist nurse during the inspection, they told us, “They [the staff] contact us

Is the service effective?

quickly when they need advice, they listen and implement our advice” and “They really know the patients [people who used the service] and their needs so they know if someone needs us to visit.”

People were supported to maintain a balanced diet. We saw that people chose what they wanted to eat and were encouraged to consider healthy options. A large pictorial menu was displayed in the main dining room and was updated to reflect the choices on offer. The cook told us, “I speak to everyone in a morning and ask them what they want; I use the pictures to help people decide” and “If they don’t fancy either of the options I offer them sandwiches or soup but will make anything they want really.”

The food we saw looked appetising, portion sizes were provided to people in line with their preferences and we noted people being offered and receiving second helpings. A relative we spoke with told us, “I feed my mum, she has a soft diet so all her food is blended but it’s all done separately so still looks nice.” When required people’s daily food and fluid intake was recorded to ensure they maintained at an appropriate weight. The interim manager confirmed people were weighed on a monthly basis and that relevant professionals would be contacted if any concerns arose.

Is the service caring?

Our findings

People who used the service told us the staff who supported them were kind and considerate of their needs. One person told us, “The staff are lovely, they are always there to give me a smile or for a little chat.” Another person said, “They are wonderful.” A relative said, “They are angels, they really are.”

Relatives we spoke with also said, “My mums care is first rate”, “Everyone here receives a really good level of care by staff who genuinely care about them”, “It really is like one big family here, my sister is very happy” and “She [the person who used the service] has improved so much since she moved in here, she is healthier happier and is like she used to be.”

We saw that trusting relationships had been built between the people who used the service and the staff who supported them. People were listened to and their choices were respected. On the first day of our inspection one person had chosen to have a ‘pyjama day’, staff respected the person’s wishes. The person was told staff would support them to get changed if they wished and were complimented on their new house coat [dressing gown] which clearly elevated their mood.

Staff had an obvious knowledge of the people they supported and used that to recognise when people were acting differently or to help diffuse situations when possible. We saw staff engaging with people at times when they were displaying behaviours that may challenge the service; staff used distraction techniques and their knowledge of the people’s family, hobbies and interests to re-direct them successfully. The interim manager told us, “We are keeping a close eye on [Name] at the moment; one morning she just woke up and was aggressive, we knew something must be wrong as it’s not like her at all. We got the doctor to come and see her and she has a water infection so is taking a course of anti-biotics.”

People who used the service were treated with dignity and respect by staff who recognised the importance of treating everyone as an individual. Staff told us they would show people respect by, “Calling people by their preferred name”, “I always knock on people’s door, I don’t just barge in to their room” and “I don’t talk over people. I always listen to

what they are saying and never ignore them.” People were encouraged to be as independent as possible and their care plans contained information about their abilities and reflected their preferences.

The interim manager told us there were no restrictions on visiting times; when we spoke with visiting relatives they confirmed this. We were told, “Me and my sister are here every day. When mum’s doctor said she didn’t have long left we practically lived here, we did not leave my mum’s side”, “I come and go as I please, I come every day, but when depends on what shift I am working. I come and see everyone, all of us [relatives] do, that’s the sort of home this. We are one big family” and “We can visit any time we like, I love coming and just relaxing with my sister, talking like we used to do.”

We spent time observing how care and treatment were provided to people who used the service. Staff took the time to sit and talk with people about different aspects of their lives; they shared jokes and laughed together. We saw one person being transferred by staff using a hoist. The process was done quickly and efficiently but staff took the time to reassure the person’s and engage them in conversation throughout the episode of care. The assistant manager described the action they had taken when one person had become anxious, they told us they had taken the person to a quiet area of the home, used screens to give the person privacy and allowed the person to watch television by themselves. They said the person was comforted by this actions and felt as if they were in the own sitting room. This helped to provided assurance that people were treated with kindness, compassion and staff had an understanding of how to meet their individual needs.

Care plans were developed on a newly installed IT system. The interim manager told us, “We are in the process of transferring everyone’s information onto the system so everything apart from monitoring sheets will be electronic.” The registered provider explained, “The staff will have access to a certain level of information, the assistant manager, [interim] manager and myself will be able to see everything in the system so it’s a useful tool to store information confidentially.” This ensured people’s personal details and private information were held appropriately.

Is the service responsive?

Our findings

People who used the service and their relatives told us they were involved in decisions about their care, treatment and support. They also said they were involved in developing their care plans. Comments included, “I know about my care plan”, “We have little meetings, my family come and we talk about what I need”, “I am the appointed person for my mum, I come to every meeting and I am involved with any decisions about her care” and “They [the interim manager and staff] involve me in every decision and always keep me updated about what is happening.”

People told us they knew how to complain, one person said, “I would speak to the manager, she is very nice and I’m sure she would listen” another person said, “I would just say if I wasn’t happy with anything but I am very happy thank you.”

We looked at the care files for six people who used the service and saw individual assessments were carried out to identify people’s needs. This information was then used to develop care plans and risk assessments. Each plan contained personalised information including people’s preferences, abilities and levels of independences as well as guidance for staff for to ensure people’s needs were met effectively and consistently. Care plans had been developed for all aspects of people’s daily lives including personal care, mobility, continence, pain, medication, respiratory, vision, mental health, physical ability, stroke, epilepsy and tissue viability. Each care plan had an associated risk assessment that contained detailed information for staff on how risk could be reduced or minimised.

We saw evidence to confirm that people had their needs reviewed periodically. The interim manager told us, “The IT system we have prompts us to review all of the care plans every month. If someone’s needs had changed we would update the care plan and the risk assessment and inform or

involve the family so they were kept up to date” and went on to say, “Obviously we would work with relevant professionals and incorporate their advice into our care plans as well.”

People who used the service were encouraged to follow their hobbies and personal interests. Various activities took place within the service including movement to music, visit from singers and hairdressers as well as reminiscing and group discussions. One person who used the service told us, “I got my nails done this morning and then everybody else did.” A relative told us, “My mum is very poorly, she has been end of life care before but we got her out of her room when the music man came and she got involved, it made me so happy; it really touched me seeing her participate.”

The registered provider had a complaints policy in place that included response times and details about how the complaint would be handled and investigated. We noted that the policy was displayed within the home and information about how to raise a complaint was also included in the service user guide given to people when they moved into the service.

The interim manager told us they operated an open door policy and made themselves available if people who used the service or relatives wanted to discuss any concerns they had. They said, “I want to hear about complaints and compliments, we want to develop the service so we will try to use any feedback to improve what we do.”

We saw that reasonable adjustments had been made within the service to encourage and enable people to remain independent. Stair lifts had been installed on two stair wells, bath hoists, hand rails, ramps and relevant signage were in use within the service. We saw one person was engaged in doll therapy with obviously relaxed and calmed them. Doll therapy is recognised as a way to alleviate agitation and distress of people who may be living with dementia.

Is the service well-led?

Our findings

At our focused inspection of Woodford Care Home on 6 and 7 May 2015 we found that the registered provider had not taken appropriate action to meet the shortfalls we identified during a comprehensive inspection on 9, 10 and 26 February 2015. This meant that the registered provider continued to be in breach of Regulation 17 and had failed to comply with our formal warning. Effective systems were not in place to monitor, assess and improve the level of service provided.

The service was not always well-led. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.

People who used the service told us they knew who the [interim] manager was and they were approachable. We were told, "The new manager is lovely, she comes and sees how we are doing and we have a little chat", "I like her she knows what she is doing and keeps them [the staff] all in line" and "I see the [Name of the manager] most days."

Relatives confirmed the interim manager was a visible presence within the service who made themselves available to discuss matters within the service. Comments included, "We are all very impressed with the new manager, she knows what needs to be done and has turned this place around", "I like the new manager, I come here every day and have done for years; the manager asked me if I wanted to be a volunteer and has let me do some training" and "It's not just the manager everyone is working hard but they have someone who knows what they are doing guiding them now, that's what was missing."

Staff confirmed the interim manager was approachable and they could raise concerns at any time. The assistant manager told us, "It's exciting for us all; we are moving forward and learning how things should be done. I really enjoy working with the manager and the registered provider." Another member of staff told us, "We have a proper manager now so we all know what we are doing and what is expected of us" and "Anything she says she is

going to do, she does." The interim manager said, "I have a good relationship with the registered provider he is approachable and I hope the staff know they can come to either of us with any concerns they have."

At the time of this inspection there was no registered manager in place; this was because the registered manager had left the service after our comprehensive inspection took place in February 2015. During the inspection the interim manager confirmed they had commenced the application process to become the registered manager of the service. A service that does not have a registered manager in place cannot receive a higher rating than 'requires improvement' in the well led domain.

During the inspection it was apparent that the service had made considerable improvements in the quality monitoring and management of the service, the delivery of person centred care, understanding the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards, ensuring people were cared for in a suitable, clean and hygienic environment and the training, supporting and mentoring of staff. However, for the service to be rated as good in every domain we require evidence that these improvements will be sustained over an extended period of time. The registered provider told us, "We are committed to using the systems we have put in place to continue to improve the level of service we provide. We will ensure we have open lines of communication with the commissioning team and the Care Quality Commission in the future."

At our focused inspection of Woodford Care Home on 6 and 7 May 2015 we found that the registered provider had not taken appropriate action to meet the shortfalls we identified during a comprehensive inspection on 9, 10 and 26 February 2015. This meant that the registered provider continued to be in breach of Regulation 17 and had failed to comply with our formal warning. The registered provider had failed to ensure effective systems were in place to assess and monitor the quality of service provision.

During this comprehensive re-rating inspection we found that the registered provider had taken action to improve governance systems within the service. An audit schedule was in place that covered, amongst other things infection, prevention and control practices, care planning, risk assessments, equipment, supervisions and staff training. We saw that the interim manager completed daily checks

Is the service well-led?

of the building, the environment, activities, the menu display and the standard of meals which included speaking with people who used the service to ensure they were satisfied.

We saw that moving and handling equipment was serviced yearly as recommended, fire equipment, emergency lighting and the fire alarm checked regularly and Portable Equipment Testing's [PAT] had taken place. We also saw electrical and gas safety certificates were in date. This helped to provide assurance that shortfalls in the equipment and facilities used by the service would be highlighted which would enable corrective action to be taken.

People who used the service, their relatives and staff were involved in the developing of the service. Team meetings and resident and family meetings were held monthly. The meetings were used as a forum to discuss changes to the service, new activities, changes to the menus and anything else people wanted to discuss. A relative told us, "We suggested changes to the menu and said we wanted more activities to take place and those things have happen." A member of staff said, "The team meetings and daily handovers are good, we can ask questions, make suggestions and the manager listens to what we have to say which is great."

The registered provider and interim manager had a good understanding of the key challenges and risks to the

business. The registered provider explained, "We know there are lots of risks and they change all the time, changes to the living wages, pension contributions, new legislation; they all impact on us but we have to ensure we find a way to be sustainable." The interim manager commented, "We have a really good team at the moment we have to invest in them and provide them with the training and support they need to develop."

Responsibility and accountability was shared throughout the organisation. The assistant manager told us, "We all knew we needed to improve, some of us have been here a while, some of us are new but we have worked together and we all think things are a lot better than they were." A member of staff told us, "We have had to look at how we did things and improve, it's not always been easy but I think they [the people who used the service] get better care and are happier and that's what matters."

We saw that questionnaires had recently been completed by people who used the service and relatives. Feedback was used to develop aspects of the service when possible. The interim manager told us, "Because of the improvements to the environment most of the comments were around activities and the menus. We have listened to what people said and have made the changes they wanted."