

Bupa Care Homes (ANS) Limited

Woodend Care Home

Inspection report

Bradgate Road
Altrincham
Cheshire
WA14 4QU

Tel: 01619295127

Date of inspection visit:
25 October 2018
26 October 2018
31 October 2018

Date of publication:
24 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Woodend Care Home is a purpose-built care home and can provide nursing and residential care for up to 79 older people. It is situated in a residential area of Altrincham, Cheshire. At the time of the inspection there were 75 people living in the home. People were supported over four floors. The Dunham and Stamford units provided residential and nursing care. The Tatton unit provided support to people living with dementia and the Arley unit provided nursing care. Each floor had a communal lounge and dining room, and a small kitchen area. The kitchen and laundry room were situated in the basement.

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.

This inspection took place on 25, 26 and 31 October and was unannounced. The service was last inspected on 20 and 21 September 2017 and received an overall rating of requires improvement. The previous report found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, person centred care and good governance.

During this inspection we found that the provider had met some of the previously breached regulations. Although we found that improvements had been made we found three further breaches of the Health and Social Care Act 2008 (Regulated-Activities) Regulations 2014. These breaches were around safe care and treatment, staffing levels and good governance.

The service didn't have a registered manager at the time of our last inspection. A registered manager has now been in post since January 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that there had been improvements to the service. Recruitment procedures were now being followed correctly and all the required checks had taken place in the files that we examined. Quality monitoring reports from Trafford Council and Woodend's monthly and six-monthly audits demonstrated that there had been improvements since the last inspection.

Despite some improvement we still had concerns about how medication was being managed. We found one person whose PRN protocol was not in place. All annual medication competencies were now completed and up to date.

People who used the service, families, visiting professionals and the majority of staff raised concerns about the level of staffing in the home and the use of agency staff. Staff were visibly under pressure, during the inspection, to keep on top of their work. The use of agency staff had reduced by half compared to the same

period 12 months ago and they had just recruited seven new carers and two new nurses who were due to start next month.

Staff were aware of their responsibilities to safeguard people from abuse and risks to people's safety were assessed with guidance on how to minimise the risks. The service also had a whistleblowing policy and staff reported feeling able to report poor practice if required.

Inspection of care records showed that risks to people's health and well-being had been assessed and that plans had been put into place to manage the identified risks.

Systems were in place to monitor the safety of equipment and all other required checks were up to date, including fire safety and gas safety checks. We saw infection prevention and control policies and procedures were in place and staff we spoke with understood the importance of infection control measures. On-site laundry facilities were well resourced and well managed.

We did find hazardous substances unattended in one of the bathrooms and a window restrictor needed fitting in a top floor window. The monitoring systems had failed to pick these two issues up. The registered manager responded quickly to resolve both issues on the day of the inspection.

All the people we spoke to reported feeling safe.

People's needs were thoroughly assessed before admission. Clear guidance was in place explaining how people's needs would be met and this was reviewed and updated monthly. This included regular daily checks to monitor people's personal care.

People continued to receive support with their nutrition and hydration. Advice and guidance from health professionals had been included in the support plans. People liked the food and could choose what they wanted to eat and told us that they liked the food.

The home environment required improvement. We have made a recommendation about the need for further improvements to make the home more dementia friendly.

The service continued to work within the principles of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of involving people as much as possible in their care and acted in their best interests if decisions needed to be made on their behalf.

The home was caring and we observed positive interactions between staff and residents and feedback from both residents and relatives reported that staff were caring.

People's communication needs were routinely assessed and their views and likes and dislikes were factored into their care plans. The home removed barriers to good care and complied with the Equality & Diversity Act 2010.

People's independence was promoted by staff on a daily basis. We have made a recommendation about promoting people's access to independent advocacy. End of life care was good. The home had been accredited with the North West Six Steps end of life programme.

Care was person centred. People were involved in their care and their views and preferences had been recorded. Effective joint working with health and social care professionals was routine.

Activities in the home had improved. People, their families and staff had reported this improvement to us during the inspection.

People's communication needs were routinely assessed. The service met the Accessible Information Standards.

People using the service and staff reported that things had improved since the new registered manager had been in place. Further improvement was required to ensure that safety audits are more thorough.

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.

Medication had improved but required further work to make it safe.

Staff were aware of their responsibilities to safeguard people from abuse and risks to people's safety.

Hazardous substances were found unattended on one unit. One window restrictor needed to be fitted to a top floor window to make it safe. All other safety checks were up to date including gas, electric and fire safety checks.

Is the service effective?

Good 

The service was effective.

People's needs were thoroughly assessed before admission. Clear guidance was in place explaining how people's needs would be met.

People continued to receive support with their nutrition and hydration. Advice and guidance from health professionals had been included in the support plans.

The service continued to work within the principles of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

Staff interactions with people were attentive and patient and provided the care that was required.

People's communication needs were routinely assessed and their views and likes and dislikes were factored into their care plans.

Is the service responsive?

Good ●

The service was responsive.

Care were person centred. People were involved in their care and their views and preferences had been recorded.

Effective joint working with health and social care professionals was routine.

Activities in the home had improved.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Audits demonstrated some improvement in performance since the last inspection. Further improvement was required.

Residents, staff and families reported that the new registered manager had made a positive impact.

Woodend Care Home

Detailed findings

Background to this inspection

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

The inspection was unannounced and took place on 25, 26 and 31 October 2018.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019. The inspection was carried out by one other adult social care inspector.

Before our inspection the provider completed a provider information return (PIR). 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 also reviewed the information we held about the service and we looked at the statutory notifications they had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

We contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. We also contacted Trafford Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They raised no concerns.

During the inspection we spoke with the registered manager, four people who used the service, nine staff members, two chefs, four relatives and three visiting professionals.

During the office visit we looked at records relating to the management of the service. This included policies

and procedures, incident and accident records, safeguarding records, complaint records, four staff recruitment files, training and supervision records, five care files, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection of the service on 20 and 21 September 2017 we found the service was not always safe. We found the provider did not manage medication safely and robust recruitment checks were not in place. This was a breach of Regulation 12 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at recruitment and found that improvements had been made. Appropriate checks had taken place. This included appropriate references and Disclosure and Barring Service (DBS) checks completed before people started to work. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Despite some improvement we still had concerns about how medication was being managed. We looked at the specific issues highlighted in the last inspection report and found that certain issues had been addressed. Each staff members 12-month competency checks were now completed and up to date. All staff who administered medicines were trained to do so. This included a workbook and three competency checks during the induction. The workbook included introduction to medication in a BUPA care home, ordering and receiving medication, administration of medication, storage and disposal of medication.

At the last three inspections in November 2015, June 2016 and October 2017 we found 'as required' medicines (PRN) had not always had protocols in place. At this inspection we found that one person did not have a PRN protocol in place. We asked the nurse in charge to talk us through four PRN records on Tatton unit and found errors with one. The pain assessment tool was not in place and it was not clear why the person had only been given the medication to manage pain in the morning when it was required four to six times a day. We raised this with the registered manager who agreed to review all PRN protocols to ensure that they were in place and that they were being followed correctly. We were also shown a new PRN protocol form that had been developed prior to the inspection. The registered manager confirmed, after the inspection, that the review had taken place and the new PRN form had been introduced and will be reviewed monthly. This measure will ensure that PRN medications are administered as prescribed.

The concerns found during this inspection relating to the proper and safe management of medicines was a continued breach of regulation 12 (2) (g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service, families, visiting professionals and the majority of staff raised concerns about the level of staffing in the home. There were also concerns expressed about the use of agency staff.

One person we spoke to said, "We are short of staff. I need the support of two staff to get up. Sometimes I wait a long time for this. I also don't get to the toilet on time. The staff are very nice, but we have to wait too often and staff are too rushed." Another person said, "They are short of staff. Agency staff don't know your needs." One staff member commented, "I have no breaks. I'm told it is a time management issue. I feel overwhelmed, there is a difference between being busy and being overwhelmed." A second commented,

"People don't get out of bed when they want to because we do not have enough staff." A third said, "There are not enough staff I never get my break. Doing our best is not enough." A visiting health professional stated, "They are understaffed and there are too many agency staff. The pressure on staff is obvious."

We did observe that staff were visibly under pressure during the inspection. Nurses reported not having the time to take breaks in a 12-hour shift. We discussed this with the registered manager who informed us that on admission the, 'Bupa Resident Care Needs Banding Tool', is used as part of the pre-admission documentation. The banding is added to the nursing and care needs calculator which calculates the nursing/carer hours needed to meet resident's needs. We were told that staffing levels were reviewed on a daily, weekly and monthly basis or as required by the management team. If there are concerns the registered manager would work on the unit to see in practice what was required. Despite this the management team had not identified the staffing issues that we had identified on inspection.

We found this to be a breach of Regulation 18 (1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager regarding the use of agency staff. We were informed that that agency staff were only used to cover staff sickness and were not used to cover vacancies. The records showed us agency hours had reduced from 168 hours in November 2017 to 77 hours in October 2018. Following the inspection we were told that staffing would increase from one nurse and three carers to one nurse and four carers on three floors in December 2018.

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that most staff had received safeguarding training. Staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

The service had a whistleblowing policy, which allowed staff to report any unsafe or poor practice without fear of recrimination. Staff told us that they were willing to report any practices which they felt were unsafe.

Inspection of care records showed that risks to people's health and well-being had been assessed and that plans had been put into place to manage identified risks. This was evident in all five care files that we looked at. This included a safety section that covered call bells and a personal emergency evacuation plan. There were other specific sections that included moving and handling, falls, skin care and eating and drinking.

We looked at the accidents and incidents recorded on all four units in 2018. All incidents and accidents were recorded and reviewed by the management team and inputted onto a computerised system. Accidents and incidents were then pulled through onto a monthly quality report which provided trends for further scrutiny.

The local authority carried out an infection prevention and control audit in August 2018. The home received a score of 74%. The issues identified included the need for hand wash basins in the second and third floor clinical rooms. The room were not big enough for wash basins. Wash basins had been installed behind the nursing stations for nurses to use until larger clinical rooms with hand wash basins are provided when the whole building is refurbished in spring 2019. The registered manager confirmed that the refurbishment of Woodend is incorporated into the Regional property plan for 2019. The site surveys have been completed, and the exact detail of scope and cost will be confirmed once budgets have been signed off early in 2019.

We saw infection prevention and control policies and procedures were in place and staff had been trained in infection prevention and control. Staff we spoke with understood the importance of infection control

measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment when handling food, completing personal care tasks and cleaning. We saw staff wore protective clothing when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection and wearing protective clothing helps protect staff and people who use the service from the risk of cross infection during the delivery of care. There were five hand gel dispensers on Stamford unit and the registered manager agreed to install an additional dispenser by the entrance to the unit from reception to encourage visitors to use the gel before entering the home.

We found hazardous substances unattended in one of the bathrooms on Dunham unit and were informed that there were no facilities on the unit to store them. The registered manager was quick to respond. The items were removed and a metal lockable cabinet was ordered. We also reported a window on the top floor as it required a window restrictor. The registered manager had a window restrictor fitted the same day.

We looked at the on-site laundry facilities situated in the basement. It was a large spacious room that had been divided so that clean and dirty laundry was not stored in the same area. This helped to prevent cross contamination and reduced the risk of cross infection. We found there was sufficient laundry equipment to ensure effective laundering. Hand-washing facilities and protective clothing of gloves and aprons were in place.

Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, risk of legionella disease, portable appliance testing, fire detection, the lift and lifting equipment. This helped to ensure that the premises were kept safe.

There was a keypad lock on the door from the entrance hall into the home. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced. It also helped to prevent people who were assessed as being at risk if they left the home alone, from leaving the building unsupervised.

Is the service effective?

Our findings

At the last comprehensive inspection of the service on 20 and 21 September 2017 we found the service was not always effective and was rated as required improvement. At this inspection we found the required improvements had been made. The rating for effective was now found to be good.

People's needs were assessed before moving to the service using a 'Pre-admission and review assessment' form. These were detailed and showed that people's physical and mental health needs had been assessed in all five care files that we looked at. Assessments included information in relation to communication, personal care, eating and drinking, skin integrity, mobility, pain and sleep.

The care files were well organised with a clear format in place that was easy to follow. Each section was reviewed monthly and professional visits and referral logs were completed. The care records we saw showed referrals had been made to appropriate professionals such as GPs, speech and language team (SALT) and the dietician, for example. People's care files included details of any medical diagnoses and the support required for each medical condition. Where assessments or reviews had taken place, we could see that advice provided was followed with instructions written into care plans. One staff member commented, "We are clear about people's needs and provide extra support to people who need it."

The service worked closely with other agencies to provide the care that people needed. This relationship benefited from a local initiative where a team of GPs, district nurses and other health professionals carried out a weekly ward round and provided a 24-hour advice line to support staff. This has resulted in a reduction in hospital admissions. The staff also worked closely with the tissue viability nurse, podiatrist, dietician, speech and language therapist and the dementia crisis team. This helped to ensure that residents had access to the care that they needed.

We were informed by the registered manager that they plan to refurbish the home in Spring 2019. The overall appearance of the care home was acceptable although the carpets were worn in places and the décor would benefit from modernising.

Tatton unit would also benefit from being more dementia friendly. The unit would benefit from more suitable aids and adaptations. The toilet seats and grab rails in the bathrooms and toilets were not of a different colour than the toilet. Research has shown that coloured seats and grab rails assist people living with dementia to recognise the toilet more easily. It is also helpful if toilet doors are painted in a single distinctive colour. These measures promote people's independence and helps them to move around more easily. We did see that the bathrooms and toilets had pictorial signs on the doors to assist identification of the facilities but did not see any directional toilet signage to help people find the location of the toilets.

We recommend that the provider seeks out links with specialist dementia services who can give practical guidance and advice. This was because the environment provided for people living with dementia were not adequate.

The registered manager confirmed after the inspection that they had ordered more signage and that they had requested that the colour of the toilet seats and the colours of the bathroom and toilet doors on the Tatton Unit, which is specifically for people with a diagnosis of dementia, are changed. The registered manager could not confirm immediately if this would take place before the refurbishment although they had requested that it does.

All staff attended mandatory training when they first started in their roles. This included classroom styled training for all mandatory subjects as well as shadow shifts, where they shadowed more experienced staff, until they felt competent to carry out the role effectively. Refresher training was also provided to ensure that staff maintained and updated their knowledge. A new staff member told us, "Yes the induction was very good. It covered all the key areas such as safeguarding."

We viewed the home's staff training compliance matrix which listed close to thirty different types of training. It showed the training which had been assigned to staff and what had been completed. Staff had completed key training in subjects such as safeguarding, food safety, moving and handling and Mental Capacity Act and DoLS. An electronic system was in place that emailed staff and management when training was due where staff were booked onto the next available course.

All staff reported that they had enough training to carry out their roles effectively. One commented that, "There are always opportunities if we need them." A second said, "Yes, they are good with moving and handling training in particular."

The supervision system had improved. The last inspection reported that supervisions were sporadic and didn't follow the provider's policy of annual appraisal and supervision every two months. During this inspection we were informed that this policy was discontinued at the end of 2017. A new tracker system was introduced which required a minimum of two supervisions, one appraisal and a review each year. We looked at the tracker and could see that most of these had been carried out. The registered manager said that they tend to go over the total of four meetings a year and all care staff had received two to three supervisions and their appraisals so far this year. Some units had completed their second reviews and others were in the process of completing them.

Most staff that we spoke to said that the home and the support they received had improved since the new registered manager started. One staff said, "Yes, I receive supervision and support. It is better than before. Yes, I feel valued." A second staff member said, "I would say yes, my manager is very supportive, things have improved with the new manager."

People were supported to have enough to eat and drink by staff who understood what support they required. Care records indicated any specific dietary needs, including likes and dislikes, the need for one to one support, any cultural or religious requirements and any risks including allergies. The assessment provided prompts to ensure that people were referred to the GP or the dietician where required and ensured that different clinical tools were completed by staff to record weight and food and fluid intake.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that food stocks were good and people were able to choose what they wanted from a varied menu that provided a balanced diet. Snacks including fresh fruit were made available day and night. The home followed the Bupa Principal menu. This initiative was introduced following intensive consultation with a wide range of stake holders and advice from nutritional experts. It offered choice and catered for different nutritional requirements.

We observed lunch being served on Dunham and Tatton units. Once in the lounge and once in a communal dining area and we could also see that people had the choice to eat in their rooms if they preferred. People who needed support were prompted and encouraged by staff who were kind and attentive. The people we spoke to liked the food. One relative commented, "My Mother is doing well here the food is excellent." Three people that we asked about the food confirmed that they liked it.

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.

The service was working within the principles of the MCA. A section in the care files called, 'Choices and decisions', clearly recorded people's needs in each of the five care files that we looked at. It identified what areas of care the person could consent to and mental capacity assessments and best interest decisions were in place, where required, where they were unable to consent. The staff we spoke with had received training and understood that the legislation was about supporting people to make their own decisions where possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection authorisations for DoLS were in place for six people. The registered manager was knowledgeable about this area of practice and had appropriate systems in place to monitor this and to keep all applications up to date.

Is the service caring?

Our findings

At the last comprehensive inspection of the service on 20 and 21 September 2017 we found the service was not always caring. People's personal care needs had not always been well managed by the provider and there was a potential risk of cross infection. This was a breach of regulation 9 (1) (2) (3), Person centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the rating for caring was now found to be good.

We could see people's personal care had been attended to. Systems were in place to ensure that staff carried out checks daily. We looked at the daily personal care supplementary chart in ten care files. These provided a checklist including showers, baths, skin checks, bed baths, body washes, mouth care and nail care. They had been completed each day in all ten files.

We spoke to one relative whose loved one had recently moved into the home. They commented, "Staff are nice, they are kind and caring and personal care is good. My [relative] had pressure sores when they arrived and staff have been attentive and they are healing well."

Interactions between staff and people who used the service had also improved. The previous inspection found interactions on the Tatton unit were varied and required improvement. They observed that staff were focused on tasks associated with caring for people but did not take opportunities to interact with people. We spent time on Tatton and found that staff interactions were attentive and patient and provided the care that was required. Staff completed their paperwork in the lounge area so that they could spend time interacting with people and we saw staff reassuring people when they became agitated.

One person said the staff are, "Smashing." Another person said, "Yes, they are fine, they treat me very well." A third said, "It is good overall, they do care for me." One relative commented, "Staff are nice. They are kind and caring." Staff were all able to describe how they treated people with dignity and respect and provided examples regarding personal care and people's right to privacy.

We observed that staff were kind and caring. When people looked to interact with staff or sought reassurance or information from them we saw that they responded appropriately. They were respectful and knew people well and were able to adjust their responses to meet people's individual needs.

People's communication needs were assessed and guidance provided on how each person communicated. Care plans indicated people's individual preferences for different aspects of their care and these were clearly recorded. Each person had a lifestyle section in their care file that documented a range of information including their religious and cultural preferences, if they wanted to vote and recorded items that were important to them such as photo albums. There was a likes and dislikes section and a section called, 'My day, my life, my story', which recorded where people were born, where they lived as a child, their school life, adult life, favourite memories, where they worked and what their interest and hobbies were. This enabled staff to have a better understanding of who people were.

Equality & Diversity information in the care files ensured that people were given the opportunity to share relevant information if they chose to in line with the Equality Act 2010. The legislation identifies nine protected characteristics such as religion and sexuality that people should be given the option to share and discuss. This is important as it can help to inform care planning and to remove barriers to good care.

We spoke to one person and their family to ask if their religious needs were being met. They were happy that their needs were being met appropriately and were happy with the care overall.

People's independence was promoted by staff who understood that people could lose their skills if they were not encouraged and prompted to use them. Staff provided examples of how they supported people to maintain their independence around mobility, personal care and eating and drinking. One staff member said, "We encourage them to eat themselves, even if it takes time, because if they stop they will lose the ability to do it." One person commented, "Yes they encourage me to walk with my frame."

We saw all records were held securely and staff were trained in confidentiality and data protection. This helped keep people's care and support private where required.

We recommend that the provider looks at best practice to support people's access to independent advocacy. The poster needed updating as a new provider had been in place for the past year. The registered manager agreed to promote this so that people and their families had increased access in future. It was not clear whether the local authorities were appointing Relevant Persons Representatives (RPRs) to act as an independent safeguard for people who were being deprived of their liberty. This role can be carried out by family or an independent advocate or a combination of the two. In some local authority areas, the RPR would visit every eight weeks to check that the person's rights were being met. The registered manager agreed to check the paperwork and to contact the local authorities to ensure that people had access to the RPR as the legislation requires. This is an additional resource that the home can use at no additional cost.

Is the service responsive?

Our findings

At the last comprehensive inspection of the service on 20 and 21 September 2017 we found the service was not always responsive and was rated as required improvement. At this inspection we found the required improvements had been made. The rating for responsive was now found to be good.

We looked at five people's care records. We saw that people were assessed before they were admitted to the home to ensure their individual needs could be met. Their care files gave sufficient detail to guide staff on how to provide support to meet people's needs. All the staff we spoke to had a good understanding of people's needs. Care plans were clear, person centred and gave a good summary of needs and wishes, including how people liked their care to be provided and what they were able to do for themselves.

Each section of people's care files were reviewed monthly and we could see that these reviews had been consistently completed. We could see that the guidance for staff in care plans was followed. One person was at risk of skin tears and we could see that guidance for staff was clearly recorded, including body maps and that the monthly reviews had been completed stating that skin checks had taken place daily. We saw that if people were at risk of choking that their needs had been assessed and clear guidance for staff recorded including monthly reviews.

Each file contained a section called, 'healthier, happier life', which clearly recorded what people were able to do themselves and what support they needed from staff to have their needs met. Good care was further supported by a supplementary file kept in people's rooms which provided a concise summary of people's immediate needs. This included a summary called, 'My day, my life, my portrait'. This summary helped staff to provide person centred care as it gave them a good understanding of the person in a concise format that was easy and quick to follow.

We looked at daily notes in five care files and could see that the care provided had been clearly recorded. For example, "[name] was helped to wash and dress. He has eaten well and remained in his room. He had a phone call this morning and a member of staff helped him to have a walk around the unit. Incontinence care given as needed."

There were also regular daily checks of other aspects of care such as mattress, cushion, bedrail and bumper checks.

Family involvement was clearly recorded and included records of family who had Power of Attorney in cases where people lacked mental capacity to manage either their health and/or financial affairs. We also saw that each file contained a section that recorded contact with families.

There were strong links with health and social care professionals in the community and the home benefited from the regular input. A team of GPs, nurses and physios respond within one hour of being called and visited the home at least once a week and a local GP surgery carried out a weekly ward round. Plans were in place to further strengthen these links. The registered manager had recently completed training with the

Clinical Commissioning Group (CCG) to complete the Continuing Health Care (CHC) checklists and the dietician will be providing some training which will result in each unit having a nutrition champion. This will improve the effectiveness of the CHC assessments and the support people receive to maintain a good diet will also be improved.

The service had a transfer of care form to support hospital admissions. In addition, they sent a photo, the medication administration record and a copy of the person's daily summary sheet. This also included a return section for the hospital staff to fill to support a safe discharge. This helped to ensure that people's needs are clearly communicated when they move between different services.

The home employed two activities coordinators and we observed activities being delivered during the inspection. There was a weekly activities programme in place. We saw that the care files had a section called, 'Activity and interaction recording form', which listed the different activities that the person had participated in and assessed and recorded if they enjoyed them and how they interacted with others during the activity.

One family member commented, "It is a bit better, things take place every day now, so it has improved." One person commented, "I get to go outside now and again and we have activities. We have a good laugh." Another commented, "There is access to activities. I prefer not to join in I am happy in my room." A staff member commented, "They are wonderful. Very interactive and tailored to each patient which is lovely including one to ones." We observed one to one sessions taking place during the inspection.

The service met the Accessible Information Standard (AIS). They routinely asked what people's communication needs and preferences were and these were clearly recorded in the people's files that we looked at. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. Section 250 of the Health and Social Care Act 2012 states that all organisations that provide NHS care or adult social care must follow the standard.

The service continued to follow the provider's complaints policy and the management of complaints was included in the registered managers six monthly audit of the service. How to complain was clearly displayed in the corridors and in the lift. We examined the complaints log which included a copy of the complaints policy and we could see that two complaints that had been received in September had been responded to in line with the policy. We also saw that the service had a compliments log. One family member commented in September 2018, "I spent the night here with [person who used the service] when [person] was ill, staff have been so kind, I couldn't have asked for more." Another family member wrote a letter in March 2018, "My [relative] enjoyed their time spent at Woodend and loved the attention that they received during this time. [Relative] felt special and content and cared for."

The home is still accredited with the North West Six Steps end of life care programme. The Six Steps is a nationally recognised programme for supporting people and their families with making advanced decisions about the care they want at the end of their lives and their wishes after death. Four nurses have currently completed the course and two additional staff will be completing this training in the new year.

Is the service well-led?

Our findings

At the last comprehensive inspection of the service on 20 and 21 September 2017 we found the service was not always well led. There was a lack of reliable and effective governance systems in place. This was a breach of Regulation 17, (Good governance); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had reported that there had been too many changes to management in the past and this had impacted negatively on the home. At this inspection there had been good feedback from people who used the service, their families and staff about the impact of the new registered manager. We found that some improvements had been made but further progress was needed in key areas. These included medication, staffing levels and making the home more dementia friendly. Safety audits needed to be more thorough to ensure that the environment was kept safe.

These concerns were related to good governance and was a continued breach of regulation 17 (1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most of the staff that we spoke to acknowledged that the home had improved because of the new registered manager. We asked if the home was well led. One commented, "I've said no in the past. The new manager is good and is steering us the right way. We need continuity in management. There have been too many changes in the past. It is now a yes." A second commented, "Now it is. The current manager is approachable and gets things done." There was only one negative comment from nine staff about the service not being well led or well managed.

There was praise for the deputy manager as well. One relative commented, "Yes, it is definitely well managed, the deputy manager is also fabulous."

The staff reported that both the registered manager and the deputy manager were hands on and got involved in care including working at night and carrying out medication rounds. One commented, "Oh yes definitely, they get stuck in and provide care."

The managers carried out a daily walk around on each unit followed by a team meeting. This made the managers both visible, approachable and responsive to the needs of the home. One staff member commented, "Yes managers walk around every day followed by a meeting. This helps to pick up the key issues that are then prioritised." The registered manager needs to ensure that safety issues such as the unattended hazardous substances are prevented in future.

We saw evidence that regular supervisions, reviews and appraisals took place. Most staff reported that they received good support. One commented, "Very much so, they are responsive to problems raised and they will assist and advise." A second commented, "Yes it has improved from before." Two staff members we spoke to did not feel valued and one stated that they did not have regular supervision.

The home had started an employee of the month award since the last inspection, in four different categories, including nurses, carers and kitchen staff. The staff receive a small gift and a certificate which is displayed in the home.

The service had internal quality assurance systems in place to support good governance. A system called operational essentials was in place and reviewed practice in all areas of the home. The system was led by the home manager and monitored by the regional director and was then validated by a compliance and governance inspector. The system required the home manager to complete tasks on a daily, weekly and monthly basis. There was also a monthly home review carried out by the regional director to review quality of life for residents, the environment, care and operational systems and processes.

The scores in these audits had improved over the last year and provided good evidence of service improvement. We also saw that a wide range of staff competency checks were in place and that these were up to date.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that there were clear systems in place for each unit and that we had received appropriate notifications from the service as required.

Ratings from the last inspection were clearly displayed in the reception area of the home and on their website. From April 2015 it is a legal requirement for registered providers to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Appropriate systems were not in place to ensure people received safe care and treatment. The registered person had not ensured people who use services were protected against the risks associated with unsafe management of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Appropriate systems were not in place to ensure good governance within the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Appropriate systems were not in place to ensure sufficient numbers of staff were deployed to meet the needs of people living at the home.