

North East Care Homes Limited

Woodlands

Inspection report

Great North Road
Wideopen
Newcastle Upon Tyne
Tyne and Wear
NE13 6PL

Tel: 01912170090

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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 3 July 2018 and was unannounced. A second, announced, day of inspection took place on 5 July 2018. At the last inspection in May 2017 Woodlands was rated requires improvement and recommendations were made in relation to medicine care plans, the disposal of medicines and food and fluid monitoring. The location has a history of non-compliance with regulations. This was the locations fifth inspection since July 2015 and concerns had been found at each inspection resulting in an overall rating of requires improvement. Following an inspection in February 2017 the location had been rated inadequate.

During this inspection we found some improvements however there were some ongoing concerns identified in relation care records and risk assessments, fire safety, staff training and governance and quality assurance.

Woodlands 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.

Woodlands can accommodate 42 people in one adapted building across two floors. At the time of the inspection 19 people were living at the home, some of whom were living with a dementia.

The service did not have a registered manager. The current manager had been in post since February 2018 and had not yet made an application to register with the Commission. They had applied for their Disclosure and Barring Service (DBS) check to be completed. 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.

We found there were ongoing concerns in relation to medicine care plans and protocols for the administration of 'when required' medicines. Whilst the manager was working on developing these care plans this was an ongoing concern since the last inspection. Staff administered medicines safely and knew how people liked their medicines to be administered however this was not always recorded.

Some risk assessments were in place however, we found that if people were at risk of choking or presented with behaviour that staff found challenging, the risks had not always been assessed. Some care plans had not been kept up to date following a change in the person's needs and some lacked the level of detail needed to ensure care and support was personalised and met the person's individual preferences.

We discussed some concerns with the fire service, who were completing a visit during the inspection. The fire alarm panel did not meet the required standard which meant there may be a delay in identifying the location of the fire. Some staff did not fully understand the fire evacuation procedure, they had not been

trained in the use of evacuation equipment and some fire doors did not fully close.

We have made a recommendation with regards to environmental improvements to ensure it meets the needs of the people living at Woodlands.

Governance procedures were in place and quality assurance audits had been completed however, there was no robust action plan in place for the accountability and monitoring of the required improvements. There were complexities in relation to level of authority the management agency had with regards to approving some improvements and this had led to a level of frustration for the manager and the regional manager.

Staff understood safeguarding and whistle-blowing procedures. Safeguarding concerns and complaints had been fully investigated and the appropriate authorities had been notified of any concerns and the actions taken to minimise the risk of reoccurrence.

Staff training had not been provided which meant staff, including the management team and the ancillary staff did not have in date training in relation to safeguarding, mental capacity, fire safety, dementia care or challenging behaviour.

Staff said they felt well supported and found the manager and deputy manager approachable. Plans were in place to ensure staff received appropriate supervision and an annual appraisal in order to discuss their personal development and support needs.

Staffing levels were sufficient to ensure people's needs were met. The current manager had robust recruitment procedures in place and had identified some concerns in relation to some existing staff either not having a DBS check or the check had identified that they had a caution. The manager had responded by completing risk assessments with the staff and seeking approval for new DBS checks. This was yet to be authorised.

People told us the staff were kind, caring and compassionate. The staff respected people's privacy and dignity and we saw people were treated well and with respect.

Activities were provided which people had enjoyed, and we saw compliments had been received following specific activities that had been arranged for people.

People had access to external health care professionals, including doctors, district nurses, dieticians and chiropody.

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 consistently safe.

There were ongoing concerns since the last inspection in relation to medicine care plans and protocols.

Some risks had not been appropriately assessed and there were some concerns with regards to fire safety.

Staff understood how to safeguard people from harm and there were enough staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider had failed to ensure staff had access to appropriate training.

We have made a recommendation in relation to the environment.

Staff told us they felt supported by the manager and the deputy manager.

People had access to external healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind, caring and compassionate.

Staff respected people's privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Some care plans had not been updated to reflect people's

current needs.

Activities were provided which people seemed to enjoy.

Complaints were logged and investigated and compliments were recorded.

No one was receiving end of life care at the time of the inspection.

<p>Is the service well-led?</p> <p>The service was not consistently well-led.</p> <p>A management company had been appointed to manage the home on behalf of the provider which had generated some complexities in relation to quality assurance and improvements.</p> <p>The location has a history of non-compliance with regulations and some areas for improvement identified at previous inspections had not been fully addressed or sustained by the provider.</p> <p>The manager and deputy manager had a clear vision for Woodlands and were working to embed systems and processes to drive improvement.</p>	<p>Requires Improvement </p>
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Woodlands

Detailed findings

Background to this inspection

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

This inspection took place on 3 July 2018 and was unannounced so the provider did not know we would be visiting. A second day of inspection took place on 5 July 2018 which was announced.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used information the provider sent us in the Provider Information Return. 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.

We contacted the local authority commissioning team, the Clinical Commissioning Group (CCG) and the safeguarding adult's team. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with five people living at the service and three relatives. We spoke with the manager, the deputy manager and the regional manager from the management company. We also spoke with three members of staff, the activities coordinator, the cook and the maintenance person. The fire service completed a visit during the inspection so we spoke with them.

We reviewed six people's care records and observed a tea time medicine round. We reviewed three staff recruitment files and looked at supervision and training information. We also reviewed records relating to the management of the service.

We looked around the building and spent time in the communal areas. 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.

Is the service safe?

Our findings

At the last inspection in May 2017 we rated this domain as requires improvement. We recommended the provider review medicine care plans and their procedures for the disposal of medicines.

Improvements had been made to the disposal of medicines however there were ongoing concerns in relation to medicine care plans and protocols for 'when required' medicines. The manager explained they were in the process of developing medicine care plans, however some people did not have medicine care plans or protocols for the administration of 'when required' medicines. National Institute for Clinical Excellence (NICE) guidance for managing medicines in care homes state providers should have a process for handling and administering 'when required' medicines. This should take into account how staff identify when the person needs their 'when required' medicine, based on their capacity and information in their care plan. Staff were able to tell us about people's medicines however the information was not recorded. The times of administration of 'when required' medicines was not always recorded on the reverse of the medicine administration records (MARs). This meant people may have been at risk of inconsistent administration of their medicines.

Risk assessments had been completed in relation to the management of falls, moving and handling and the use of hoists. However, some risks in relation to choking and behaviour staff found challenging had not been assessed, this was particularly focused on people who had recently moved into Woodlands. For one person whose mobility needs had changed their risk assessment in relation to falls had not been updated to include that, at times, the person may need to be supported using a stand aid hoist.

Staff told us they had attended training in dementia care and the management of challenging behaviour, however the training matrix showed that a significant number of staff needed to attend refresher training. We saw staff approached supporting one person in a calm and confident manner however risk assessments were not in place and the care plan contained limited information about what staff knew about the person. For example, in conversation the manager and the staff could explain potential triggers for the person's anxiety and could also describe some methods that were used to distract the person. These strategies were not documented which meant staff did not have access to teams shared knowledge about the person so may have, inadvertently been supporting the person with an inconsistent approach.

The fire service were completing an inspection during our site visit. They explained that the fire alarm was not fully addressable as recommended by the Department for Communities and Local Government (DCLG) Residential Care Premises Guide. A fully addressable system is a series of fire detection devices which link directly to the fire control panel. The current system meant there would be a delay in staff being aware of the exact location of the fire, which could delay any evacuation and may place people at risk in the event of a fire. The manager said they would raise the concern with the management company and the provider.

We spoke with the staff about what they would do if the fire alarm sounded. One staff member said, "We would leave through the fire exits. Obviously, the person in charge would go to the fire panel, but we would leave." Another told us, "We would exit dependant on where the fire was and whoever was in charge would

ring the fire brigade." We asked what would happen with the people living at Woodlands. They said, "Oh, we would make them as safe as possible." The manager told us she had already discussed this with the staff as she had identified that staff were unaware of the need to evacuate people to the next safe fire compartment. We also spoke with staff about their training and they told us they had not been trained in the safe use of evacuation equipment such as evacuation chairs. A lot of staff also needed to attend fire safety training.

The maintenance person who was responsible for fire drills said, "I do one every Friday." It was identified that this was a fire alarm test rather than a fire drill. The fire log book documented fire drills had taken place up until March 2018 but we saw no evidence that they had been completed for the last three months. We also noted some fire doors did not fully close. This had been rectified on our second day of inspection.

The above concerns are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - safe care and treatment.

Personal emergency evacuation plans (PEEPs) were in place and included vital information for staff and the fire service in the event of an evacuation such as oxygen use. We spoke with the fire service about one person's PEEP which they were happy with if the person was living at Woodlands on a short-term basis however if they were to stay on a longer-term basis an alternate evacuation procedure would be needed. The manager said they would speak with the person and their care manager to confirm plans and then put things in place.

Certificates for gas and electrical safety and equipment checks were in place and in date. A new fire risk assessment was received on the second day of inspection as it had been identified that this needed to be renewed.

People told us they felt safe. One person said, "Oh yes, you are safe in here." They said to a person sitting with them, "We are very safe in here aren't we?" The other person agreed saying, "Oh yes, we are." Safeguarding concerns had been reported to the appropriate authorities and some actions had been taken to minimise the risk of reoccurrence, for example implementing and reviewing care plans. A staff member said, "I know about safeguarding and whistle-blowing. If I had any concerns I could raise them, I'm confident [manager] and [deputy manager] would respect my confidentiality and act on the concerns." Accidents and incidents, including falls were logged and the immediate action taken was documented, for example increased observations and minor wounds being dressed.

The administration of medicines was completed in a safe and unhurried way. The senior carer spent time with each person, having a chat and asking if they needed anything whilst they took their medicines. They said, "Some people can be a little reluctant to take medicines but if you know the person and they trust you they will take it." The staff member clearly knew each person well and was able to explain how they liked to take their medicines, for example, one at a time with a glass of water, or all at once. One person said, "They help me with my medicines."

We spoke with people about staffing levels. One person said, "There are three or four staff every day, they bring my food and tea. Anything you want you pull the bell and you get it. They are very obliging." A visitor told us, "Yes, there are enough staff, there's plenty." A staff member said, "There are enough staff generally, but there's not always enough at breakfast time." A dependency tool was used to calculate the number of staff needed and the staffing levels provided matched the tool. Our observations were that people did not wait for any support and staff were able to spend time chatting with people in a relaxed and unhurried manner. We discussed meal time staffing with the manager as this may benefit from some structure in relation to staff deployment as some people were approached by several staff asking the same things within

a short space of time.

Since the new manager had been in post they had recruited one member of staff and were in the process of completing relevant pre-employment checks, including references and a disclosure and barring service check (DBS). DBS checks provide details of any offences which may prevent the potential staff member from working with vulnerable people. They help providers make safer recruitment decisions. During an audit of staff files the manager had identified that not all existing staff had a DBS record on file and that some staff had previous offences documented on their DBS check which had not been risk assessed. The manager had taken steps to manage this, by way of completing risk assessments with the staff concerned and seeking authorisation to complete new DBS checks.

The manager said, "I like to reflect, did we miss something, what do we need to do. We need to reflect to learn. We take our time and learn so we have the whole picture, there have been lots of lessons learnt." For example, working with the staff to make them feel valued and included, the need for regular meetings, improved documentation and monitoring. It was also added that organisation was needed and structure needed to be added to systems and processes.

There were no malodours in the home and ancillary staff were busy cleaning and tidying. It was noted that some of the bathing facilities and some of the equipment, may present a risk in relation to the prevention and control of infection. For example, bathrooms had cracked and blackened tiles, a bath panel was cracked and had come away from the bath and the paint on the scales was flaking off and the seat had blistered. The manager explained that there was no infection control champion at the home at the present time, and a plan in place to refurbish some areas of the home however this was reliant on approval from North East Care Homes.

Is the service effective?

Our findings

At the last inspection in May 2017 we rated this domain as requires improvement. This was due to the environment needing to be improved. The garden area also required some work to ensure it was safe for people to use. We had identified some minor gaps in training and staff supervision and annual appraisals. Supervision is a regular meeting between a staff member and their manager to discuss their performance at work and review any training or support needs. We also made a recommendation that the provider reviewed their fluid and food recording and ensured correct recording procedures were followed.

At this inspection plans were in place to ensure staff received appropriate supervision and appraisal and the garden area had been improved. Some improvements had been made with regards to the recording of people's nutritional needs however some risks had not been assessed. The environment and some equipment was still in need of improvement and there were gaps in the training staff were attending.

We spoke with the manager about training and they showed us a training matrix which detailed a list of various training that should be provided but completion was out of date. For example, out of 15 staff who were providing direct care, including the activities coordinator, only five had safeguarding training which was identified as being in date. Seven direct care staff had in date moving and handling training and no one had had their moving and handling competency assessed. Only five staff had in date mental capacity and deprivation of liberty safeguards training. The deputy manager and the manager had not been provided with safeguarding, moving and handling, mental capacity and deprivation of liberty training or medicine administration training by the provider. Nor had they attended dementia care or challenging behaviour training. Six staff had challenging behaviour training and seven had attended dementia training. In addition of 11 ancillary staff only one had attended safeguarding. No kitchen staff had training in areas such as diabetes, diet nutrition and hydration and food hygiene that was in date. The manager was aware that training was out of date however no dates had been booked to ensure staff attended the required training.

The above concerns are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – staffing.

The manager explained that plans were in place to develop Woodlands so the environment was more dementia friendly and met the needs of the people who lived there. This had also been discussed with the commissioners during their quality audit in April 2018 and limited progress had been made. One relative said, "The rooms are shocking." The manager explained that proposals had been made to renovate rooms on a cyclical basis and two communal areas were being renovated to include new carpets and furnishings so people had access to additional dining space and comfortable areas. One area was being developed for use by the activities co-ordinator so they had some dedicated space to use with people.

There were some child-like equipment on the walls which involved moving coloured pegs around a pattern. We did not see anyone using this and the manager confirmed no one used it. There were also metal motorcycles on the walls which people did not show any interest in. In addition, we noted there were unused picture hooks and sticky tack littered on the walls which could present a risk of injury to people if

they feel against the wall or removed the sticky tack. We spoke with the manager about this and they arranged for it all to be removed. The regional manager said, "We need a good cyclical maintenance plan."

We recommend the provide review best practice guidance in relation to dementia friendly environments.

People had a choice of meals and a pictorial menu was available to support people with decision making however it was kept in a file in the dining room rather than being displayed on the wall with the days menu. This meant people who were not able to read the menu were not able to see what the day's meal choices were unless the file was brought to them. During our observations we did not see this happening.

Care plans were in place which documented specific dietary needs such as a fork mashable diet and thickened fluids. We spoke with the cook, who said, "We have information on everyone's likes and dislikes and if a specialised diet is needed we go from the doctors notes, or the specialist plans." One person told us, "The food is lovely." A visitor said, "[Family member] likes the food here and is eating the meals which is great." Another visitor said, "There's limited choice of meals and no chocolate biscuits for people or cake." We looked at the menus and saw they were varied and people were offered a choice including a vegetarian option although the vegetarian option was sometimes fish. Desserts were offered to people and a range of sweet snacks were offered to people during the day.

People were supported to access health care services, including their GP, speech and language therapy, dieticians and consultants. The manager also had regular contact with health and social care services in relation to any ongoing concerns or support needed for people.

Assessments were completed by the manager and deputy manager before people moved into Woodlands. The manager said, "I aim to complete them within 24 hours. We wouldn't admit anyone whose needs we couldn't meet. I am quite transparent and care." Woodlands had provided successful admissions for people who needed respite care on an emergency basis. The manager also explained how, if appropriate, they had weekly meetings with the persons care manager to update them on how the person was settling in and any changes to the person's needs.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted appropriately and a log was in place so the manager could monitor progress and ensure any new applications were made in a timely manner as the old authorisation expired.

One person had a smoking care plan which detailed that cigarettes would be held for the person until they were requested. We observed that the person asked frequently and staff would remind them they had just had one in order to support them to have a break in-between smoking. We asked if the person had capacity and were told that they didn't. There were no capacity assessments or best interest decisions in place to

support this restriction although it was documented in a care plan that the decision had been made in the persons best interest with their involvement. The deputy manager said, "I'll get on to that straight away."

Staff told us they felt supported and able to approach the manager and deputy manager. The manager said supervisions and appraisals were not up to date however a planner was in place to ensure staff had formal supervisions and an annual appraisal moving forward. A staff member said, "I've had a one to one meeting and an appraisal meeting and I've been to a team meeting. We can raise things whether its work or personal."

Is the service caring?

Our findings

During the last inspection in May 2017 we rated this domain as good and it continued to be good.

The people and visitors we spoke with said the staff were kind and caring. One person said, "They are good to you, they are nice people we are not badly done to." Another person told us, "The staff are nice, they are kind." They added, "We have a good laugh, they look after us." We were also told, "They are kind and caring and respectful."

One person spoke with us about the care they had received. They said, "They have looked after me well. I have the pull cord and staff are there as soon as they can be. They help me to get out of the chair, and help me to wash but I can do it more myself now so they just stay outside the door to make sure I'm okay." The also said, "They couldn't be more helpful I would recommend a stay to anyone." They added, "I'm very well cared for. There's nothing I would change the girls work hard. The lasses are great, they work very, very hard."

A relative told us, "The staff are kind and have lots of patience. [Family member] likes their independence and it takes a while to get used to being looked after." They added, "The staff are lovely they are all local people and [family member] is from the area, they like straight talking people and the local people are." A staff member also said, "All the staff are local so we know people and people know the grandparents of the staff, its lovely." We were also told by a relative, "It's taken a lot off my mind, I'm kept in the loop with communication." Another relative told us, "The care is good and the staff are good, they are lovely."

Two people living at Woodlands had formed a very strong friendship and clearly enjoyed spending time with each other. One person said, "Oh we have a laugh together, get up and have a dance, we help out and do the dishes sometimes and help clean up." A staff member said, "They were both housewives and they love doing it, it keeps them occupied. We fill the sink in the tea room and they are quite happy working together to do the dishes and they like to help out." Both people proudly told us how they enjoyed helping out.

The staff worked hard to ensure people's privacy and dignity was maintained at all. We observed staff supporting one person in the lounge/dining area on numerous occasions offering support to preserve the person's dignity. This included spending time with the person offering reassurances and distractions and supporting the person out of the environment whilst also maintaining their dignity. There was also a level of acceptance that the person was communicating a choice and staff found a solution which respected the person's choice whilst also maintaining their privacy. One person said to a member of staff, "I'm glad you're here because a don't want anyone else." They then added, "She's a lovely carer." A staff member said, "Each person is different, it's the people's home and I like working with people. I love it here, it's about good manners really. I couldn't disrespect someone, it's not just a job I do it for the people."

We discussed people's support needs with the manager as some people communicated with staff through the use of behaviour which some may find challenging. The manager said, "This is everyone's home and we will work together to manage the situation and maintain people's dignity so people can continue to live in

their home."

Annual surveys were completed which supported people and their relatives to share their views. The last survey was completed in November 2017 and we noted that comments had been made in relation to the décor and the beds needing to be replaced. During this inspection these comments were also shared with us.

Resident and relative meetings had been held to update everyone about the changes to the home and actions that would be taken to improve things. People and relatives had been able to raise any queries or concerns they had in relation to the home.

Information on advocacy services was available for people should the need arise.

Is the service responsive?

Our findings

During the last inspection in May 2017 we rated this domain requires improvement as care plans had not always been updated to reflect people's current needs.

During this inspection we found that changes had been made to the documentation being used to record care plans however the quality and completeness of information being recorded about people's needs varied. This meant there were continuing concerns. For example, one person had care plans in relation to skin integrity as they had a pressure sore. We spoke with the deputy manager who said, "Oh, that's healed." The care records had not been updated to reflect this change.

Other care plans lacked some level of detail in relation to the support people needed, for example personal hygiene care plans stated, 'needs assistance with lower body' but there was no detail in relation to what this assistance was. Another person had a care plan in relation to behaviour which staff may find challenging. This had not been updated to reflect the knowledge the staff had about the person. Staff were able to describe possible triggers for the behaviour and what strategies they were using to reassure the person however this was not documented.

There were also care plans which detailed people's nutritional needs in relation to specialised diets which identified that the person was at risk of food going into their lungs. It was documented that staff should report any concerns, however there was no assessment of risk or the immediate action staff should take if the person were to be having difficulties.

Another person had a mobility care plan which had been updated to reflect a change in their need, however this information had been added at the very bottom of the care plan so if staff only read the initial information they would not know about this person's current needs. In addition, their care plan in relation to falls had not been updated to include the new equipment they used to support their mobility.

We saw limited evidence that people or their representatives and family members had been involved in developing or agreeing to their care plans.

These ongoing concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment.

We spoke with staff about care records. One staff member said, "It's a new manger so we had to get used to them. We have new files and paperwork for people but they helped us to set thing's up and reassured us so we can run with it. The night shift are good and the handover is brilliant, we know what's what for people and it's all documented. We always discuss each person and how they have been so we can meet their needs."

Some information in people's care records was person centred and reflected people's preferences. For example, there was information on how to maintain people's independence so staff were not over

supporting people. Other examples included information on where people liked to put their dentures overnight.

At the time of our inspection no one was being supported with end of life care. A palliative care file was used which included details with regards to people's diagnosis, their GP and whether they had a DNACPR and a DoLS. An end of life care policy was in place which detailed the responsibility of the registered manager to ensure the person's wishes were met wherever possible.

Complaints and compliments were logged and recorded. Complaints were investigated in a timely manner and the outcomes had been shared with the complainant to their satisfaction. Visitors and people told us they knew how to complain. One relative said, "I have no complaints at all, I haven't had any information on how to complain but I would speak to the manager if I needed to."

Compliments and thank you cards had been received to acknowledge the activities available for people. For example, a fire engine had been arranged to visit the home for someone to celebrate their birthday as they had an interest in trucks and fire engines. The card read, "Thank you... [Person] was so happy and excited."

There was a fully fitted hair salon which people from Woodlands and some people from the community used. The hairdresser donated the money paid by members of the local community to the home to be used for activities. The salon was also used by the activities co-ordinator to spend one to one time with people having a hand massage or their nails done or just for a cuppa and a chat.

The activities co-ordinator said, "I have limited hours at the minute but I try to do something with everyone, we go to the dementia friendly cinema sometimes, have a tea dance, pet therapy, there's lots of singing and dancing, we do some reminiscence and document what people have enjoyed and what they haven't" They added, "There's lots of change, we have a really good manager whose really supportive and we are getting a space for activities, a room, I can't wait, I'm really excited!" They also told us, "We are going to make a dreams wall for people and find out what everyone's dream is and try and do a dream for everyone. All the people are lovely!"

The regional manager said, "We are aiming to maximise people's experience." The manager said, "One church comes in and one person goes to the local church as someone from the community comes and picks them up." We also saw that the activities co-ordinator supported people to go to the local church coffee morning.

Is the service well-led?

Our findings

The location had a history of non-compliance with regulations. Improvements which had been made at previous inspections were not always maintained. In addition, there had been a number of different managers at the service since 2013. We have rated this key question as requires improvement. During the last inspection in May 2017 we rated this domain as requires improvement due to some concerns being found in relation to documentation and the need for ongoing improvements to ensure sustainability. During the May 2017 inspection it had been identified that a management company was involved and had also rated Woodlands as requiring improvement.

During this inspection we found concerns in relation to the completion and quality of care records, including risk assessments. Fire evacuation procedures were not fully understood and there were concerns in relation to some aspects of fire safety. The provider had not ensured staff attended the training as detailed on their own training matrix. Some of these areas had been noted as needing improvement at the last inspection in May 2017.

Woodlands did not have a registered manager. The current manager had been in post since February 2018 and had not yet applied to be registered. The deputy manager was also relatively new in post having started in March 2018.

As at the last inspection a management company was involved at Woodlands and they provided regional manager support for the home and a representative was registered with the Commission as the Nominated Individual. The manager and the regional manager were able to communicate openly and honestly about improvements and actions that were needed to promote and develop the home. There were however, some delays and complications due to the complexities of there being a management company involved in addition to the provider. A provider report completed by the regional manager and dated 10 June 2018 stated the manager was sometimes 'faced with conflicting views from North East Care Homes and [management company]'. This appeared to be an ongoing area of frustration for both the regional manager and the manager.

The regional manager in their provider report of June 2018 had rated the home as requires improvement. This report identified some areas for improvement such as the need for staff training, improved processes for fire drills and ensuring staff understood the evacuation process. It was also noted that fire doors were not being checked weekly and there was no fire warden. During the inspection we found these concerns were still evident as staff were not confident with the evacuation procedure and we found some fire doors did not close. The manager said they were planning some training and following the inspection site visits we were told fire warden training had been arranged.

Various audits were completed by the manager, including catering and dining audits. Medicines audits had been completed and included an assessment of the ordering and storage of medicines as well as the administration of medicines. The June 2018 audit scored 82% however there was no action plan in place to ensure improvements were made. Eight people's care records had been audited since January 2018. The

audits had been effective in identifying some required improvements, however it was not clear if the improvements had been made. Not all care records had been audited and the system used had not been sufficiently embedded to ensure the required improvements were being made in a timely manner.

The manager and the deputy manager were able to share their views on further improvements that were needed at Woodlands, however there was no robust action plan, or service improvement plan which documented how improvements would be made or who would be responsible. A provider report completed by the management company in June 2018 documented that no actions had been added to the master action plan as one was to be developed.

Some documentation, including the statement of purpose had not been updated since the previous registered manager had left their post in February 2018.

It is a requirement that providers display the rating from their last inspection on the website and in the home. The ratings were displayed in the home but when we checked the website there was a link to the latest report however the rating was not shown. We discussed this with the regional manager who showed us a website which displayed the rating appropriately. We identified that two websites were in use, one for the provider and one for the home. No one had previously identified this and the regional manager was discussing the rationale for two websites with the provider. This was rectified during the inspection.

These concerns were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.

The manager and deputy had made improvements in relation to the culture at the home and building relationships with families and external professionals. They had devoted time and energy to the staff team and the people living at Woodlands, so they could get to know everyone and develop the culture so it was inclusive and person-centred. The manager said, "There is a vision for the home to be successful." They added, "It's the residents home and they deserve it and we will achieve it." Progress was being made, however the manager acknowledged that further work was needed to embed the vision and strategy for the home. For example, some staff had previously voiced concerns in relation to "what are you going to do about [person]." The manager explained this was an example of the culture when they began in post in terms of staff needing to gain a deeper knowledge of the role of the home to support people whose needs were complex, and at times, may challenge the staff.

The manager said, "The focus is to stabilise the home and the staffing and to address family members concerns." They explained the concerns related to the stability and sustainability of the home and concerns about the recent changes in management. They said, "There's only so much that can be done in a day, I'm not going to rush it for the sake of getting it done. It needs to be done properly." They added, "I can say what I need, I'm not frightened to ask and I won't let things go. I expect agreements to be filled. The residents are my priority. The home is my priority. I won't compromise safety." They also told us, "I tell [management company] what I want and what action needs to be taken and they cascade it to the owner." It was explained that the management company visited Woodlands about once a week and the providers "popped in."

The current regional manager, from the management company, had been involved with Woodlands since March 2018. They explained their role was around quality assurance and offering support. They said, "There's a lot for [manager] to do, things from the last CQC report are done and moving on to the next lot. It's a labour of love and we are getting there, things that need to be done are being addressed. There are some financial constraints." They added, "I feed back to the owners of the property [North East Care Homes]

and seek financial authorisation which can be difficult. There are some financial pressures due to the low occupancy. I have conversations about investment. The right managers in post now and the environment needs to show the care, it needs some TLC [tender loving care]." They added, "If the owners [North East Care Homes] don't authorise improvements I raise it to my director for a budget. I'm here to help raise the standard. It's not going to be a quick fix, we are looking at a three to a three-and-a-half-year plan."

Staff said they had regular team meetings where they were able to speak openly, raise any concerns and seek feedback. Meetings were also held with residents and relatives where they were updated on the service and were able to raise concerns, for example in relation to admissions, activities, menus and staffing levels. One staff member said, "The management team are new, [manager] is approachable, very professional which is what we need here."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way.</p> <p>The provider had failed to assess and mitigate some risks.</p> <p>Staff were not confident with the fire evacuation process and there were some fire safety concerns.</p> <p>There was a failure to ensure the proper and safe management of medicines in relation to care plans and administration protocols.</p> <p>Regulation 12(1); 12(2)a; 12(2)(b); 12(2)(d); 12(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems or processes were established and operated effectively to ensure compliance.</p> <p>There was a failure to assess, monitor improve and mitigate the quality and safety of the services provided.</p> <p>There was a failure to maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(1); 17(2)(a); 17(2)(b); 17(2)(c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff received the appropriate training and professional development needed to enable them to carry out their duties they were employed to do.</p> <p>Regulation 18(2)(a)</p>