

Kodali Enterprise Limited

# Woodside Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Woodside Care Home is a residential care home. It provides personal care and support for up to 42 older people, people living with dementia or physical disability. There were 19 people living in the service on the day of our inspection.

People's experience of using this service:

The provider met the characteristics of 'Requires Improvement'. This has improved from a rating of 'Inadequate' at the last inspection in 2018. More information about this is in the full report.

- People were cared for in a clean, friendly and safe environment. Staff followed good infection control practices. People had their risk of harm assessed and staff knew how to keep them safe. People received their medicines from staff who had been assessed as competent to do so.
- There were enough staff employed with appropriate knowledge, skills and experience to look after people and care for their needs. The manager continued to actively recruit new staff.
- People's rights were maintained and staff followed the principles of the Mental Capacity Act 2005 and were compliant with conditions laid down in Deprivation of Liberty Safeguards authorisations. The provider now notified CQC of any events that they are required to tell us about by law.
- People were provided with a nutritious, varied and balanced diet. Their risk of dehydration, malnutrition and obesity were closely monitored by staff and records were accurately maintained.
- Improvements were ongoing to the decoration and furnishings of the home environment. People's sensory, cognitive, mobility and social needs were identified and respected.
- Lessons were learnt when things went wrong. The manager and staff worked together to make improvements to the service. Good working practices had been introduced within the service. Staff worked across organisational boundaries to support people's health and wellbeing.
- People were cared for by kind, caring and compassionate staff, who respected their privacy and dignity.
- People and their relatives have a say in the running and development of the service.
- The manager was an approachable and visible leader. The manager and their team were committed to improving the quality and standards of care people received. Links are being built with the local community and partner agencies. Significant improvements have been made to the governance framework; leading to improvements in the service.
- People and staff told us that the service had changed since the new manager had come into post.

The service met the characteristics of Good or Requires Improvement in all areas that we inspected. More information is in the full report.

Rating at last inspection: Woodside Care Home was last inspected on 13 and 19 June 2019 (report published 25 September 2018) and was rated as Inadequate overall. This was a responsive follow-up inspection to see if the service was Safe and Well-led. At our inspection in September 2017 (report published 05 December

2017) we rated the inspection Requires Improvement overall.

Why we inspected: We asked the provider to complete an improvement plan at our last inspection. We wanted to see if the provider had made progress with their improvement plan and that the service was safe and well-led.

Enforcement: At the time of our inspection there was on-going enforcement action. We had previously imposed a condition on the provider that they could not admit any new service users until we knew that the service was safe and well-led.

Follow up: We will continue to monitor intelligence we receive about Woodside Care Home until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Safe findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Safe findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Safe findings below.

**Good** ●

### Is the service well-led?

The service was not consistently well-led.

Details are in our Safe findings below.

**Requires Improvement** ●

# Woodside Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, in the care of older people and people living with dementia.

#### Service and service type:

The service is a care home.

The service did not have a manager registered with the Care Quality Commission. This was because the manager had been recently appointed 15 October 2018. However, at the time of our inspection the manager had applied to be registered with CQC. Since our inspection the manager has been registered with CQC.

A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We did not give the provider notice of this inspection.

Inspection site visit activity started and ended on 17 December 2018.

#### What we did:

Before the inspection we reviewed information, we had received about the service since the last inspection. This included their action improvement plan.

Due to the short notice of our inspection, we did not request the provider to complete a provider information return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection 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 speak with us. We spoke with the manager, the provider, the deputy manager, three members of care staff, a member of catering staff, a housekeeper and four people who lived at the service and a visitor. We spoke with a visiting healthcare professional. We also walked about the service to see what improvements had been made to the environment since our last inspection.

We looked at a range of records related to the running of and the quality of the service. These included risk assessments and four staff recruitment and induction files, staff training information and arrangements for managing complaints. We looked at the quality assurance audits that the manager and provider had completed. We also looked at care plans and daily care records for six people and medicine administration records.

After our inspection the manager sent us additional information about the service that we requested.

# Is the service safe?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 13 and 19 June 2018.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse; Using medicines safely; Preventing and controlling infection

- At our last inspection in June 2018 we found the provider to be in continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that systems to prevent and control infections were effective and safe; that medicines were managed safely; that care practices were consistently safe; that staff were aware of adult safeguarding procedures and there was little evidence of organisational learning from significant incidents. At this inspection we found that the provider had made significant improvements since the new manager was appointed on 15 October 2018 and was no longer in breach of regulation 12. However, we have rated this domain as Requires Improvement because we need to see that over a longer period of time, the provider has sustained the improvements made.
- The deputy manager was the safeguarding ambassador for the service and acted as a resource and point of contact for all staff.
- Staff had access to policies and procedures on safeguarding and whistleblowing and knew how to identify signs of abuse and raise their concerns.
- Improvements had been made to the medicines audits and safety checks were carried out weekly to the MAR charts to ensure that there were no gaps or errors.
- Some people were prescribed as required medicine, such as pain relief, and staff had access to protocols to enable them to administer their medicines safely. Where a medicine was prescribed once a week there were clear instructions to administer it recorded on the MAR chart. When a person lacked the verbal or cognitive ability to express that they were in pain or discomfort, staff had clear guidance on triggers in their behaviour or mannerisms, such as grimaces to alert them to their need.
- We observed the lunchtime medicine round and found that people's medicines, including controlled drugs were managed consistently and safely by staff who were assessed as competent to do so.
- Systems were in place for the safe ordering, storage, administration and disposal of medicines. The medicine policy adhered to up to date national guidance for the safe management of medicines in care homes.
- People told us that they knew what their medicines were for and that they always received them on time. One person said, "I take tablets at all of the mealtimes and the staff always bring them on time and I really don't have to worry about things like that. The staff know me well and trust me, but they still stay until I have taken them all." Another person told us, "I take tablets; some in the morning and some at tea time. The staff have explained what they are for. I take tablets for my blood pressure, for my stomach, for depression and

for pain. The staff always give me my tablets on time and I trust them."

- People told us that the service was clean. One person said, "They are always cleaning. The housekeeper comes into my room every day and hoovers, dusts, mops and cleans the bathroom." Some people told us about the recent improvement to the standard of cleanliness in the service. For example, one person said, "It is definitely cleaner here now than it used to be. The new manager has made a big difference."
- The deputy manager was the infection control champion. They were supported by the local authority as an infection prevention and control ambassador. They attended regular meetings and were kept up to date with best practice national guidance. Their new-found knowledge was shared with colleagues.
- People were cared for in a clean environment and there were no offensive odours.
- The laundry had an effective dirty and clean flow-through system. There was ample space to minimise the risk of cross contamination.
- The sluice was cleaned and appliances were in good working order.
- Housekeeping staff adhered to detailed cleaning schedules for all areas of the service and cleaning tasks were signed off when completed. A housekeeper shared their work ethic with us and said, "At the end of the day it's all about the residents. Today I will give them the best because one day I will need that care. So, I give the best I can."
- Risk assessments had been carried out for the safe use and storage of detergents and the provider followed the Control of Substances Hazardous to Health Standards (COSHH).
- Staff used personal protective clothing, such as gloves and aprons when assisting people with their personal care, handling soiled laundry or disposing of clinical waste. Personal and protective clothing dispensers were situated throughout the service.
- The home had been awarded a four-star rating from the food standards agency. They had made the suggested recommendations for improvement and had requested to be re-rated.

#### Assessing risk, safety monitoring and management

- At our last inspection in June 2018 we identified numerous safety concerns with the premises and equipment. These safety concerns put people and staff at the risk of injury and harm. For example, we found two headboards that were not secured to the head of the bed or wall and a loose radiator cover.
- At this inspection, we noted that safety checks were now covered in the team leader's daily checklist. These checks included security, fire safety and infection control. Any identified repairs were recorded in the maintenance diary and fixed as a priority. The safety concerns identified at our last inspection had now been actioned.
- We saw up to date records were kept on the maintenance of fire safety and utility systems such as electrical items and gas appliances.
- Systems were in place to identify and reduce the risks to people living in the service. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage risk. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks.
- The people we spoke with told us that they felt safe living at Woodside. One person said, "The staff make me feel safe. I feel secure, because when I am in my room, they always leave my buzzer close by and if I need it, I just press it." We saw that the person's buzzer was placed next to their chair. Another person told us, "The staff make sure I have my buzzer close by me at night and that helps me feel safe. Someone always comes to help if you need something."

#### Staffing and recruitment

- At our last inspection in June 2018 we found the provider to be in continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that there were sufficient numbers of housekeeping and care staff to meet peoples' needs.



At this inspection we found that the provider had made significant improvements and was no longer in breach of regulation 18.

- The numbers of hours allocated housekeeping staff had been increased from 70 hours to 101 hours.
- The manager had introduced an ongoing recruitment programme to ensure that there were always sufficient numbers of staff on duty to meet peoples' care and support needs.
- There was a robust recruitment and selection process in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- Although the manager spent much of their time with people and staff, they were supernumerary to the required staffing needs.

#### Learning lessons when things go wrong

- We noted that when things went wrong that the manager carried out a full investigation. We saw that when a member of staff was involved that where appropriate, disciplinary procedures were followed.
- Staff told us that the new manager shared accidents and incidents with them. One staff member said, "There are meetings so as the same things don't happen again. So that we all learn from it."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us that their care needs were supported. One person said, "I do feel very well looked after and I really can't think of anymore they could do. When the staff get me up in the morning for example, they help me to have a good wash. I can have a bath whenever I want to, and the bath has a special seat which is really comfortable. The staff know what they are doing." Another person told us, "I usually chose to go to bed between 11 and 12 pm. That is my preference; my routine and the staff don't make anything of it, they just support me to do what I want." People received care from staff that reflected their individual needs and personal choices.
- People had their care needs assessed and care, treatment and support were delivered in line with national guidance.
- People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination.

Staff support: induction, training, skills and experience

- People were cared for by staff who were enabled to develop their knowledge, skills and experience. Staff attended mandatory training such as fire safety, food hygiene and safe moving and handling. In addition, staff were provided with training relevant to their roles, areas of interest and individual needs of the people in their care. Staff were provided with training in dementia care at a local further education college.
- Staff who had not yet undertaken the Care Certificate had been put forward by the manager to undertake it; a 12-week national programme that covered all aspects of health and social care.
- Staff at all levels received a comprehensive induction. On the day of our inspection, a new administrator was being inducted into their post by the deputy manager.
- Some staff had taken on lead roles relevant to their area of interest and the needs of people who lived in the service. For example, safeguarding, continence and medicines. The manager had identified other lead roles to be allocated, such as dignity and tissue viability.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a nutritious, varied and balanced diet that suited their needs and preferences. There was an option of a cooked breakfast and we saw plenty of hot and cold drinks and snacks served throughout the day. People took part in a recent mealtime survey and the teatime meal had been changed to reflect this. People were now offered soup, a hot option and buffet style food. One person said, "There is a choice for breakfast and I usually have porridge. At teatime there is soup, sandwiches and always cake." Another person told us, "The food is excellent, and you can always ask for something else if there is nothing on the menu you fancy."
- We spoke with a member of catering staff who told us that all ingredients were fresh and sourced from a

local supplier. We noted that soups, cakes and desserts were freshly made. The people we spoke with confirmed their meals were freshly made and one person said, "My food tastes good, it is just the right temperature and really tasty. There are lots of fresh vegetables and it is nice to eat. The chef gets it just right."

- Kitchen and care staff had access to an up to date record of individual food likes, dislikes, allergies and special diets. All dietary needs were cross referenced with individual care plans.
- People with swallowing difficulties had their food specially prepared. Some had their food mashed and others had it pureed or liquidised. To ensure their meal was always visually appetising, food items were served individually on their plate.
- Staff supported people who required assistance to eat and drink.
- People had their risk of dehydration, malnutrition and obesity closely monitored by staff. Food and fluid charts were completed daily and weight charts were analysed for early signs of risk. The cooks fortified soups, potatoes, desserts and cakes with milk, cream and butter to help people at risk maintain a healthy weight. This had a positive impact as some people had recently gained weight.

Staff working with other agencies to provide consistent, effective, timely care

- When a person was admitted to hospital or another care setting, staff completed a transfer information document. This provided the next care setting with essential information about the person, including a list of their medicines, any allergies, special diets, care needs and an up to date photograph. This helped to ensure continuity of care.
- We spoke with a visiting healthcare professional, who shared with us that communication with care staff had recently improved and staff were more confident in following through a plan of care.

Adapting service, design, decoration to meet people's needs

- People told us that the decoration and the general environment had improved since our last inspection. One person told us, "The new manager is certainly making a difference. She is getting things done and gets the handyman to sort things out to make things look good. It feels better living here now." Another person said, "There has been a lot of decoration in the home recently and they have been doing a lot of painting. It looks a lot more cheerful and that makes me feel brighter. Even the Christmas decorations are so much better this year. It used to get cold in the dining room but that has improved recently."
- Our observations supported what people had told us. We noted that there was new flooring in communal areas. Stair edges were identified with hazard warning edging. All corridors and stairways were well lit and new radiators were being fitted in some areas of the service. There was an ongoing refurbishment programme and some bedrooms had new carpets and furniture.
- There was improved signage throughout the service. Some people had personalised their bedroom door and this made it easy for them to identify their bedroom.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to have access to healthcare professionals such as their GP, dentist and optician. One person said, "If I need to see a doctor it is not a problem, it would be arranged for me. I regularly see a dentist; my key worker sorts that for me." On the day of our inspection one person attended an appointment with their dentist and the previous week the optician had visited people who lived in the service. The person who was visiting their dentist said, "I am going off to the dentist today, one of my friends is collecting me, but I know the staff would organise it if my friend couldn't take me."
- In addition, where necessary some people were seen by their district nurse, specialist heart nurse and speech and language therapist.
- Care staff maintained a record of all health and social care professional visits in people's care files. This detailed any care instructions for staff to follow.

- At our last inspection we identified that staff did not have access to a first aid kit. The provider had since purchased first aid kits to be used for minor injuries. Care staff had been trained in their use.

#### Ensuring consent to care and treatment in line with law and guidance

- When we last inspected this domain in September 2017, we found that care had not always been provided in an organised way to ensure that people's legal rights were reliably protected. There were shortfalls in the arrangements made to safeguard people when it had been necessary to deprive them of their liberty in order to receive care and treatment. The new manager identified this as a priority to action, and all Deprivation of Liberty Safeguards (DoLS) authorisations had been reviewed by the local authority DoLS team.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. On the day of our inspection eight people were being lawfully deprived of their liberty.
- We read the mental health and wellbeing care plan for a person who had recently been admitted to the service with an underlying mental health condition. We saw that relevant professionals had been involved. The person did not want to remain in the service and wanted to go home. The person had support from an Independent Mental Capacity Advocate (IMCA), appointed by the local authority MCA and DoLS team. The IMCA represented the person as they had no-one else to support them. The person's Community Psychiatric Nurse (CPN) was also involved as they were aware of the person's mental health history.
- Where a person had appointed a lasting Power of Attorney (LPA) to act on their behalf when they were no longer able to make decisions for themselves a copy of the document was kept with the person's care file.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People shared with us that staff treated them with kindness and compassion and one person said, "I am always treated with kindness. The staff are so gentle, they talk to me and they make sure I have everything I want and need. The staff are just lovely, and I get on with them, which is important. We have good chats and that helps so much." Another person told us how staff had helped them through a recent bereavement and said, "I was recently bereaved, I coped, and the staff helped me."
- During the morning I observed one of the carers approach a person who was trying to talk and gently asked the person if they would like a drink. "Here is some orange juice, would you like some". The carer then supported the person to drink, sitting at eye level and making conversation, while gently stroking the person's arm. The carer discussed a visit planned with the person's relatives later in the week and went on to say "Are you tired as you didn't sleep well last night, did you? After lunch would you like to have a lovely rest on your bed" The person was observed to drink a full glass of juice supported by the carer.
- We found that staff were attentive to people's needs. During the morning we observed care staff attending to people sat in the main lounge area. Staff were quick to respond when a person was uncomfortable or needed anything. For example, we watched as they assisted a person to change their position in their chair and supported people to have a drink.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were involved in planning their care and also took part in reviews of their care plans. One person said, "I regularly talk with the staff about my care. It is easy to talk to the staff as it is like I am one of the family." Another person told us, "There is a care plan all about me on the home's computer and I am involved with the staff when it is reviewed." A third person told us, "The staff always encourage me to make decisions about what I need to do. I discuss things with my relatives too."
- People were enabled to access an independent advocate if they wished. An independent advocate is a lay person, independent of the service and offers support and acts as voice for people who are unable to make decisions for themselves. For example, to make the decision to move into the service permanently. One person said, "I know I can see an advocate if I want to and I also know that the staff would get one for me if I asked." Details of the advocacy service were displayed on a notice board near the main entrance.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respected their personal belongings. One person told us, "The laundry people do a really good job of looking after my clothes and I have nice clean clothes to wear every day." Another person said, "Little things are important, I like to drink out of my own china mug and the staff always make sure that happens."

- People were encouraged and enabled to personalise their bedrooms with familiar items from home, such as family photographs, ornaments and soft furnishings. One person invited us into their bedroom and said, "I have my room just how I want it and that is fine with the staff. I have books and memorabilia, cuddly toys and photographs. It is my own space. The staff look after my things, they keep my room clean and tidy. My bed is made and checked every day and changed when needed." We received similar comments from other people such as, "I have my own room, with my own furniture and I am really encouraged to have my room just how I want it."
- We found that staff enabled people to maintain their independence and dignity at mealtimes. For example, at lunchtime we noted that rather than assist a person with dexterity problems to eat their meal, they were provided with a plate guard to ensure their food would remain on their plate. Some people were offered dignity aprons to reduce the risk of their clothing becoming spoiled with food spills.
- Tables were set attractively with condiments, place mats and napkins and people sat in friendship groups.
- We noted that when people were sat in communal areas care staff quietly asked them if they needed to use the toilet and offering assistance as required.
- Family and friends were welcome to visit at any time. People could meet with them in any of the communal areas, in the privacy of their own bedroom, or in a designated family room. One person said, "This is my home; my friends and relatives come and see me, and they are always welcomed by the carers with a cup of tea. This is my room and the staff knock before they come in."
- We saw that all care records were securely stored in a locked room and electronic records were password protected. This meant that their confidential information was stored in compliance with the Data Protection Act and the General Data Protection Regulations (GDPR).

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had their care needs assessed and personalised care plans were introduced to outline the care they received. Care was person centred and people and their relatives were involved in planning their care. We saw that individual care plans focussed on supporting people to live well and maintain their optimum level of independence and well-being. One person spoke about their experience of the service and said, "I would recommend Woodside. The staff have helped me a lot and I have things in perspective now. That is really because of the staff here."
- Care plans were reviewed once a month or sooner if person's condition or support needs changed.
- We found that when a person had a new episode of ill health that a care plan was written to enable staff to provide care and support that met the person's changing care needs. For example, when a person acquired an acute infection, such as a chest infection and were prescribed antibiotics.
- The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination.
- Some people told us that staff assisted them on visits to the local community. One person said, "The staff take me into town to do things such as collect my money or go shopping. One of the carers will take me in a wheelchair." Another person told us, "My key worker takes me out when we can organise it."
- Individual and group activities and entertainment were provided. For example, in the morning several people were supported by staff to take part in a quiz. In the afternoon there was a singer and people were encouraged by staff to sing along to songs from the 40s, 50s and 60s.
- People told us they were supported to maintain their hobbies and interests and enabled to develop new ones. One person said, "I like to read magazines and watch television, sometimes I join in the activities. A lady comes on Wednesdays and does exercises with music and the staff know I enjoy that, so always prompt me to come down to the lounge when she arrives." Another person said, "I like gardening and animal books, the staff know all about my interests, they encourage me and even ask my advice."

Improving care quality in response to complaints or concerns

- People told us that they would speak with the manager or care staff if they felt the need to complain. One person told us, "If I felt unsafe, I would tell one of the staff and it would be reported to the manager and sorted." Another person said, "If I was unhappy about something, I would tell the staff straight away"
- People and their relatives had access to paper and electronic copies of the service user guide and statement of purpose. Both documents reflected current national guidance and directed people and their relatives on how and who to make a complaint to.

End of life care and support

- Some people had made the decision not to be resuscitated if their heart was to suddenly stop beating. We saw that the proper documentation had been completed by a competent healthcare professional, such as their GP. These documents were stored securely in individual care files.
- Care staff were aware of how to care for a person at the end of their life. One staff member said, "I sit with them. I keep people comfortable at the end and make them feel safe."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At our last inspection in June 2018 we found the provider to be in continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had persistently failed over several years to effectively assess, monitor and improve the quality of the service. At this inspection we found that the provider had made significant improvements and was no longer in breach of regulation 17. However, we have rated this domain as Requires Improvement because we need to see that over time, the provider has sustained the improvements made.
- Following our last inspection, the deputy manager introduced a monthly audit checklist, to ensure that audits were undertaken when due and all aspects of the service were covered. These included, care plans, medicines administration records, falls and infection control practices.
- Prior to this inspection the new manager shared a copy of the provider's service improvement and development plan that had been introduced by the new manager in response to our concerns. We saw health and safety checks of the premises had been introduced, improvements made to the quality and frequency of audits and maintenance contracts had been put in place for equipment such as bath hoists and wheelchairs.
- An electronic quality assurance tool was in place that alerted the manager and provider to potential and actual risks. The system generated a monthly report of all areas audited with outcomes and actions to be taken.
- We noted that the manager was a visible and accessible leader. Their office had windows on three sides and was a good observation point for one lounge and the main downstairs corridor. The manager told us that they were keen to put the point across to staff, people and their relatives that the office was not a barrier to communication.
- We saw the minutes of the staff meeting held in November 2018. The manager clearly explained to staff what their individual roles and responsibilities were to ensure that people received a high standard of person centred care and support. The manager delivered the message, "It's their home, not just a job".

At our last inspection in June 2018 we found the provider to be in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had persistently failed to notify us of serious injuries, allegations of abuse and DoLS authorisations. At this inspection we found that the provider had made significant improvements and was no longer in breach of regulation 18.

- Following our last inspection, the recently appointed manager has notified CQC of all DoLS authorisations, and other events that they are required by law to tell us about.

At our last inspection in June 2018 we found the provider to be in breach of regulation 16 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had persistently failed to notify us of the death of five people who lived at the service. At this inspection we found that the provider had made significant improvements and was no longer in breach of regulation 16.

- Following our last inspection, the manager had notified CQC of any deaths in the service that had not yet been notified to us.
- There have been no further deaths since the current manager took up their post.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us that they knew the manager, that they were approachable and could turn to them with any problems or complaints. One person said, "The manager is very good. She speaks to you, makes you feel welcome and is always ready for a chat." Another person said, "The care has got better since the new manager started. She certainly doesn't allow for any slackers." A third person told us, "The staff are very good, so the manager must be good at picking them."
- The provider promoted a positive culture where staff were supported, respected and valued by management and each other. Staff told us that the manager was approachable. One staff member said, "The home is now a place to be proud of." Another staff member said, "The best thing about [name of manager] is that she acts upon things, so everyone feels better supported and happier, and they come to work knowing that they can do their best for the residents to make them comfortable and safe. No one [staff] is off sick anymore."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Each day at 4.30. pm the manager, deputy manager and administrator met with the provider to update them with day to day issues including staffing levels, health and safety and other matters relevant to people in their care.
- The manager led a session called "10 at 10" on a Monday, Wednesday and Friday. This was a 10-minute meeting at 10 am with heads of department. They shared updates on important topics such as cleanliness, maintenance and any concerns about people who lived in the service.
- People and their relatives were invited to give their feedback on the service. We read the minutes of the meeting the manager had held in October 2018. People and their relatives gave positive feedback on the recent changes made to the service. For example, one person said, "When we had a meeting recently I complained a little bit about the laundry and things got better after that." Another person said, "The manager recently arranged a meeting, but I could not attend as I was out for the day. I can tell she is listening though, as things are changing for the better"
- Furthermore, people, their relatives and staff had been invited to take part in a satisfaction survey about their experience of the service. The response rate to this was low, twenty percent for people and their relatives and thirty-six percent for staff, although the feedback was positive. People spoke with us about the recent survey and one said. "I have completed a survey about the home, which is good." Another person told us, "I completed a survey recently. There were lots of questions, it really was very thorough, and it was good that I was asked."

Continuous learning and improving care

- Staff had access to policies and procedures that had been reviewed in the previous three months; they reflected current CQC regulations, national guidelines and up-to-date research. The policies we looked at were clear, concise and easy to follow.
- A new supervision policy and procedure had been introduced that reflected national guidance. We looked

at recent supervision session records for six members of staff. Staff told us that supervisions had recently been introduced to the service and they found them very useful.

- There was a process in place for staff to report an accident or incident. These were investigated and reviewed by the manager who shared them with the provider. Staff received feedback on the incident, the outcome and any actions to be taken.
- The accident and incident policy had been reviewed in September 2018.

Working in partnership with others

- The service was a member of national and local organisations that helped them to deliver good practice. These included National Activities Providers Association (NAPA). NAPA is an association that support care teams to help people to live their life the way they choose.
- The manager had a proven track record. In their previous post they had been a regional finalist in the registered manager category in the Great British Care Awards.