

Mr & Mrs M Ellis

Woodthorpe View Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We conducted an unannounced inspection at Woodthorpe View on 11 and 18 July 2018. Woodthorpe View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Woodthorpe View accommodates up to 28 people in one building. On the day of our inspection, 15 people were living at the home; these were older people, some of whom were living with dementia.

At the last inspection in February 2018, we found serious concerns relating to the quality and safety of the home. The service was rated 'Inadequate' and placed into special measures. We took action to restrict new admissions to the home and we imposed conditions on the registration of the provider, which required them to submit regular action plans to us. Other enforcement action remains ongoing. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

During this inspection, we found that although some improvements had been made, further improvements were still needed to ensure the quality and safety of the home. We identified concerns in relation to risk management, consent and governance and leadership. We found three breaches of the Health and Social Care Act 2008 regulations.

There was a registered manager in post at the time of our inspection. 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. There was also a quality manager who had been employed by the provider to improve quality of the service, they took responsibility for many aspects of the running of the home and are referred to throughout this report.

During our inspection we found the service was not consistently safe. People were not always protected from risks associated with their care and support. People were placed at risk of falls as risks were not always assessed and staff did not have access to guidance to inform their care and support. Other risk assessments were not always reviewed at the specified timescales to ensure measures continued to be appropriate and effective. Accidents and incidents were investigated, further improvements were required to ensure care plans were updated to reflect this. Safe recruitment practices were not in place. This increased the risk of people being supported by unsuitable staff.

People told us they felt safe and there were systems and processes to minimise the risk of abuse. The home was clean and hygienic and people were protected from the risk of infection. There were enough staff to meet people's needs and ensure their safety. Overall, medicines were stored and managed safely. However, improvements were required to medicines records to ensure people were always given their medicines as prescribed.

Some improvements were required to ensure people were supported to have maximum choice and control of their lives. People had access to healthcare; however, further improvements were required to care plans to ensure people received the support they required with specific health conditions. Overall staff had enough training to enable them to meet people's individual needs, further improvements were planned to ensure all staff had up to date training. Staff felt valued and supported.

People had enough to eat and drink, they chose what they ate and received assistance as required. There were systems in place to ensure information was shared across services when people moved between them. The building had been adapted to meet people's physical needs, further improvements were needed to ensure the needs of people with dementia and memory loss were met by the design and decoration of the home.

People told us staff were kind and caring. Staff respected people's privacy and treated them with dignity. People were involved in day-to-day decisions about their care and support and had access to advocacy services if they required this to help them express themselves. People were encouraged to be as independent as possible. Further work was ongoing to ensure people's care plans fully reflected their preferences.

People were offered some opportunities to take part in social activities. However, this was limited and we received mixed feedback from people living at the home about the opportunities available to them. People were at risk of receiving inconsistent support as care plans did not all contain accurate, up to date information. Despite this people told us staff knew how to support them and we found staff had a good knowledge of people's needs. People's diverse needs had been identified and accommodated and people had equal access to information. People's friends and family were welcomed into the home. There were systems to investigate and respond to concerns and complaints.

Since our last inspection there had been changes to the management team and this had had a positive impact on the safety and quality of the support provided at Woodthorpe View. However, further improvements were still needed to ensure compliance with the legal regulations. Systems to ensure the quality and safety of the service were not fully effective. There had been a failure to prioritise key areas for improvement which had resulted in people being placed at risk of inconsistent and potentially unsafe support. Sensitive personal information was not stored securely. People and staff were given the opportunity to provide feedback and make suggestions about the running of the home. The quality manager was responsive to our feedback and took swift action to address many of the issues found during our inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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.

People were not always protected from risks associated with their care and support. Environmental risks were not always managed safely.

Overall, medicines were stored and managed safely. However, some improvements were required to medicines records.

There were enough staff to meet people's needs and ensure their safety.

Safe recruitment practices were not always followed.

Effective processes were in place to protect people from abuse and improper treatment.

The home was clean and hygienic and measures were in place to protect people from the risk of infectious disease.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were required to ensure people were supported to have maximum choice and control of their lives.

People were supported to attend health appointments, but further improvements were required to ensure staff were knowledgeable about people's specific health conditions. People had enough to eat and drink.

Care and support was effectively planned and coordinated when people moved between different services.

Staff had enough training and told us they felt supported.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and they understood what was important to people and how to communicate with them. Further work was underway to ensure care plans consistently reflected what was important to people.

People were supported to be as independent as possible. They were involved in choices and decisions about their support and had access to advocacy services if they required this.

Is the service responsive?

The service was not always responsive.

People could not be assured that they would receive the support they required, as care plans did not all contain accurate, up to date information about the support people needed.

People were provided with limited opportunities for meaningful activity.

People and their families knew how to raise issues and concerns and there were systems in place to manage complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The registered manager was not fulfilling the duties of their registration.

Systems to monitor and improve the quality and safety were not fully effective.

Sensitive personal information was not stored securely.

Staff and people living at the home could express their views about how the service was run.

The quality manager was committed to improvement and was responsive to feedback from the inspection.

Requires Improvement ●

Woodthorpe View 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, to explore concerns received about safety and quality and to provide a rating for the service under the Care Act 2014.

Before our inspection, we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events, which the provider is required to send us by law, such as, allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

We inspected the service on 11 and 18 July 2018. The inspection was unannounced. The inspection team consisted of three inspectors 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. During our inspection visit, we spoke with 13 people who lived at the home. We also spoke with three members of care staff, two members of the catering and domestic team, the quality manager and the registered manager. In addition, during the course of our inspection we spoke with one external health and social care professional.

To help us assess how people's care needs were being met we reviewed all, or part of, eight people's care records and other information, for example their risk assessments and medicines records. We also looked at five staff recruitment files, training records and a range of records relating to the running of the service.

We carried out general observations of care and support and looked at the interactions between staff and people who used the service. We also 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.

We did not request a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what they do well and improvements they plan to make. However, we gave the provider the opportunity to share this information during our inspection.

We asked the quality manager to send us a copy of the training record, meeting records and various policies and procedures. We received this prior to this report being completed.

Is the service safe?

Our findings

At our February 2018 inspection, we found people were not provided with safe care and treatment. This was a breach of the legal regulations. Although there had been some improvements at this inspection, we found some ongoing concerns about risk management, which placed people at continued risk of harm.

People were not always protected from risks associated with their care and support. Risk assessments were not always in place as required. One person had moved in to the Woodthorpe View in late 2017, due to falling in their own home and sustaining a fracture. Their pre-admission assessment highlighted they were at high risk of falls. Despite this, there was no falls risk assessment and no measures in place to reduce the risk of further falls. This placed the person at risk of falling again. We discussed this with the quality manager, who acknowledged this had been an oversight and advised us immediate action would be taken to address this. Following our visit, the quality manager provided us with evidence of action taken to reduce the risk. However, it remains of concern that this had not been addressed prior to our inspection.

Risks arising from the environment were not always managed safely. At our February 2018 inspection we found people were not adequately protected from the risk of fire. At this inspection we found improvements had been made to fire safety checks; however, further work was required to ensure people were protected in the event of a fire. For example, a fire plan was displayed in the home to provide vital information to the emergency services about which rooms were occupied. This was not up to date and did not reflect that some people had moved bedrooms. Personal emergency evacuation plans were not always in place and some did not contain adequate detail. One person had been at Woodthorpe View for approximately eight months, but there was no emergency evacuation plan for them. Another person had a plan in place but it did not detail how they should be evacuated in the event of an emergency. This meant the provider was unable to assure us adequate action had been taken to protect people from the risk of fire.

The risks of people contracting Legionnaires disease had also not been effectively managed. Although there was an up to date legionella risk assessment, recommendations made in this had not been actioned and routine safety checks had not been completed at regular intervals as required. This increased the risk of bacteria developing in the water supply and this potentially placed people at risk of harm. After our inspection visit, the quality manager advised us they had booked an external company to come and action the recommendations and provide staff training in this area. However, it remains of concern that this had not been addressed prior to our inspection. We will review this at our next inspection.

The above information was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment practices were not always followed. Although the files we viewed during our inspection indicated that the necessary steps had been taken to ensure staff were recruited safely we received information of concern following our visit. The local authority informed us that pre-employment background checks had not been completed for all staff. Background checks had not been completed for two members of staff working at Woodthorpe View, both of these staff members were related to the

provider. This failure to conduct the required background checks on all staff placed people at risk of harm. We discussed this with the quality manager who told us they were in the process of conducting background checks, they also advised us that interim measures had been put in place to safeguard people whilst these checks were being undertaken.

Overall people received their medicines as required; however, further improvements were needed to some records and processes to ensure medicines were safely managed at all times. Medicines records were not always accurate or up to date and this had resulted in the failure to identify a missing medicine. Although this had not led to someone missing their medicine, poor recording increased the risk of abuse or medicines. Where people were prescribed medicines to be given 'as needed,' protocols to guide their administration were not sufficient. For example, one person was prescribed a medicine to be given in the event of chest pain, the protocol for this was vague and stated the medicine was to be given in the event of 'pain.' This was not correct and could have resulted in the medicine being administered incorrectly. We also found some other minor issues with medicines records, these and the above issues had been identified in a recent external medicines audit and a member of staff told us they were in the process of addressing this.

Overall, we found people received their medicines as required. People told us they got their medicines when they needed them. One person said, "A member of staff gives me my medication and waits with me, they never forget." Overall, medicines records were completed to demonstrate people had been given their medicines as prescribed. Staff had training in the safe management of medicines and their competency was checked regularly. One staff member told us, "I have been watched (administering medicines) to check I was confident and capable." Recent audits had been effective in identifying and addressing most areas for improvement.

Risks associated with people's behaviours were managed effectively. Some people living at the home sometimes behaved in a way that placed them or others at risk. These risks had been carefully considered and care plans were in place which detailed what staff should do to maintain people's safety. Staff were aware of risks and knew how to use techniques, such as distraction, to de-escalate situations. We observed an example of this when two people were having a heated conversation, a staff member quickly identified this and intervened to diffuse the situation.

There were systems to review and learn from adverse incidents. The quality manager reviewed incidents and acted to try to prevent the same from happening again. For example, a movement sensor had been implemented after a person sustained a fall and they had also been moved to a downstairs bedroom to try and prevent reoccurrence. However, we found care plans had not always been updated to reflect this learning. Despite this, staff had a good knowledge of how to support people to maintain their safety.

People told us they felt safe and processes were in place to minimise the risk of people experiencing avoidable harm or abuse. One person said, "Of course I do (feel safe), yes, because it is safe, I don't have any worries about it, they are all nice." People also said they felt comfortable approaching staff with any concerns. Another person commented, "I can talk to anybody, anyone that's available." Staff told us, and records showed, they had regular training in safeguarding adults and they were knowledgeable about indicators of abuse and knew how to respond should they have any concerns. Staff felt confident that any issues they reported would be acted on appropriately. The quality manager had a good understanding of their role to report any concerns to the local authority safeguarding adults team if required.

Although feedback about staffing levels from people living at the home was mixed, we found there were enough staff available to meet people's needs and ensure their safety. One person told us, "There are plenty of staff available during the day. Late evening the service has deteriorated. It's adequate at night." Another

person said, "It's a difficult question they do their best. I think they could do with more staff." In contrast, staff told us there were enough staff to keep people safe and meet their needs and commented this had improved recently. During our inspection, we saw people's needs were responded to quickly and there were staff available to give support throughout the day. Staff were well organised and were responsive to people's requests for support.

The home was clean and hygienic and effective infection control and prevention measures were in place. Since our last inspection additional domestic staff had been recruited and cleaning hours had been increased. We observed bedrooms, communal areas and equipment were cleaned to a sufficient standard. Staff were trained in the prevention and control of infection and had access to personal protective equipment, such as gloves and aprons, to ensure good infection control practices. Regular audits of the environment were completed to identify issues and ensure good practice. The Food Standards Agency had inspected the home in September 2017 and given it a food hygiene rating of five, which means very good. We observed the kitchen area to be clean and well maintained and staff followed food hygiene procedures.

Is the service effective?

Our findings

At our February 2018 inspection we found people's rights under the Mental Capacity Act 2005 (MCA) were not protected. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection although we found that improvements had not been made to the paperwork, people living at the home told us they felt involved in, and consulted about decisions related to their care and support.

The MCA provides a legal framework for making decisions on behalf of people who 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 make decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working with the principles of the Act.

There was a risk that people's rights under the MCA may not be upheld. Capacity assessments had not always been completed to reflect people's decision-making abilities. Some people's care plans recorded they had fluctuating capacity in areas such as personal care. However, no formal assessment of their capacity had been undertaken, consequently, there was no documentation on how staff should act in their best interests. Where mental capacity assessments had been completed, the information was vague. For example, one person had been assessed to lack capacity to make decisions about personal care. The assessment lacked detail on how the person's capacity had been assessed. Despite this, during our inspection we found that most people could consent to their care and treatment and told us they felt in control. We did not find any evidence that people were unnecessarily restricted. The quality manager told us they were aware improvements were needed in this area and assured us this work was planned.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. The application procedures for this in care homes 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. One person had a DoLS authorised at the time of our inspection, there were no conditions and we were told the home had received positive feedback from an external social care professional about the support provided to this person.

There was a risk people's health needs may not be met. People's health needs were not always clearly documented in care plans. For example, one person had a serious health condition which impacted on their wellbeing. However, there was no information in their care plan about what support they needed or the impact upon them. Furthermore, advice from specialist health professionals was not always incorporated into care plans. For example, one person required support and prompting to complete exercises to improve their mobility. There was no information about this in their care records. They told us one member of staff helped them in this area and commented this was variable. This meant there was risk advice from health professionals which may not be acted on appropriately. The quality manager was aware of this and had a plan in place to improve make improvements.

Despite the above, we found people's day to day health needs were met. People told us they had access to health care services and that professionals visited the home regularly. Records showed people were referred to healthcare services when their needs changed. There was evidence of communication with dementia outreach services, nurses, GP's, chiropody, opticians and hospitals as needed. We spoke to a visiting health professional who told us there had been an improvement in communication with the home since our last inspection.

Systems were in place to ensure information was shared across services when people moved between them. The quality manager told us they had developed an in-depth assessment to be used prior to people moving in to the home. They told us it was their intention that this information would then be used to develop a care plan. However, following our last inspection we acted to restrict admissions to the home, consequently, there had not been an opportunity to use this. The quality manager told us they were using the 'red bag' scheme. This scheme is designed to share information and important items, such as medicines, between care homes and hospitals, to ensure care is person centred.

Overall, we found people were supported by staff who had the skills and knowledge to provide safe and effective care. Records showed most staff had training in key areas such as moving and handling, safeguarding fire and mental capacity. However, there were some areas where staff did not have any training, or their training was not up to date. For example, only four of the 14 staff had up to date training in infection control. Where this was the case, records showed training had been scheduled for the near future. We did not find this had any impact on the quality of care provided at Woodthorpe View, for instance staff understood the principles of infection control and used appropriate protective equipment. Staff told us they received sufficient training to perform their roles effectively. One staff member was complimentary of falls awareness training stating, "It's really interesting. I have learnt a lot about risks." People told us they felt the staff had enough training. New staff were in the process of completing the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe and compassionate care and support. Staff had opportunity and support to develop their skills by completing nationally recognised qualifications. Staff told us they felt supported and records showed they had regular supervisions to discuss any concerns and identify any training and development needs.

People had enough to eat and drink. Everyone we spoke with was complimentary about the quality of the food, but some people commented there could be more choices available. One person said, "The food's very good, we don't get a big choice." We observed that mealtimes were a pleasant and sociable experience. People chose to sit with their friends and we saw they were laughing together and talking about their day. People were served a choice of well presented, home cooked food and they appeared to enjoy their meals. People were offered assistance, encouragement and alternative options. The quality manager was aware people wanted more variety and told us work was underway to increase people's involvement in planning the menus.

Where people had risks associated with eating and drinking these were safely managed. One person said, "There are certain things I'm allergic to, they (staff) know." We spoke with a member of the catering team who was knowledgeable about people's dietary requirements. This included knowledge of modified, fortified and diabetic diets. There was written guidance in the kitchen about specific diets for people with swallowing difficulties and staff also had access to an online app with further guidance and ideas about preparing appetising and nutritious meals for people on modified diets.

Woodthorpe View is situated in large residential premises. Adaptations had been made to the environment to accommodate people's physical needs. There was a stair lift and lift to enable people to move freely

between the two floors. People had access to call bells in their bedrooms, this allowed them to call for staff support if needed. People had individual bedrooms and most were personalised to reflect their preferences. There was a large well-maintained garden and we saw people enjoying this during our inspection. Further work was needed to ensure people's needs associated with dementia or memory loss were accommodated. Although communal areas had signs and pictures on the doors to assist people to identify the purpose of the room, the pictures were not always clear. The home had a complex layout and records showed some people had been disorientated when they arrived at the home. Despite this there was no consistent signage to support people to navigate their way around the home and improve their experience. The quality manager told us further work was planned to improve the environment for people living with dementia or memory loss.

Is the service caring?

Our findings

At our February 2018 inspection we found that improvements were required to ensure people were involved in planning their own care and supported in line with their preferences. At this inspection work was underway to improve this; however, this work was not yet complete.

People told us staff knew them well and understood what was important to them. One person told us, "I think they do (know me), yes. If you're doing something and it goes wrong they'll help you put it right. Whatever it may be." Staff told us they had time to sit and talk to people and get to know their backgrounds, preferences and interests and we found that staff had a good knowledge of what mattered to people. However, the quality and quantity of information in people's care plans was variable. Some care plans contained very in-depth and personalised information about the person's background, what mattered to them and important relationships. In contrast, some care plans contained little or no information about people's identity or preferences. This meant there was a risk that people may not be supported in line with their preferences and may receive inconsistent support. We discussed this with the quality manager who told us work was in progress to improve the quality of care plans.

People told us they were very happy living at Woodthorpe View. One person said, "I've been here years. I'm very happy here, I have a lovely bedroom." The environment was homely and relaxed, one person commented, "It's my home," and another person said, "It's a family affair." People told us they felt in control and said staff respected their choices. One person said, "I behave as if it's my own home. I get up and go to bed when I want." The quality manager told us people were offered the opportunity to have input in to their care plan. However, this was not consistently supported by feedback from people. Some people could not recall seeing their care plan and did not know whether they had one or not. In contrast, other people were aware of their care plans. The quality manager told us people and their families would be involved with the development and review of the new care plans.

People had access to an advocate if they wished to use one. There was information about advocacy displayed in the service. Advocates are trained professionals who support, enable and empower people to speak up. No one was using an advocate at the time of our inspection.

People told us staff were kind and caring and this was confirmed by our observations. One person told us, "Oh they are gorgeous. The girls are marvellous with me." Another person said, "Kind? Yes. That lady (staff) bought me strawberries because I was crying." All interactions we observed were kind, compassionate and friendly. Staff had responded to ensure people's comfort, for example, people were provided with soft knitted blankets if they needed. One person told us, "Staff come around and ask you if everything's alright." People told us they felt staff listened to them.

People were treated with dignity and respect and their right to privacy was upheld. One person told us, "Oh yes (staff respect privacy). Staff help me with a shower, I just say can I have a shower and they take you." Another person said, "Yes, they knock on the door, yes." Staff could give examples about how they ensured people's privacy and dignity was maintained, for example by asking discreetly if people required support

with personal care, knocking on people's doors before entering and closing doors and curtains when supporting with personal care. During our inspection we saw that staff were mindful of people's privacy and acted to maintain this, for example, by using a privacy screen when a person was being visited by the district nurse. Some people chose to remain in their room as they preferred the privacy, staff respected this and checked on them frequently.

People were supported to keep in touch with family and friends and visitors were welcomed in to the home. One person told us their family visited often and were made to feel welcome. Another person told us, 'I have friends they come and take me out for walks.' There were no restrictions upon visitors to the home. Friendships had developed between some people living at the home and we saw people spent time chatting together and playing games.

People were supported to be as independent as possible. One person told us, "They (staff) help you to do what you can." We saw that several people were very independent, staff supported and respected this. Staff described encouraging people to do as much as they could for themselves. One staff member gave an example of a person who could be confused, staff provided prompts to enable them to do as much as they could for themselves. Staff were aware of the need for exercise for another person to maintain their independence. They told us the person was encouraged to walk around the building each day and choose the time they wished to do this. One staff member told us, "When [name] first came here they needed someone with them when walking. They have exercises to build up strength and their confidence has come back. They are now mobilising on their own." People's care plans were, again, inconsistent in this area. Some care plans had detailed information about how to promote people's independence, whereas other care plans had no information. The quality assurance manager assured us work was planned to make improvements in this area.

Is the service responsive?

Our findings

The care and support provided at Woodthorpe View did not always meet people's needs or reflect their preferences. People were provided with some opportunities for social activity; however, this was limited. We asked one person about activities in the home, they said "Not an awful lot. We do get a bit fed up, we watch the television, there isn't anything that keeps your mind active." Another person commented, "Yes, I do my word searches, I don't do anything else, I just sit here all day." Although people were not explicitly negative about the opportunities provided, they described their days as "lazy," and "idle." During our inspection we observed that many people living at the home lacked meaningful occupation, other than visits from friends and relatives. People's routines were dominated by meals and personal care and the remainder of the time people spent their time watching TV, sleeping or where able, they occupied themselves. This finding was also supported by records, which showed a general lack of activity and stimulation for people. There were some organised events and entertainment options available to people, such as a motivational exercise class and we also saw photos of people taking part in organised social events. However, these were relatively infrequent and did not ensure people had regular opportunities for meaningful activity. The quality manager was aware of the need for improvement in this area and told us work was planned in this area.

People were at risk of receiving inconsistent support that did not meet their needs. Most people living at the home had a care plan; however, the quality of these was variable. Whilst some parts of care plans contained sufficient information, other parts lacked detail and had not been updated to accurately reflect people's needs. For example, one person had been at Woodthorpe view for several months. Their pre-admission assessment documented they needed support with their health and to manage risks. Despite this, they did not have a care plan in place to inform any aspect of their care and support. This placed them at risk of receiving inconsistent and potentially unsafe support. The risk was exacerbated by the fact that there were several new staff at the home. Other care plans also lacked clear information about how best to support people and some contained contradictory information. Another person's capacity care plan stated they sometimes found it hard to make decisions. However, their communication care plan stated they did not have any problems communicating and said they were fully able to communicate their needs. This meant there was a risk people may receive inconsistent support that may not meet their needs.

Staff told us there had been recent improvements to care plans and we found they were knowledgeable about the people they supported. However, care plans were not always informative enough to ensure that consistent support was provided at all times.

The above information was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they got the support they needed. One person told us, "Yes, they look after you very well." Another person said, "Yes, everything's okay I don't have anything to worry about." People told us staff were responsive to their needs and said their daily routines and preferences were respected and supported by staff. One person told us, "I get myself up, I come downstairs to have a cup of tea and breakfast and I go to bed when I want." The quality manager was aware that improvements were needed to care plans and told

us they had allocated time for this in the coming weeks. They told us that, in the interim, they had implemented other ways of sharing information with staff to ensure they had up to date knowledge of people's needs, this included handovers between shifts and regular staff meetings.

People were provided with kind and caring support at the end of their lives. Staff had received training in end of life care and had a good understanding of their role and demonstrated compassion and care for people at the end of their lives. One member of staff told us, "I think it (end of life care) is really important, I really want to make sure it is right for people, dignified." They went on to describe how they had supported a person who had recently passed away. They told us staff had phoned them so they could be with the person in their final moments. This demonstrated staff provided with compassionate support at the end of their lives. However, improvements were required to ensure that people were offered support to discuss their end of life wishes. Although some people had end of life care plans they only covered basic details. For other people there was no evidence that they had been offered support to think about their wishes for the end of their lives. The quality manager was aware of this and planned to make improvements as part of the overall improvements to care plans.

People's diverse needs were identified and accommodated. Most staff had undertaken equality and diversity training and there was a policy in place to ensure people's diverse needs would be accommodated. The quality manager described how they met people's religious needs by arranging for local religious leaders from different denominations to visit the home. They told us no one had any other diverse needs, but added if this changed they were committed to accommodating people.

The provider was meeting their duties under the Accessible Information Standard. The Accessible Information Standard ensures that all people, regardless of impairment or disability, have equal access to information about their care and support. The quality manager told us that no one living at Woodthorpe View had any information access needs at the time of our inspection. However, they were aware of their duties and had a policy in place to ensure people's needs would be identified and accommodated in the future, as required.

There were systems and processes in place for people to provide feedback and to deal with, and address complaints. Although few people were aware of the complaint process everyone told us they would feel comfortable telling the staff if they had any complaints or concerns. Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns to their manager. Staff told us they were confident the manager would act upon complaints appropriately. There was a complaints procedure displayed in a communal area and in people's bedrooms which detailed how they could make a complaint. Records showed that no formal complaints had been made since our last inspection.

Is the service well-led?

Our findings

Since registering with the Care Quality Commission, the provider has not been consistently compliant with the regulations. At our inspection in February 2018 Woodthorpe View was rated as 'Inadequate' due to serious concerns about the quality and safety of the service. Following our February 2018 inspection, we acted to restrict admissions to the home and we also imposed a condition which required the provider to send monthly action plans detailing improvements made. The provider complied with this condition and submitted regular action plans detailing ongoing and planned improvements across the service. At this inspection we found many improvements had been made; however, further work was needed to ensure the effectiveness and ongoing sustainability of the new systems and processes.

Although we found that systems to ensure the quality and the safety of the home had improved, further improvements were still required to ensure these systems were comprehensive and robust. For example, a recently introduced health and safety audit was not sufficiently detailed. Consequently, we found issues related to the safety of the environment, such as the management of risks associated with fire and legionella, had not been identified or addressed prior to our inspection.

There had been a failure to prioritise key areas for improvement which had resulted in people being placed at risk of inconsistent and potentially unsafe support. During this inspection, we found that although many improvements had been made since our February 2018 inspection, improvements to care plans and risk assessments had not been prioritised. Consequently, care plans and risk assessments did not fully reflect people's needs and risks had not been reviewed and assessed in a timely manner. This increased the risk of people not getting the support they required. We discussed this with the quality manager who told us that competing demands upon their time had meant they had not completed the work on care plans as quickly as they had planned. They told us they would be prioritising this work following our inspection.

People's right to confidentiality was not upheld as sensitive personal information was not stored securely. During our inspection we found that a person's care plan had been used as a template for the development of other care plans, this still contained the person's name and personal information about all their care needs. This document was found in three different people's care files and may have been accessible to families and visiting health professionals. We discussed this with the quality manager who told us these documents should not have been in care plans and assured us they would take immediate action to remove them. Furthermore, after our inspection, the local authority advised us they had visited the home and found a large volume of sensitive personal information about people living at the home was stored in an unsecured shed in the grounds of Woodthorpe View. This posed a risk that this information may be accessed by authorised people.

The overall rating for this service is requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement or Inadequate' on four consecutive inspections. This shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

The above information was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post, at our February 2018 inspection we found the registered manager was not fulfilling the duties of their registration. This was a breach of the legal regulation. During this inspection this remained the case. Since our last inspection the registered manager had taken action to make alternative arrangements to ensure the service was effectively monitored and this had reduced some of the risks found at our last inspection. However, the registered manager continued not to have sufficient oversight of the day to day running of the service and therefore was not meeting the requirements of their registration.

The registered manager told us they that although they liked to be kept informed about the running of the home, they had delegated routine management duties to the quality manager. The quality manager told us they provided the registered manager with daily updates about the home but clarified that the registered manager was not actively involved with, or knowledgeable about care and support. We found the registered manager had limited knowledge of the operation of the home and current legislation. For example, we asked them about whether anyone at the home had a DoLS authorisation in place and they told us they did not know. Staff told us that although the registered manager popped down to the home regularly, they do not get involved in the running of the home and staff said they would not approach them with questions or for support.

Despite the concerns identified, during our inspection visit, people were positive about Woodthorpe View and said they were happy living there. One person told us, "Yes (I'm happy), you get fed, you've got a bed, it's comfortable here, they're all friends." Another person commented, "It's been my home for 16 years." People who used the service and their families had the opportunity to be involved in some aspects of the running of the home such as the food, activities and events. Since our last inspection meetings had been held for people living at the home. Records of the most recent meeting showed these were used to provide people with an opportunity to make suggestions about the home and to discuss entertainment, activities and food. The provider also asked people to complete regular surveys on the quality of the service provided, results of the most recent survey were overwhelmingly positive. Where people had suggested areas for improvement, such as activities, the quality manager has identified this and had started work on making improvements.

Since our February 2018 inspection there had been several changes in the management team at Woodthorpe View. The provider had employed a quality manager who told us they had assumed responsibility for the day to day running of the home, other staff had left the home and a new senior carer had been appointed. Staff were very positive about the impact of the changes in the management team. One staff member told us changes in management had made a "Big difference and there have been positive changes. It seems a happier place. Paperwork has improved and explanations are given as to why paperwork needs completing. It feels like a home. There is a more positive working atmosphere." Another staff member said, "The management is very, very good. I am happy to be a carer now. Everyone has the resident's best interests at heart. It is a lot better environment; the temperament of staff has changed. Everyone wants to help. I am quite happy especially with learning."

Staff felt valued, involved and supported. Staff could offer feedback on the service in several ways including in supervision meetings and team meetings. Records showed that staff meetings took place regularly and were used to address issues and share information. Staff were aware of their duty to whistle blow about poor practice and felt confident in raising any concerns with the management team. Staff said there was always someone available to contact for support and the quality manager told us they had set up private social media chat groups with staff to ensure they could contact a manager even when they were not available in the home.

The quality manager kept up to date with developments and best practice in the health and social care sector. They told us they attended local and national events to keep up to date and had also developed relationships with managers of other local homes. The quality manager worked in partnership with key organisations to support improvement at the home. We received positive feedback about the impact of their leadership from a health professional who visited the home regularly.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The rating was displayed within the home, the provider did not have a website. We checked our records, which showed the provider, had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

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 9 HSCA RA Regulations 2014 Person-centred care People did not always received support that met their needs or reflected their preferences. Regulation 9 (1) (2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always provided with safe care and treatment. Regulation 12 (1) (2)

The enforcement action we took:

Following our February inspection we served a notice of proposal to cancel the registration of the manager and provider. This work was ongoing at this inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to ensure the safety and quality of the home were not always effective. Regulation 17 (1) (2)

The enforcement action we took:

Following our February 2018 inspection we served a notice of proposal to cancel the registration of the manager and provider. This work was ongoing at this inspection.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers The registered manager was not meeting their dues under their registration. Regulation 7 (1) (2)

The enforcement action we took:

Following our February 2018 inspection we served a notice of proposal to cancel the manager's registration. This was ongoing at this inspection.