

Woodleigh Rest Home Limited

# Woodleigh Rest Home Limited

## Inspection report

Brewery Lane  
Queensbury  
Bradford  
West Yorkshire  
BD13 2SR

Tel: 01274880649

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 5 and 10 April 2018 and both days were unannounced. On both days there were 24 people using the service.

Woodleigh Rest Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 33 older people in one adapted building. Accommodation is provided over two floors.

The last inspection was carried out in April 2017 and the overall rating for the service was 'requires improvement.' The provider was in breach of two Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to 'safe care and treatment' (Regulation 12) and 'good governance' (Regulation 17). We took enforcement action and issued a warning notice in relation to the breach of regulation 17 (good governance). We issued a requirement notice in relation to the breach of 'safe care and treatment' Regulation. We asked the provider for an action plan, which they provided telling us how they were going to make the necessary improvements.

During this inspection we found improvements had been made.

A registered manager was in place. 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 were enough staff to keep people safe and to meet their care needs. Staff were receiving appropriate training and they told us the training was relevant to their role. Staff told us they felt supported by the registered manager and were receiving formal supervision.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. We saw appropriate referrals were being made to the safeguarding team when this had been necessary.

People's healthcare needs were being met and medicines were being stored and managed safely.

In the main we saw staff were kind, caring and patient. However, we did see some practices which showed a lack of respect for people.

People were offered a choice of meal and they told us the food was nice. However, we were concerned people were not getting enough to drink.

The home was clean, comfortable and improvements to the lighting were on-going. Some areas of the home had been refurbished and redecorated and this was on-going. However, we did find staff were not always following infection prevention procedures which potentially could put people using the service at risk.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

Some activities were on offer to keep people occupied but these needed to be more person centred.

Everyone spoke highly of the manager who said they were approachable and supportive. The provider had a more active role in the running of the service. We saw systems had been introduced to monitor the quality of the service. We saw these had identified areas for improvement and action had been taken to address any shortfalls. People using the service and relatives were consulted about the way the service was managed and their views were being acted upon. It was too early for the provider to be able to demonstrate that the quality processes were fully embedded and that these improvements could be sustained over time.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Infection prevention procedures were not always being followed by staff which could leave people at risk.

Staff were recruited safely and there were enough staff to provide people with care and support.

Medicines were being managed safely.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

We were concerned people were not getting enough to drink.  
There was a choice of meals available.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

People's healthcare needs were being met.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

In the main we saw staff were kind, caring and patient. However, we did see some practices which showed a lack of respect for people.

Visitors told us they were made to feel welcome and people who used the service were supported to keep in touch with family and friends.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Individual care plans were in place to provide staff with essential information.

There were some activities on offer to keep people occupied but these needed to be more person centred.

A complaints procedure was in place and people told us they would feel able to raise any concerns.

**Is the service well-led?**

The service was not yet consistently well-led.

There was a registered manager in post who provided leadership and support to the staff team.

Quality assurance systems had been put in place but these needed to be tested over time to ensure they were effective in ensuring sustained improvements. This is why this section of the report has a 'requires improvement' rating.

**Requires Improvement** 

# Woodleigh Rest Home Limited

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 10 April 2018. The first day was unannounced and the inspection was carried out by one adult social care 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. The inspection was concluded by one adult social care inspector on 9 April 2018.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, one staff recruitment file and records relating to the management of the service.

We spoke with eight people who used the service, four relatives, five care workers, the cook, the

handyperson, the administrator, a community staff nurse, one community health care support worker, the hairdresser, the registered manager and the provider.

# Is the service safe?

## Our findings

At the last inspection in April 2017 we found the provider was in breach of Regulation 12 (safe care and treatment) in relation to infection prevention, because there was an odour of stale urine in the main entrance and in two of the bedrooms. On this inspection we found the odour in the main entrance had been eradicated.

In February 2018 there was an outbreak of diarrhoea and vomiting in the home and following this the registered manager told us additional training in relation to infection prevention had taken place. We spoke to one of the infection prevention team who told us staff had made a good job of managing the outbreak.

We found one commode which was rusty and had faeces on the legs, which meant it had not been cleaned properly. This was brought to the registered manager's attention and the commode was replaced. Soiled incontinence pads had been disposed of in the right bin but had not been placed in a bag first. This was contrary to the service's infection control procedure. During the afternoon inspectors saw one member of staff did not deal with soiled laundry appropriately. We discussed this with the registered manager agreed this was not the correct procedure for dealing with soiled laundry. We also saw some care workers wearing rings with stones in them, which was in contravention of the service's infection control policy.

We saw comprehensive infection prevention policies and procedures were in place and staff had received training. We would recommend staff practice is monitored through observed practice to ensure they are implementing their training and working in-line with the policies and procedures.

We found other areas of the home clean, tidy and odour free. We saw at the last food standards agency inspection of the kitchen they had awarded five stars for hygiene (very good). This is the highest award that could be made. This showed us systems were in place to ensure food was being prepared and stored safely.

At the last inspection in April 2017 we found the provider was in breach of Regulation 12 (Safe care and treatment) because there was a lack of heating and hot water in some areas of the home. A bedroom had a 'deadlock' fitted so there was the potential for the person occupying this room to become locked in. Low energy light bulbs were being used which did not provide sufficient illumination. On this visit we found improvements had been made.

Heating and hot water was available throughout the home and temperatures of both were checked on a daily basis. In December 2017 when there was a heating failure, portable heaters were used until the problem was resolved by the plumbers. The registered manager told us about this, as required, and monitored the temperatures of the rooms to make sure they were warm enough. We saw the 'deadlock' had been removed from the bedroom door and saw some of the low energy light bulbs had been replaced by brighter LED bulbs. However, there were areas of the home where lighting levels still needed to be improved. The registered manager explained the replacement of the low energy light bulbs was on-going and the next area to be addressed was the upstairs landing area which we found was particularly poorly lit.



We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems. Repairs which were needed were added to the maintenance log, addressed by the handyperson in priority order and signed off when completed.

Records showed a range of checks were in place to ensure the safety of the home's equipment, facilities and utilities. This included the supply of gas and electricity and the equipment used to support people to move. People had personal emergency evacuation plans which could be used by emergency personnel in the event of a fire or other emergency to help people evacuate. The home's fire safety equipment was checked regularly and staff took part in evacuation drills.

During the inspection we noted the checks to monitor Legionella risk at the home were not completed fully. According to the Health and Safety Executive (HSE) water temperatures should be checked regularly to ensure water is supplied at temperatures which reduce Legionella risk; we noted this had not been done. A sample had been sent for Legionella testing prior to this inspection and shown to be negative, so people were not at risk. The registered manager downloaded the relevant HSE guidance on the first day of this inspection and we saw checks had been implemented by the second day of this inspection. This meant most risk to people posed by the building and utilities had been assessed and managed and the registered manager took effective action when concerns were raised.

At the last inspection in April 2017 we found the provider was in breach of Regulation 12 (Safe care and treatment) in relation to medicines management as medicines administration records for creams and lotions were not being signed to show they had been applied. On this inspection we found improvements had been made.

Where creams or lotions had been prescribed there were clear care plans where these needed to be applied and other checks which needed to be made. We could see from the records these were being consistently applied.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridge. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed. When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently. One relative told us, "They (staff) are on the ball with medicines."

People who used the service told us they felt safe at Woodleigh. One person told us, "I feel safe here because I just feel as though there is someone here all the time and you can use your buzzer and they come but sometimes they don't come as quick as I'd like but it all depends on how busy they are." A relative told us, "I've always felt it's a safe place and feel confident the staff do their best." Another relative said, "I find it very safe as there is always somebody about and I can tell when I visit that [Name's] well attended to."

We saw there were safeguarding policies and procedures in place. Staff were able to explain possible signs of abuse and what they would do to make sure people were safe. Staff had completed safeguarding training and said they would not hesitate to report concerns. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

The registered manager held money, for some people who used the service, for safekeeping in the office. We looked at the individual records and saw receipts had been attached for any purchase which had been

made. We cross referenced the money held for two people with the transaction sheets, no discrepancies were found or concerns identified. This showed us people were being protected from any financial abuse.

One care worker had been employed by the service since our last inspection so we reviewed their recruitment records. A range of checks were in place which complied with the regulations, and included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions. We noted the care worker's records did not include a full employment record as required. The registered manager told us the care worker's CV had been misfiled and this was supplied on the second day of inspection. This meant recruitment procedures at Woodleigh were robust.

People who used the service, their relatives and staff told us sufficient care staff were deployed to meet people's needs at Woodleigh.

A dependency tool was used to calculate staffing levels. We saw this assessed people's level of need and the amount of support they needed with aspects of care, such as washing, dressing and their continence. We saw the number of staff deployed exceeded the number of staff hours required by the dependency tool. Staff rotas showed shifts were fully staffed and any staff sickness had been covered by other care workers as extra shifts. Throughout this inspection we saw people received the support they needed, such as assistance to eat or to access the toilet, in a timely way. This meant sufficient staff were on duty to meet people's needs.

Accidents and incidents were recorded and we saw evidence that action was taken including liaising with health professionals and ordering equipment following incidents such as falls.

## Is the service effective?

### Our findings

At the last inspection in April 2017 we found meal choices were limited with no cooked breakfasts on offer and a lot of 'paste' sandwiches at tea time. On this visit we noted some improvements had been made but we were concerned people were not getting enough to drink.

There were a four week cycle of menus in operation which detailed the choices for each meal. At breakfast time people were offered a choice of cereals, porridge, bacon and eggs and a variety of hot and cold drinks.

One person who used the service told us, "The food is plain and ordinary but tasty." Another person said, "The food is always nice, and they give you a choice. If I don't like the menu they will always make me an omelette."

At lunchtime, on the first day of the inspection, people had a choice of sausage and onion or meat and potato pie. Both were served with potatoes and vegetables. One of the inspection team tasted the two meals on offer and found the meat and potato pie, potatoes and vegetables very tasty, however, found the sausage was of poor quality. We spoke with the cook about this and they agreed about the quality of the sausage. We would recommend consulting people who use the service about the quality of the products being used.

We saw staff were recording the food and fluid intake for some people. We saw the format for the fluid charts allowed for daily totals to be calculated, however, there was no evidence of the charts being monitored to make sure people were getting enough to drink. No details about what people's individual target fluid intake should be were recorded. We asked the registered manager about this and they were not clear about what people's daily intake should be. On the second day of our inspection we saw people's individual targets for fluid intake had been calculated. However, we saw these targets were not being consistently achieved.

One person's care plan identified they were prone to urinary tract infections and instructed staff to encourage them to drink. We looked at their fluid balance chart and saw one day they had only had 450mls of fluid to drink and on another only 550mls. We also noted their last drink in one evening was given at 7pm and no other drinks had been given until 8am the next day. The 'Water for Health - Hydration Best Practice Toolkit for Hospitals and Healthcare' publication suggests people should drink 30mls of fluid per kilogram of body weight. The registered manager was unaware of this guidance. This meant this person's daily intake should have been at least 1344mls per day. On the second day of our inspection we saw they had achieved their target on one day but on another had only had 850mls.

On the first day of inspection we spoke with one person in their bedroom and saw a care worker bring them half a cup of tea. They drank very little of this and at 11am when the care worker came back, they took the tea away. There was no jug of water or juice left in the person's bedroom. On the second day of the inspection we looked at this person's fluid balance chart and saw their daily intake should have been at least 2400mls. On the 9 April 2018 they had only had 1100mls of fluid.

On the first day of inspection we noted no one who was in their bedrooms had a jug of water or juice. We also noted there were no drinks readily available in the lounges. On day two we found people had been provided with drinks in their bedrooms and in the lounges. We concluded not enough was being done to ensure people's hydration needs were being met. We referred our concerns to the Bradford safeguarding team, but have not received an outcome from them.

This was a breach of Regulation 14, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was acting within the legal requirements of the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

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. There were no current DoLS authorisations in place. Three had been granted but had expired; these together with other applications had been made to the local authority and were waiting to be processed.

The registered manager knew whose relatives or representatives had lasting power of attorney (LPA) and what these were for. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This meant they knew who could legally make decisions about people's health and welfare. When there was no LPA in place the registered manager explained the 'best interest' decision process had been followed; however, this had not always been documented.

At the last inspection in April 2017 we found the consent documentation was not consistently completed and recommended this shortfall was addressed. Again on this inspection we found consent documentation was incomplete. Where people lacked the capacity to consent to their care the registered manager had followed the 'best interest' process, but had not documented these discussions. On the second day of the inspection these shortfalls were being addressed.

Care workers asked for people's consent before offering any care or support.

The registered manager assessed people before they offered them a place at Woodleigh to make sure the service could meet their needs. We saw from a recent survey people who used the service were satisfied with their care and support.

Records showed staff had access to training courses and most had received regular updates. Courses included safeguarding, food hygiene, fire safety, and infection control. Senior care workers who administered medicines received medicines training. We noted there were some gaps on the training matrix

and some staff training courses had not been updated in line with the registered provider's policy. However, records showed the registered provider and registered manager were aware of this, and a plan was already in place to audit training gaps and ensure staff training was fully updated.

The registered manager was aware staff employed new to health and social care would need to complete the Care Certificate as part of their induction. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. The registered manager said they were planning to roll out the Care Certificate to all care workers, even those with recognised health and social care qualifications, as refresher training.

Records showed care workers received regular supervision sessions with the registered manager, although we noted these sessions were issues-based, such as record-keeping or infection control. This meant they did not include a two-way conversation whereby the staff member was asked if they had any issues or training needs. The registered manager told us they were in the process of changing the documentation used to record supervisions. Going forward, supervision sessions would include a discussion about the staff member's general wellbeing, competence and training or development needs. Staff received an annual appraisal. Records showed this was a reflective exercise whereby the staff member considered their competence in a range of areas and the registered manager added feedback. Those we saw included praise and thanks for staff from the registered manager to staff. This meant staff received training and support to do their roles. We will check the areas where improvements were planned at the next inspection.

People's healthcare needs were being met and the service worked well with healthcare professionals. One person told us, "I have a decent doctor and the district nurses see me every Wednesday." A health care support worker and community staff nurse told us staff made appropriate referrals to the district nursing team and followed any advice they were given. A visitor told us their relative was prone to urinary tract infections and staff kept checking to make sure they were alright. The health care records showed staff were vigilant and were quick to spot changes in people's health care needs and made appropriate referrals to relevant health care professionals.

The four care files we looked at contained information about any visits and advice from healthcare professionals. We saw, for example, people had been seen by GP's, chiropodists, opticians and dentists.

Some parts of the building had been redecorated since our last inspection; for example, the dining room and one of the lounges. New chairs had also been purchased for the lounges, which had improved these areas significantly. New flooring and carpets had also been laid in the ground floor corridor. The provider also had a refurbishment plan in place.

We would recommend the registered manager and provider consult current guidance regarding how to create a dementia friendly environment.

## Is the service caring?

### Our findings

We asked people who used the service about the staff who cared for them. They made the following comments; "Yes, they are kind and helpful, I like the staff they are very good, and when I ask for anything they look after you, they are all friendly people, I'm happy and settled", "Yes I like them, and they do their best. They pull the curtains on when I'm getting undressed and knock on my door and give me privacy when I'm on the commode", "Yes I think I am well looked after they seem to care and it's the way they go about it as they are kind and seem very confident," and, "They are lovely and caring; they look after you and anything you need they get it for you."

Relatives told us, "The staff are lovely, compassionate, caring and brilliant. You can have a laugh with them; I try and come every day and I have never heard them sound the least bit 'off' or cross with anyone," and, "The staff seem really friendly whenever we visit, and they are always happy with the residents and asking them if they are ok. They seem approachable and seem to be always sitting with them and doing the things they ask."

In the main we saw some good interaction between people who used the service and staff. For example, one care worker was chatting with one person about the Commonwealth Games, which was showing on the television and checking with them that they were comfortable in the lounge. We also heard a care worker take their time with one person to establish what they wanted for their breakfast.

However, we found people's experience varied dependent upon which staff were supporting them. For example, on the first day of our inspection we saw one person was not asked what they wanted for lunch and tea and not asked if they wanted to take part in activities. On the second day we saw the same person had really good interaction with a care worker who was talking with them about a visit from their family and asking what the person would like to do.

We saw people's care plans contained information about how they liked to be presented, for example, 'Likes to have hair in a ponytail. Is often cold and likes to layer up – likes to wear cardigans.' We saw this person had been supported in line with their preferences. However, we saw another person wearing an ill-fitting jumper. The registered manager and senior care worker told us this person liked to look smart and liked the colours blue and purple and liked to wear a scarf. We asked them if they thought this person would have chosen to wear the ill-fitting jumper. They agreed this would not have been to the person's taste and assisted the person to their room to change the jumper.

At lunchtime on the second day people were offered hot drinks and these were served in cups but people were not given saucers. We also saw staff use tea towels as clothing protectors instead of aprons.

We saw from the provider's February 2018 report that tablecloths had been purchased. These were not in use on day one of the inspection until tea time, after we had asked a care worker why they were not being used. On day two of the inspection the table covers were not in use.

We concluded more work needed to be done to ensure people received a consistent service which respected their dignity at all times.

People who used the service were supported to keep in touch with friends and family. For example, one person used social media to talk with their family in Australia.

Relatives told us they could visit at any time and were always made to feel welcome.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

## Is the service responsive?

### Our findings

In April 2017 we found the provider was in breach of Regulation 17 (Good governance) as care plans were not up to date. There was no consistency across the files which made it difficult to find relevant information quickly. On this inspection we found care files followed a standardised layout which made finding information much quicker.

Care records we reviewed contained sufficient information to enable staff to provide appropriate care, treatment and support. They showed what the person could do for themselves and the level of support they needed from staff and included any particular preferences.

One care plan indicated the person no longer communicated verbally. However, this was inaccurate as we heard them responding to staff questions. For example, when offered a drink of juice they answered, "Yeah."

Care records contained risk assessments, for example, regarding falls and tissue viability. We saw one person had been assessed as being at 'medium' risk of falls and had fallen four times at the previous care home they lived in. They had a bed which could be lowered and a crash mat in place. They had not had any falls whilst living at Woodleigh. This meant this risk had been managed effectively. Where people had been assessed as being at risk of developing pressure sores specialist mattresses and cushions had been put in place to minimise that risk.

Advance care plan documentation was in place to let staff know how people wished to be cared for at the end of their life. A health care support worker told us the end of life care at the service was very good and added, "They (staff) do very well, people live a long time here." We saw letters from relatives complimenting the staff team for the care and support which they had provided. These were some examples; 'A high thank you to all of the staff at Woodleigh for making [Name's] life so much better. [Person] enjoyed all the comfort you gave [person], just being care for meant a lot. [Person] always said, "They are so kind to me," and, 'To [Name of registered manager] and all of the amazing staff at Woodleigh, thank you so much for all the love, care and support you gave [Name].'

The complaints procedure was displayed in the home. We saw one complaint had been received since the last inspection. Records showed this had been investigated, dealt with appropriately and resolved by the provider. One relative told us, "We can ring at any time and any problems would be sorted out."

The registered manager was aware of the 'Accessible information standard' and told us they could produce information in different formats; for example, large print if this was needed.

The service employed an activities co-ordinator who worked in the afternoons from 1pm to 3pm. In the mornings care workers were responsible for organising activities.

People who used the service explained the activities were limited but they had enjoyed the quiz on the first morning. During the inspection we observed people being supported by staff to access some activities in



one of the home's lounge areas, but not all people were invited. We fed this back to the registered manager who said she would speak to staff in order to ensure all people had equal access to activities provided.

On the second day one person was sitting on their own in the quiet lounge. Staff had told one of the inspectors this person liked songs from a particular group. We asked a care worker if they had any of this music they could play for them. They were unsure if there was any music from this group but did put on some appropriate music. When another person who used the service came and sat in the lounge we saw both people were enjoying the music. Care staff knew people well and this information should be used to provide more personalised activities.

## Is the service well-led?

### Our findings

When we inspected the service in September 2016 we found the governance systems were not effective and identified this as a breach of Regulation 17 (Good governance) and told the provider to make improvements. At the inspection in April 2017 we found a continued breach of this regulation and told the provider they must make improvements by 31 August 2017. On this visit we found some improvements had been made. This section of the report has been rated as 'requires improvement' because the systems and processes which had been introduced need to be tested over time to make sure they are fully embedded.

On this inspection we found the specific areas we detailed within the warning notice had been complied with. For example, the heating and hot water system had been repaired. Some redecoration and refurbishment had taken place and there was an on-going plan for further environmental improvements. The recording on medication administration records showed staff were signing to show when creams and lotions had been applied.

There was a registered manager in post and relatives and staff spoke highly of them. They told us they were approachable and supportive. One care worker said, "[Name] is a good manager; you can speak to her and she is very understanding. The residents always come first." Staff also told us they would recommend Woodleigh both as a place to live and work.

We saw the provider wrote monthly reports about the service. These showed the discussions which had taken place with the registered manager. We saw the provider was checking for any issues in relation to medication, care plans, accidents/incidents, weights, safeguarding supervisions/appraisals, staff training, the environment and any other issues the registered manager or provider wished to raise. It was clear from the meeting minutes who would be responsible for taking any necessary action. The action plan was then followed up at the next meeting to make sure any improvements had been implemented.

Audit tools were in place and the outcomes of the audits were also discussed at the monthly meetings. For example, the registered manager, administrator and provider completed an audit of staff training to ascertain what courses staff needed to complete. The provider had organised a practical moving and handling session and also subscribed to on-line training so staff could access appropriate training.

We recommend audits and provider visits continue to be developed to include some of the shortfalls we have identified in this report. For example, staff competency assessments and checks to ensure people who use the service are having their hydration needs met.

Since our last inspection an administrator had been employed who had been helping with the audits and organisation of records.

The service worked in partnership with various organisations and stakeholders to help meet people's needs. This included local healthcare professionals, for example, community nurses and GPs, and a nearby day centre which some people had started to access in the weeks prior to this inspection. An administrative

assistant at the home who was newly in post was in the process of promoting partnership working with potential volunteers to support people with activities.

Regular meetings were held at Woodleigh where people were asked for feedback and could express their views. We saw examples of changes made following discussions at this meeting. For example, in March 2018 people had been asked if they would like to attend a local day centre. Some people had said they would, and records showed some people had attended the day centre several times since the meeting. In the February 2018 residents' meeting, people said they wanted more hot choices at breakfast, such as crumpets and bacon and eggs. During this inspection we observed people being served these foods and other meals requested; for example, omelettes were now on the menu. People had also been consulted over the Christmas 2017 activities schedule and had chosen the new corridor carpet design by looking at samples. This meant people were involved in decision-making at the home, and the service acted upon their feedback.

Meetings for people's relatives had been less frequent. The registered manager told us two meetings had been planned then cancelled due to unforeseen circumstances. The last meeting had been held in August 2017; agenda items had included the outcome of a recent satisfaction survey and a request for relatives to become involved in care planning for their family members. Regular newsletters were produced to keep people and relatives up to date about events at the home and we saw relatives chatting with staff during the inspection during visits. This demonstrated relatives were encouraged to be engaged and involved with the service and their relative's care and support.

People who used the service and relatives were also given satisfaction surveys to complete to get their views about the service. These had been sent out recently and the registered manager had not yet collated the responses. We looked at the six surveys returned by people who used the service and the five returned by relatives and saw people were generally very satisfied with the service they were being provided with.

Meetings were held for staff at Woodleigh. Minutes showed these included discussions about, safeguarding, completion of records and health and safety. One member of staff told us the registered manager would be receptive to any suggestions they might have.

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  The hydration needs of service users were not being met. Regulation 14 (1) (2) (b).