

Cornwall Care Limited

Woodland

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Good 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 26 July 2016. The last inspection took place on 18 June 2015. At that inspection we identified breaches of the legal requirements and told the provider to take action to address the breaches of the regulations. Following the inspection in June 2015 the provider sent the Care Quality Commission an action plan outlining how they would address the identified breaches. We carried out this comprehensive inspection to check on the actions taken by the service to meet the requirements of the regulations.

Woodland is part of Cornwall Care and is a care home which offers care and support for up to 37 predominantly older people. At the time of the inspection there were 35 people living at the service. Some of these people were living with dementia. The accommodation is spread across four wings. There are several lounge areas where people can choose to spend their time. There was a large garden to the rear of the building.

The service had a registered manager in post. 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. The registered manager had been in post since December 2015.

Some people found it difficult to manage their emotions which could lead to them becoming distressed and agitated. This meant they could put themselves and others at risk of harm. Risk assessments were not always in place to describe the risk and guide staff on how they could deal with it in order to keep themselves and others safe. Staff had not had training to enable them to deal with these potentially risky situations.

In order to help sustain the correct staffing levels agency staff were frequently used, either from an external agency or Cornwall Cares' own flexible staff team. This happened more often at weekends. Although five new members of staff had recently been recruited they were not yet working at the service at the time of the inspection. This was because they were waiting for pre-employment checks to be completed. Staff were effectively deployed across the service and people's needs were usually met in a timely manner.

At the last inspection on 18 June 2015, we asked the provider to take action to make improvements to the management of medicines and this action has been completed. Systems for the administration and storage of medicines were robust. People received their medicines as prescribed.

Staff received a thorough induction when they started working for Cornwall Care. Training was regularly refreshed and staff told us it was effective. Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure staff were suitable to work in the care sector.

At the last inspection on 18 June 2015, we asked the provider to take action to make improvements to the way in which they responded to reported defects within the service and this action has been completed. A caretaker was employed who had oversight of the maintenance of the building. They helped ensure any repairs or necessary refurbishments were carried out within a reasonable time frame. Since our previous inspection most of the service's communal areas had been redecorated.

Staff supported people to be involved in and make decisions about their daily lives. People chose where they spent their time, when they got up and when they went to bed. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were protected from the risk of abuse because staff had a good understanding of the potential signs of abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

Staff were caring and cheerful in their attitude and approach to people. People told us they were well cared for and described staff as; "lovely" and "very kind." Throughout the day we saw staff engaging people in conversation as they went about their work. Staff remained calm and sympathetic when demands on them were difficult or challenging.

Care plans were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

Some activities were provided at the service. However, the programme of scheduled activities was limited with only occasional visits from entertainers. An activities co-ordinator was employed two days a week. The rest of the week care staff initiated activities when they had the opportunity. Due to the time pressures on the staff team to complete care related tasks this was not always possible. On the day of the inspection the only organised activity we saw was a quiz for a small group of people shortly before lunch. We discussed this with the registered manager and nominated individual who described plans they had to improve people's experiences. We have made a recommendation about providing activities for people living with dementia in the report.

Recording systems were not robust. We identified several examples of records which either had not been consistently completed or contained errors. This meant we could not always evidence if care had taken place in line with the care plan.

The registered manager was supported by a deputy manager and a group of senior carers who had received additional training to help ensure they were able to fulfil their role.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 you can see the action we have 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?

The service was not entirely safe. Not enough was done to protect people and staff from identified risks.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Systems for the management and administration of medicines were robust.

Requires Improvement ●

Is the service effective?

The service was effective. New staff undertook a thorough induction programme.

Training identified as necessary for the service was updated regularly.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Good ●

Is the service caring?

The service was caring. People who used the service were positive about the service and staffs approach to care.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Good ●

Is the service responsive?

The service was not entirely responsive. Monitoring records were inconsistently completed.

There were limited opportunities for people to take part in organised activities.

Requires Improvement ●

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People's views were sought and acted upon.

Is the service well-led?

Good ●

The service was well-led. The registered manager had worked to improve the staff culture.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Staff were supported by the registered manager.

Woodland

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 25 July 2016. The inspection was carried out by two adult social care inspectors and one specialist advisor.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 17 people who lived at the service. Not everyone was able to give us their verbal views of the care and support they received due to their health needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked around the premises and observed care practices.

We spoke with 12 members of staff, the registered manager and the nominated individual for Cornwall Care. We also contacted four external healthcare professionals for their views of the service, however we did not receive any responses to these requests. We looked at care documentation for four people living at the service, medicines records, five staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

Care plans contained risk assessments for staff to refer to. Risk assessments are used to highlight any identified risk and can guide staff on how to minimise or avert risk in order to keep people safe while not overly restricting them. In our discussions with staff and from our observations and looking at records it was apparent some people were at risk due to various factors. For example, one person often fell due to their health needs. One person sometimes smoked in the building. Some people found it difficult to manage their emotions. This could lead them to becoming distressed and behaving in a way which could put them and/or staff or other people at risk. Risk assessments were not in place to cover these people's individual needs. Where a risk had been identified there was not always clear guidance for staff on the action they should take to minimise the risk. For example, it had been identified that one person needed to be observed at regular intervals in order to keep them and others safe. This meant staff would be quickly aware of any changes in their behaviour or mood. There was no accompanying clear guidance for staff on the action they could take in these circumstances to prevent people from being hurt.

Some people could behave in a way which meant staff might need to make physical interventions in order to keep themselves or others safe. One person's care plan read; "Staff to manage any situations that escalate using techniques/skills learnt in training." Staff had not had any training to support them in this and told us they were not always confident in these situations. Comments included; "Sometimes it can be a bit scary but you just have to deal with it as best you can."

Some rooms were being used to store equipment and these were cluttered and disorganised. One room contained mobility aids, slings and a hairdryer amongst other things. A sign on the door read; "Please keep clean and tidy and the door shut when not in use." The door was propped wide open throughout the day of the inspection.

The gaps in the systems in place to keep people and staff safe were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During the inspection people's needs were usually met quickly and people told us; "They are always there if you want them." We heard call bells ringing and these were responded to within a reasonable time. The rotas showed the service regularly relied on agency staff to ensure there were sufficient staff available to meet people's assessed needs. This could either be Cornwall Cares' own agency staff team or an external agency. We discussed this with the registered manager who acknowledged there had been a problem with staffing numbers. They told us they tried as often as possible to use agency staff who were familiar with the service. One member of Cornwall Cares' agency staff told us they had worked at the service several times over the period of a year. Weekends were particularly difficult to cover and the registered manager and deputy manager would often cover shifts at these times to ensure there were sufficient numbers of staff on duty. Five new members of staff had recently been recruited and pre-employment checks were being carried out to help ensure they were suitable for the job roles before they started work.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks

before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

At the June 2015 inspection we found it was not always possible to establish if people had received their medicine as prescribed. For example, there were gaps in the medicine records for eight people. Transcribed handwritten entries on the medicine records had not been signed by two members of staff to help ensure the risk of errors was reduced. Although medicines audits had identified these concerns no action had been taken to address this issue.

At this inspection we checked the medicine administration records (MAR) which evidenced people received their medicines as prescribed and found these documents had been accurately completed. There were no errors in the MARs and the amounts of medicines in stock matched the numbers recorded. Some people needed to take their medicines at very specific times and this was done in accordance with their prescription. One person described to us how often they had cream applied and how long this was left on for. This was completed in line with their prescription. The service was holding medicines that required stricter controls by law. We checked the stock held of such medicines against the records and found the amounts tallied.

There were robust processes in place for staff to follow when people were using homely medicines or being treated for minor and short term ailments. Staff checked with the GP to ensure any homely medicines used did not affect the efficiency of prescribed medicines. If people took medicines as required (PRN) for longer than 72 hours this was discussed with the GP to decide whether it would be necessary to issue a regular prescription.

A medicines audit by an independent pharmacist had been carried out at the end of April. The report had highlighted areas for improvement and action had been taken to address this. For example, the audit had found people had not had regular medicine reviews carried out by the GP. This was being done and more than half of people using the service had now had a recent review. Staff responsible for administering medicines had all received the relevant training. This was updated annually to help ensure staff knowledge was up to date. Staff demonstrated a sound understanding of medicines and any likely side effects.

We observed a medicines round and saw people had their medicines administered sensitively. The environment was busy and the member of staff carrying out the medicines round was interrupted on several occasions. This meant there was a risk they could be distracted from their duties. This could increase the possibility of errors occurring during the administration of medicines.

People told us they felt safe at Woodland. Comments included; "It's the careful way they look after you. I feel safe and well cared for" and "They [staff] are very kind."

Care staff were clear about how to recognise potential signs of abuse and the process for reporting any concerns they may have. All staff had received training in safeguarding. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. Safeguarding concerns which had been raised with the service by CQC had been responded to and investigated appropriately. The registered manager reported any concerns they had to the local safeguarding team.

At the June 2015 inspection we found the building had a number of outstanding defects which had been reported to the provider by the registered manager. However, these had not been addressed and some had been outstanding since January 2015.

At this inspection we found systems had been put in place to help ensure any defects identified were dealt with in a timely manner. There was a full time caretaker employed to oversee the maintenance of the premises and deal with any minor issues. The maintenance log showed faults were reported and acted on promptly. For example, on the day of our inspection we saw that a number of contractors visited the service to address and resolve an issue that had been identified during the morning of our inspection. All necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all fire fighting equipment had been regularly serviced.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately.

Shared bathrooms contained cleaning schedules to evidence they were being regularly cleaned and checked. The bathrooms appeared clean but the schedules had not been completed. For example, the schedule for July in the bathroom on the East wing had only been filled in between 16 and 21 July.

The service looked after people's personal money for them if required. Cornwall Care had a resident's bank account where large amounts of money were held on people's behalf. Smaller amounts were held at the service to allow people easy access to cash. People signed to verify any expenditure and receipts were kept. The amount of cash held at the service tallied with the records.

Is the service effective?

Our findings

People were cared for by staff who had a good understanding of their needs and were skilled in delivering care. There was a robust system in place to help ensure training in areas identified as necessary for the service was updated and refreshed regularly. Staff appeared competent and confident in these areas. For example, many people required support from staff when moving around or changing position. We observed several examples of this occurring and saw it was done safely and using the correct techniques and appropriate mobility aids.

Newly employed staff were required to complete an induction before starting work. This included familiarising themselves with the service's policies and procedures and completing the Care Certificate. This replaces the Common Induction Standards and is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff or a 'buddy' until such a time as the worker felt confident to work alone. One new employee told us; "The training was really in depth, absolutely fantastic."

We talked to the registered manager and nominated individual about the lack of training for supporting people when they were acting in a way which might put themselves or others at risk. They told us Cornwall Care were developing training in conflict resolution which would be offered to staff supporting people who could put themselves or others at risk. In addition, training accredited by the British Institute of Learning Disabilities (BILD) in managing challenging behaviour was being considered for all Cornwall Care services. In order to meet the needs of one particular individual staff were working closely with the Community Psychiatric Nurse (CPN). There were plans in place for the CPN to deliver training specific to the person's needs in the next 12 weeks.

The registered manager had been in post since the beginning of December 2015. They had introduced a new system to help ensure staff received regular supervisions and appraisals. Most of the staff team had attended supervision within the last two months or were booked to do so. Staff told us they felt well supported. One commented; "They [the registered and deputy manager] say their door is open and it is."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. Applications for DoLS authorisations had been made to the local authority. Training for the MCA and DoLS was included in the induction process and in the list of training requiring updating regularly. We

saw evidence that mental capacity assessments and best interest discussions had taken place when necessary and in accordance with the legislation.

Improvements had been made to the environment and this work was on-going. There was a planned schedule of redecoration in place for all the shared areas of the building. Some corridors and seating areas had already been redecorated and new carpets put in. Bedrooms were redecorated as they became available to avoid disrupting people. Some bathrooms were in need of repainting. The registered manager told us Cornwall Care had a property maintenance department who were regularly alerted to any services in need of repairs or redecoration. Jobs were prioritised according to need and the impact on people. The areas of Woodland which were in need of updating had been reported by the registered manager and they were waiting for a works schedule to be put in place.

Bathrooms and toilets were clearly marked and bedroom doors had nameplates with people's name on. The doors were personalised to support people's recognition of their own bedrooms. Some people used a wheelchair, or other mobility aids, to move around. Corridors were clear and free for people to move around as they chose.

Records showed people had access to refreshments at all times. For example, night logs stated people had been given tea during the night. During the morning we saw people going to the dining area for breakfast at various times as they preferred. Some people had a light breakfast while others chose to have bacon and eggs. We also observed the lunch being served and noted the food looked appetising. Staff were available to provide people with any support they needed with their meals. People told us they enjoyed the food and had a choice of what they had to eat. One person told us; "They know what I don't like. They will try and cater for you as much as they can. If I don't like what's offered they will do me ham and mash." When people had specific dietary requirements such as needing to have a soft diet due to choking risks, this was recorded appropriately in their care plan.

The lunch period was a busy occasion and one member of staff described it as; "Organised chaos." Most people chose to eat in the dining area making it very congested. We discussed this with the registered manager who said they would look into rearranging the lay out of the room and purchasing larger tables to improve people's experience.

People had access to external healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. Following information passed on in the handover the senior responsible for the shift contacted the GP to discuss one person's treatment and prescription. The weekend before the inspection one person had become unwell and the on call GP had been contacted and had subsequently visited the person at the service. This demonstrated staff acted to ensure people got medical advice when they needed it.

Is the service caring?

Our findings

People were complimentary about the care and support they received at Woodland. Comments included; "I enjoy the company of staff, we all get on very well" and "We're well looked after." A 'mystery shopper' report had described staff as "friendly and helpful" with a "reassuring manner."

People were able to make day to day decisions about how and where they spent their time. Most people chose to sit in shared areas of the service. There was a large lounge/dining area and several other smaller seating areas, each with a television. These were quieter areas and some people sat in small groups, talking together, doing puzzles, reading or watching the television. People could choose to use these areas to meet with visitors if they wanted some privacy but preferred not to go to their bedroom. One person told us staff were; "very welcoming" to their visitors.

During the day of the inspection we spent time in the shared areas of the service. Some people found it difficult to manage their emotions and became distressed or agitated at times. Staff treated them kindly and with consideration for their feelings. They offered reassurance and attempted to work with people to identify what was upsetting them and improve things for them. At different times two people were verbally aggressive towards staff. This did not affect staff's approach or attitude to people. They remained calm and sympathetic in a stressful situation.

Staff were seen providing care and support in a caring and relaxed manner. Interactions between staff and people were friendly and people commented on their attitude and cheerful approach. One person said; "The girls [staff] are always very happy. They're wonderful; no matter what you want they'll help you." Another told us they were friends with a particular member of staff and we saw this care worker come to speak with the person before they went off duty. Written records also reflected staff's caring approach. For example, in one person's daily notes we saw recorded; "[Person's name] has remained her usual lovely self." One person had a comfort object they liked to have with them for reassurance. Staff respected this and helped ensure the person had the object within reach at all times.

People's dignity and privacy was mostly respected. For example, staff spoke quietly to people when using equipment to move them and explained what was happening. We witnessed one member of staff talking about a person's health needs loudly in the living/dining area where several people were sitting. We discussed this with the registered manager who agreed this was not appropriate or respectful. They told us they would talk with staff about the need to respect people's personal information.

Some people had details of their background and life histories documented in their care plans. This is important as it helps care staff to gain an understanding of what has made the person who they are today. The registered manager told us they were working with relatives to develop this information for everyone. Information about people's hobbies, interests and preferences was also included in people's care plans.

Most people chose to spend time in one of the living areas. However, some people preferred to stay in their rooms. This meant they could be at risk of social isolation. We spoke with some people who were in their

rooms. They told us staff frequently checked on their welfare and stayed to chat if they had time. Staff confirmed this was taking place.

Some people had personal mementos' and photographs in their rooms. This made the rooms feel more individual and homely. Other rooms were less personalised and we saw full packs of incontinence pads were stored on the floor in one person's room. This did not respect the person's privacy.

The registered manager was planning an evening social event for people and their families to gather the views of people about their experience of using the service. The evening would also be an opportunity for relatives to meet with new staff. This demonstrated management had a pro-active approach to helping ensure people's ideas and opinions were heard.

Is the service responsive?

Our findings

We identified some gaps in several of the recording systems in place at the service. For example, daily narratives used to record how people had spent their day and what their health and general well-being had been like were not consistently completed. We looked at four people's daily records and found gaps in all of them.

One person had been identified on 22 July as being at risk of developing a pressure sore. This had been reported by staff to the senior on duty and registered manager. The person was being regularly repositioned and creams were being applied to treat the area. Monitoring forms known as skin bundles, in the person's room were not consistently completed. For example, the daily records stated cream had been applied on the 22 July. There was no record of this on the skin bundles. It was recorded that the person should be repositioned every two hours. There was no record of this taking place after 16:00 hours on the 23 July. On the 24 July it was only recorded as taking place at 17:00 and 18:20. The district nurse had visited the person the previous day although this had not been recorded. A pressure mattress had been put in place to help alleviate the condition. Although we were assured the person was receiving the care and support they needed this could not be evidenced from the records.

Food and fluid records were lacking in detail and were not reliable. For example, some people had no record of eating an evening meal. Staff assured us they would have eaten something. Some fluid records merely recorded people had drunk 'tea'. Others recorded the amount a person had drunk, for example 150 mls. However, amounts were not totalled at the end of the day and there was no indication of how much people should drink during the course of the day. This meant staff might not be aware if people were not getting sufficient fluids. People had access to food and drinks throughout the day and we saw no evidence that people were dehydrated or malnourished. The registered manager told us they would develop a more effective way of recording how much people had eaten and drunk.

The activities log for June recorded four organised events which a total of 14 people had taken part in. The registered manager told us more events had taken place than this and described a number of events that had occurred but had not been documented.

These gaps and errors in the recording systems amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People had access to some activities both within the home and outside. An activities co-ordinator was employed for ten hours a week. They were not working on the day of the inspection and people had very little to occupy them. One person was supported to visit the nearby supermarket in the morning. Two members of staff organised an informal quiz session before lunch which people enjoyed. Opportunities for staff to organise things such as this were limited due to the pressure on them to complete care duties. An activities board in the dining area indicated a summer fete and pet show were being planned for August. A singer had visited in July and people told us entertainers performed; "occasionally."

During the inspection a television was on in all the lounge and sitting areas. The television in the large lounge/dining area was tuned to a music channel which no-one appeared to be watching apart from one brief period in the morning. In the smaller areas people had easy access to the remote control and we supported one person to change channels as they wanted to watch the BBC news. People who chose to stay in their rooms had televisions and radios. We saw people completing word puzzles and looking through old photographs.

The service shared a mini bus with another Cornwall Care service. This was used to take people on trips to local garden centres and shopping trips.

We discussed the lack of activities with the registered manager and nominated individual. They told us they would investigate the possibility of increasing the activity co-ordinators hours in order to improve people's experiences. The nominated individual told us training for staff in how to engage meaningfully with people living with dementia was planned for key staff members.

We recommend that the service finds out more about providing meaningful activities specifically for people living with dementia.

Care plans were detailed and informative. The files contained information on a range of aspects of people's support needs including mobility, communication and nutrition and hydration. The information was well organised and easy for staff to find. Care plans were regularly reviewed and updated to help ensure they were accurate and relevant. One member of staff told us; "If you sit down to read them it tells you all you need to know."

Some people's care plans contained Treatment Escalation Plans" (TEP). TEP's have replaced Do Not Allow Resuscitation (DNAR) forms. This demonstrated that people's end of life wishes were communicated and documented where possible ensuring end of life wishes were known and could be responded to by staff. Family members had been involved in completing the TEP's where appropriate.

Staff demonstrated an in-depth knowledge of people's individual needs and preferences. People told us staff knew how they wished their care to be provided and worked to ensure this was respected. One person commented; "We have all we want before we go to bed."

There was a staff handover meeting at each shift change. This helped staff to keep up to date with any change in people's needs. We observed a handover and heard staff discuss a possible decline in one person's health. Arrangements to monitor and treat the condition were immediately put into place.

A recent residents meeting had been held to keep people up to date about staff changes. The registered manager told us they planned to hold meetings regularly to help ensure people could be involved and informed about how the service was managed.

Complaints were dealt with in line with the time scales described in the organisations policy on complaints. One person had raised a complaint about the access to the building. A no parking zone and walkway had been put in place to help improve the safety of the area. CQC had been informed of complaints appropriately. People told us they were confident any complaints would be dealt with and would not hesitate to raise any concerns. One person commented; "If anything was wrong I would go to a carer and then to the manager but I've had no reason to do either."

Is the service well-led?

Our findings

People and staff told us the registered manager was approachable and friendly. Staff were positive about the changes that had taken place at the service since the new registered manager had been in post. Comments included; "She is always willing to help" and "It is all good, she has made some positive changes." One person told us; "We are in extremely good hands." We saw a new member of staff approach the registered manager for advice and support when one person was becoming distressed and agitated. The registered manager immediately went to support the member of staff.

The registered manager told us, when they had taken up their post, the staff culture at the service had been negative and the staff team had not always worked together well. They had focused on improving this and changes to the staff team had been made. Staff were positive about changes and one said; "I like the manager, if you speak to her she gets things done." The registered manager and nominated individual told us they were continuing to work to help ensure the staff team developed a compassionate and caring approach and worked as a team.

The registered manager told us they were well supported and received regular supervision from their line manager. They attended monthly manager meetings which enabled them to keep up to date with any organisational developments. They told us they felt they were listened to and any ideas and suggestions they put forward were taken into account. Cornwall Care had recently introduced a mentor system for managers to help ensure they were well supported in their roles.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager. Staff were effectively deployed throughout the service and had clearly defined duties and areas of responsibility.

The service used a key worker system where individual members of staff took on a leadership role for ensuring a person's care plan was up to date, acting as their advocate within the service and communicating with health professionals and relatives.

There were systems in place to support all staff. Staff meetings took place and were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The registered manager and deputy manager sometimes worked in the service providing care and supporting staff. This meant they were aware of the culture of the service at all times. One member of staff told us; "The registered manager will help us out on the floor."

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, medicines audit were carried out monthly to help ensure any issues were identified in a timely manner. Incidents and accidents were recorded and analysed to help identify any emerging patterns or trends. However the audits had not identified the gaps in some of the recording

systems identified earlier in the report. The registered manager told us they would speak with staff about the importance of accurate recording.

Cornwall Care had introduced a new monitoring system for all locations called the 'Steering Wheel'. All registered managers were required to complete monthly reports covering all areas of operation. For example, staffing, accidents and incidents and any clinical and maintenance issues. Members of Cornwall Cares' senior management team reviewed each location monthly. The system was a traffic light system used to identify the level of risk in any one area. If any area was rated as red there was an expectation for immediate action and no service was expected to remain red for more than one month.

An independent organisation had completed a survey of people's views in 2015. The results had been positive across all areas looked at. 100% of those asked reported being satisfied with the overall standard of Woodland.

The registered manager informed CQC appropriately of any concerns or issues which might affect the service. Any information CQC requested was provided within a reasonable time frame.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not consistently provided in a safe way for people using the service. Risks to the health and safety of service users was not consistently assessed. Action was not always taken to mitigate any identified risk. Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes to ensure compliance with the regulations were not established or operated effectively. The systems or processes in place did not:</p> <ul style="list-style-type: none">Enable the provider to assess and monitor the quality and safety of the services provided.Assess, monitor and mitigate the risks relating to the health safety and welfare of service usersMaintain an accurate, complete and contemporaneous record in respect of each service user. <p>Regulation 17(1)(2)(a))b)(c)</p>