

Anchor Trust

Woodland Grove

Inspection report

Weston Park
Weston Village
Bath
Somerset
Tel: 01225 464004
Website: www.anchor.org.uk

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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



Overall summary

We undertook an unannounced inspection of Woodland Grove on Tuesday 15 September 2015. When the service was last inspected during April 2014, we found the provider did not have appropriate arrangements in place to safely manage medicines and people's medicine records were not always accurately maintained. During this inspection, we found the provider had not made sufficient improvements to protect people from the risks associated with medicines.

Woodland Grove provides accommodation for people who require nursing or personal care to a maximum of 50

people. At the time of our inspection, 39 people were living at the service. The provider's regional support manager told us the service had taken a voluntary cessation on admissions whilst a recruitment process was being completed to address the current poor permanent staffing levels.

A registered manager was not in post at the time of 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

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was currently recruiting for this post.

The provider did not have robust and appropriate procedures to ensure that medicines were managed safely. We found that records relating to people's medicines were not always accurately maintained and the storage and disposal of medicines was not always in line with legal guidance. Risks to people were assessed, however guidance for staff on how to keep people safe was not always clear and contained some conflicting information.

Where people had been identified as being at high risk of malnutrition or dehydration, care plans did not inform staff of the support the person needed to reduce this risk. The provider had not always acted in accordance with legislation following a DoLS authorisation. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm.

The provider had not ensured the service had been responsive in providing personalised care to people and care plans did not always reflect people's needs. This demonstrated the service had not consistently assessed and designed care planning around people's individual needs.

We found the provider had not ensured governance systems were robust to assess, monitor and mitigate the risks relating to the health, safety and welfare of people. People's records were not always accurate and completed correctly which placed them at risk of unsafe or inappropriate care.

People felt safe at the service and there were sufficient staff on duty to meet people's needs. We did receive some negative comments about the significant amount of agency staff currently being used by the provider. Safe recruitment procedures were undertaken.

Staff were aware of how to identify and report suspected abuse and understood the concept of whistleblowing to external agencies. The service was clean and appropriate systems to monitor the environment and equipment were in operation.

People felt that staff were well trained and competent at their roles. Staff told us they felt they received appropriate training and records supported this. Although staff supervision had not been completed frequently, staff felt they could obtain guidance and support when required.

We received mixed feedback about the provider's induction given to new staff, however this had recently been replaced and was now aligned to the new care certificate. People at the service received the required support to access healthcare professionals when required.

People spoke very positively about the caring nature of staff at the service and our observations supported this. We reviewed the compliments received at the service which showed a high level of positive feedback about the care provided.

Staff were knowledgeable about people's needs and we observed examples of where people's privacy and dignity were maintained. We observed people being involved in daily choices about their care during the inspection.

Although modern and well presented, the environment of the service was not suitable to meet the needs of people living with dementia. We have made a recommendation to the provider about following current best practice in an environment caring for people living with dementia.

People told us they had been involved in care reviews, however records had not been fully completed showing this. There were activities for people to partake in both within the service and in the local community. The provider had a complaints procedure and people knew how to complain.

Staff told us the culture at Woodland Grove was improving and spoke of a positive team effort to meet the needs of people. It was evident however that the current management structure had not been communicated to all people and staff.

The current management team at the service had some methods to communicate with staff. There were systems that ensured care was delivered in a clean environment and this also encouraged good staff practice in reducing infection control risks.

Summary of findings

We found multiple breaches 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.

Summary of findings

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 safe.

People were not fully protected against the risks associated with medicines.

Risk assessments contained inaccurate and conflicting information.

There were sufficient staff on duty and recruitment was safe.

Staff understood how to safeguard people in the service.

The service was clean and systems to monitor the environment were appropriate.

Requires improvement



Is the service effective?

The service was not effective.

People were not fully protected against the risk of malnutrition and dehydration.

The provider had not acted in accordance with legislation in respect of the Deprivation of Liberty Safeguards.

Staff received appropriate training for their roles.

Staff felt able to approach senior staff for support and guidance.

People could access healthcare professionals when needed.

Requires improvement



Is the service caring?

The service was caring.

People and their relatives told us the staff were caring.

We observed caring and compassionate communication between people and staff.

People had written compliments about the staff and the service.

Staff understood the needs of the people they cared for.

People were observed being offered choices about the care they received.

Good



Is the service responsive?

The service was not responsive.

The provider had not ensured personalised care was planned and delivered to people.

The service was modern, however we have made a recommendation about creating a dementia friendly environment.

Requires improvement



Summary of findings

Care reviews for people were completed.

People had the opportunity to take part in activities.

The provider had an appropriate complaints procedure and people felt able to raise issues.

Is the service well-led?

The service was not well led.

Governance systems to assess and monitor risks were not robust.

People's records were incomplete and inaccurate.

The provider had not communicated management arrangements to people and staff.

Staff spoke of a positive team ethos and were optimistic about the future of the service.

Requires improvement



Woodland Grove

Detailed findings

Background to this inspection

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

This inspection was carried out by two 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. When the service was last inspected during April 2014, we found the provider did not have appropriate arrangements in place to safely manage medicines and people's medicine records were not always accurately maintained. During this inspection, we found the provider had not made sufficient improvements to fully protect people from the risks associated with medicines.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at four people's care and support records.

During the inspection, we spoke with 10 people who used the service, one person's relative and spoke with 11 members of staff. This included the provider's regional support manager, the new care manager, care staff and a member of housekeeping staff. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

The provider did not have robust and appropriate procedures that ensured that medicines were managed safely. For example, we found that medicines that required refrigerated storage were stored correctly, however the temperature of the refrigerator had not been consistently monitored. This meant there was a risk of medicines being stored outside of their recommended temperature range may not be effective when used.

We found people's individual Medicine Administration Records (MAR) were not always completed accurately. We identified recording errors on people's MAR. We spoke with senior staff who were able to show that the medicines had been dispensed from the individual blister packs, however there was no signature on the MAR to indicate that people had actually taken them. This meant there was a risk that people had not always received their medicines as prescribed.

Medicines that were no longer required were not disposed of correctly. For example, the medicines refrigerator contained medicines that were no longer required. There were liquid medicines that had been discontinued several days previously. We also found the provider had not stored certain medicines correctly in accordance with specific legal guidance where required. In addition, when staff had administered some medicines subject to additional legal controls, staff had not followed the correct administration procedure and countersigned supporting records to show the administration had been completed.

Where people received topical medicines, these should be signed for by support workers to indicate they had applied them. We found that although there were records giving clear instructions to staff on the application of these medicines, records did not show that staff had applied these medicines in line with these instructions. This meant there was a risk that topical medicines were not being applied as prescribed.

We looked at the provider's medication competency forms for two members of staff who had been administering medicines during our inspection. The forms stated that staff should be observed five times before they could be assessed as competent. However, both forms showed that

the staff had only been observed on three separate occasions. This meant that staff were administering medicines before their competency had been fully assessed to do so.

Risk assessments and care planning did not always ensure people would receive safe care. Although care plans contained risk assessments, it was not always clear what the outcome of these were. For example, one care plan contained a falls risk assessment, but there was no indication of whether the person was classed as high risk of falling or not. Another person's plan contained a mobility assessment dated May 2015. This assessment stated the person was permanently cared for in bed. However, the plan also contained a wheelchair and scooter risk assessment dated February 2015 which stated the person could be transferred using a manually operated chair. The plan also stated the person was able to weight bear, which contradicted the previous information of the person being permanently cared for in bed. Because the risk assessments had not been reviewed, there was a risk the person would not be kept safe because staff would not know which guidance to follow. This was of particular importance due to the current high dependency on agency staff to fill the number of staff vacancies.

One person's plan stated they had been risk assessed as being at very high risk of developing pressure ulcers. This risk assessment had been completed in August 2015. However, there was no plan in place informing staff how to prevent skin breakdown. For example, there was no guidance on topical cream application, repositioning or any other support the person may need. The same person's care plan informed staff that the person would stay in bed all day and this was dated May 2015. Yet, later in the care plan in the communication section, the plan advised staff that they should avoid moving the person to busy areas, as they may become unsettled. This was conflicting information as if the person was permanently in bed as indicated in one record, they would not have been accessing the communal areas of the home. The absence of planning and recording of the person's care and support needs around pressure ulcers placed them at higher risk of developing them.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with felt safe living at the service. One person we spoke with commented, "I feel safe here."

Is the service safe?

Another person told us, “I have security which was a major worry to me before I came. I know there are staff around to help me if I need it.” A further person said, “I feel very safe and comfortable, I have a nice room, it is kept clean, I have everything I want.” One person’s relative told us, “I am confident my loved one is safe, they have a buzzer and a sensory mat by their bed. They need two carers to help them get out of bed, but at times because of their medical condition they need three and there is usually that extra member of staff there.”

There were enough staff on duty to keep people safe, however we received some negative comments about the use of agency staff and how this had sometimes had a negative impact on the care provided. Senior staff used a dependency tool to assess the required staffing levels and told us how they currently had approximately 130 hours or care staff vacancies over both days and nights. The provider was currently recruiting for these staff, and on the day of our inspection new staff were undertaking training. In the interim period, there was a high dependency on agency staff to provide care at the service.

People we spoke with told us that although staff were available, they were aware agency staff were in use. One person commented, “I see a different face every day when I wake up because staff keep leaving.” Another person told us, “They are understaffed, we have a lot of agency staff who have to be guided by me. I tell them what I need and how to do it.” We also spoke with one person who said, “We usually have the same staff but not always.” Staff we spoke with told us that on occasions, it was hard with new agency staff as they needed a period of time to get to know the layout of the service and the people. They told us overall they felt the staffing numbers were sufficient and that people’s needs were met. They also commented they felt confident a more stable staff team would soon be working at the service.

The provider had appropriate arrangements to identify and respond to the risk of abuse. Staff received appropriate training in safeguarding adults and there were policies in place for safeguarding and whistleblowing. Staff understood the different types of abuse and told us they would inform senior staff immediately if they had any concerns about people’s welfare. Staff understood how to report concerns externally to organisations such as the

Commission or the local safeguarding team. Staff understood the concept of whistleblowing and how they could report concerns about poor practice in the workplace in confidence to external agencies.

A monthly review of reported incidents and accidents within the home had been completed. This review was to identify any patterns or trends in incidents and accidents and assist in preventing or reducing reoccurrence. Senior members of staff undertook these reviews and supporting records showed that reviews had been completed. The incident or accident was recorded by staff and showed information such as the time, date, location and a description of the accident. This information was then electronically graphed to help identify trends. Recent monthly reviews showed no trends in the reported incidents or accidents.

The environment and equipment used within the service was regularly checked and serviced to ensure it was safe to use. We saw that water temperatures were tested monthly and measures to reduce the risk of legionella were undertaken. Mobility equipment such as wheelchairs and hand rails were checked and the call bell system and pendants used to operate the call bell system were regularly checked. There were systems in operation to ensure fire doors and alarms were regularly tested and checks of external areas of the premises were completed to ensure they were safe for people to walk around and use.

Staff files showed that safe recruitment procedures were followed before new staff were appointed. There was an application form, employment and character references and photographic evidence of the staff member’s identity. A Disclosure and Barring Service (DBS) check had been completed for all staff. The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified.

The service and equipment in use was clean and suitable procedures were undertaken to reduce the risk of cross infection. The service had dedicated domestic staff to ensure the home was cleaned daily. Staff wore the correct personal protective equipment such as gloves and aprons when required and liquid anti-bacterial gel was available throughout the service. There were no unpleasant odours and the provider had systems to monitor the cleanliness of the service.

Is the service effective?

Our findings

People were not fully protected against the risk of malnutrition or dehydration. Where people had been identified as being at high risk of malnutrition or dehydration, care plans did not inform staff of the support the person needed to reduce this risk. For example, one person's plan stated they were at a high risk of malnutrition and hydration. The service used a nationally recognised screening tool as an aid to assess a person's risk of malnutrition. This assessment had last been completed in May 2015. The person was having their fluid intake monitored and the care plan informed staff to 'Ensure snacks and fluid are available.' Within the person's record there was no target input of fluid set to allow staff to monitor if the person had a high or low intake for that day. There was a risk that signs of malnutrition and dehydration would not be reported or acted upon by staff because of the lack of guidance for staff and the lack of accurate documentation.

Another person's plan stated they had been referred to the nutritional team in July 2015 due to a significant weight loss and the person had subsequently been prescribed nutritional supplements. However, the person had not had their weight rechecked since July 2015 following this professional guidance. This meant that staff had not assessed if the supplements had helped the person to gain weight, or if further professional nutritional support was required. The person's malnutrition assessment had not been reviewed since May 2015, when they had been assessed as a medium risk of malnutrition. This meant there was a risk the person could have continued to lose weight and be at a high risk of malnutrition, but staff would not have identified this.

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

Senior staff at the service were aware of their responsibilities in regard to making Deprivation of Liberty Safeguards (DoLS) applications, however the service had not always acted in accordance with legislation following an authorisation. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. At the time of our inspection, there

were 10 people using the service who had a DoLS authorisation. A senior member of staff told us that further applications were being made in order of the assessed priority of people.

Within a DoLS authorisation, the person who has granted the authorisation may impose a condition on the service as part of the authorisation. The service are obligated to meet the conditions set within the authorisation and we found this had not always been done. For example, within one person's authorisation, there was a condition that the service should plan the care around certain straps used on a mobility aid as it was a form of restraint. The service had failed to produce a care plan for this.

In another person's care plan, there was a recommendation made at the time of the authorisation that the service should place some visual aids and prompts on a person's bedroom door to support the person in clearly identifying their bedroom door. The recommendation stated this was to increase the person's independence in finding their room. There was no record or supporting assessment to show the service had completed this recommendation.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt that staff were well trained, capable and confident to look after them. Most of the people we spoke with were complimentary and positive about the staff at the service. One person commented, "If staff hear a noise they come dashing in to make sure everything is alright, they know me so well and what I need." Another person said, "It is wonderful here, I get so mad when I hear people complaining, and it's always about silly little things." A further comment from a person was, "I am over the moon about the treatment they give me here, they are wonderful, they encourage me to do as much as I can for myself, they amuse me, keep me going and make life wonderful, we have fun."

Staff received appropriate training to carry out their roles. Staff felt they were given sufficient training and support by the provider to provide effective care. The provider had set training in essential relevant topics to meet the needs of the people. We reviewed the current training record that showed staff received training in moving and handling, fire, safeguarding and food hygiene. In addition, training in

Is the service effective?

dementia had been provided and undertaken by staff. Other additional training included nutrition and hydration, personal planning, equality and diversity and infection control.

New staff undertook an appraisal before starting work, however we received some negative comments from staff about the quality of the induction they had previously received. The provider had an induction for staff that had recently been replaced. Staff that completed the old induction told us it was rushed and one member of staff told us that although they felt competent to start work and had completed some shadowing of experienced staff, they were unsure if they had ever completed their induction.

We spoke with a senior member of staff at the service who told us that the previous induction had now been replaced with a new induction aligned to the care certificate. They produced the documentation to support this. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Two members of staff were currently undertaking this new induction process and we were told that existing staff would have the opportunity to complete the Care Certificate as well.

The provider had a system to support staff through regular performance supervision, however it was acknowledged by senior staff this had not recently been used effectively. Some staff told us they had received supervision but others told us they had not which was reflected on the records. Senior staff at the service told us that regular and structured performance supervision and appraisal would be commenced soon. Staff did tell us that although formal supervisions had not been regular, they had no concerns about approaching senior staff at the service to obtain guidance, support or advice if needed.

People were supported to use healthcare services when required. People at the home were registered with different GPs who attended as required. We spoke with a visiting GP who was visiting on the day of our inspection who told us they felt staff contacted them promptly when concerns were identified with people. People said if they felt unwell, the service would call their GP and person's relative confirmed this. People's records supported this and showed the service had obtained advice from external healthcare professionals such as district nurses and speech and language therapists when required.

Is the service caring?

Our findings

People were complimentary about the staff that cared for them and gave very positive feedback when asked about the caring nature and attitude of the staff. One person said, "Absolutely wonderful, I could not have better care, I am encouraged to do as much for myself as I can, I have carers of the opposite sex at my request because they are stronger. Personal care is done with humour. I am definitely well looked after." Another person commented, "I leave everything to the staff, they know me well and do what I need, they work so hard, they are lovely." Another person told us, "Staff are always kind and caring, there is the right degree of friendliness and business-like approach."

Observations made by our inspection team demonstrated staff had a caring manner towards people. People were observed to be well dressed, wearing clean clothing with tidy hair and clean fingernails. This showed staff took time when supporting people with personal care to ensure they looked well presented. Staff continually interacted in a friendly and caring manner, using the appropriate tone of voice and manner when communicating with people and people were addressed by their preferred names. During our inspection, a visiting health professional said "The staff here now are very kind, caring and respectful."

A compliments log was maintained at the service and contained letters and cards the service had received from people and their relatives. We reviewed a selection of the recent compliments received at the service. One person who previously received care at the service wrote, "Thank you for taking care of me. The meals were delicious and the activities very enjoyable." Another said, "Thank you for all your care and kindness, which has made my stay such an enjoyable one." A person's relative commented, "Thank you all for your care and kindness you have given to my husband," A final card read, "Thank you very much for the care and friendship you have shown."

Staff were knowledgeable about people's care needs and knew the people they were caring for well. All of the staff we

spoke with were familiar with people's needs and personal preferences. Staff spoke to people in a kind and compassionate way, and people were not rushed. Staff showed genuine concern for people's wellbeing. For example, one person became unwell during the medicines round and the senior staff member immediately locked the medicines trolley and went to assist the person. They stayed with them until the person felt better we heard them providing support and reassurance. A member of staff we spoke with said, "I have read most of the care plans, and I always chat to people about their lives. It's really important to know the person you're looking after, it shows respect."

People's privacy and dignity was maintained. Personal care took place behind closed doors and we observed staff knocking before entering people's rooms. During the inspection, we observed one person walking along the corridor with some food on their clothing and their trousers were not done up properly. When this was identified by a member of staff, the person was immediately assisted back to their room so that they could change their clothes and ensure they were appropriately dressed. This showed that staff respected the dignity of the people they were caring for.

We observed that people were involved in decisions about their care and they were given choices throughout the day. This included things such as what people wished to do, where they sat, what they had to eat and drink and what clothing they wore. We made further observations of how staff supported and promoted people's ability to make daily decisions. For example, during the lunch period a staff member plated meal alternatives and took them to the table for people to choose. This ensured people had a visual aid to help them select their meal preferences. It was noted however that on one occasion a staff member supporting a person to make a choice was unable to explain what ingredients were in the meal. In addition to staff support, people had picture of meals outside of the kitchen to aid them in selecting their meal.

Is the service responsive?

Our findings

The provider had not ensured the service had been responsive in providing personalised care to people and care plans did not always reflect people's needs. The care plans we reviewed had not always been reviewed regularly and did not provide clear guidance for staff on how to assist people to meet their needs. For example, one person's plan stated that they often refused personal care. It did not detail why the person refused this, or detail any suggested steps for staff to follow in order to encourage the person to maintain their personal hygiene needs. One staff member said "[Service user name] often refuses any help to wash, but they always accept help when I offer. I've taken my time getting to know them, so am able to approach them in an open manner. I'm not sure if that's why they always let me help." Although this staff member was able to provide assistance with personal care, it was not clear how or if other staff ensured the person's hygiene needs were met.

Within another care plan, we noted a person had been prescribed a sedative medicine due to them being 'Very anxious' according to their care records. However, the plan did not give any detail on whether staff had attempted to ascertain the cause of the anxiety, or how the person could be helped to relieve the anxiety. Although we were informed the person had been reviewed by the community psychiatric team, there was no record of this review available within the care plan. The lack of detail, conflicting guidance and information for staff meant there was a risk that people's needs were not being met.

Some people using the service occasionally demonstrated behaviour that may be challenging and might cause distress to others. One person's care plan contained 'Positive Behaviour Charts', but these had not been completed in full by staff. These forms are intended for staff to document when someone's behaviour escalates, and should contain a full picture of events, any triggers that staff identified and details of how staff supported the person and resolved the issue. None of the forms we saw contained all of this information. Two forms detailed what had happened during a period of challenging behaviour, but did not explain what staff had done. This meant the forms could not be used to identify triggers and did not provide guidance for other staff on how to deal with similar situations.

Although care plans contained sections for staff to document a person's life story, these were not always completed. We saw one life story that was very detailed and provided staff with a very detailed insight into the person's life before Woodland Grove, however this was not consistent amongst the other plans we saw. This meant there was a risk of people not receiving person centred care, because staff did not have the information available in relation to all of the people they were caring for. This was of particular relevance because the service was relying on agency staff to fill staff vacancies and they would not know people as well as the permanent staff.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider had not ensured they had been responsive to some people who used the service by ensuring the premises was suitable for the purpose it was being used for. Many people at the service were living with dementia and the premises had not been adapted or designed to meet the needs of people living with this condition. For example, although people all had their own generously sized individual rooms with bathroom facilities, there were no signs on doors indicating whose room it was. All of the bedroom doors in the service were plain white in colour and not distinguishable. Unique, individual pictures or written aids on people's doors would support people in identifying their own room and promote independence. The colour scheme and flooring throughout the service was not in line with recommended designs for care homes offering dementia support services. Toilet signs on doors could be difficult for people with poor eyesight to see and there were limited signs around the building to aid people to where they wanted to go.

It was noted that the corridors were spacious and wheelchair friendly and there were several large lifts for people to use. The garden and grounds were well maintained and there were several outdoor seating areas available for people to use. During the inspection, we noted at times people were sat disengaged and it was noted that no equipment or aids such as memory boxes or picture cards were available to engage people. We spoke with a senior member of staff at the service who told us the colour scheme within the service was part of the provider's 'brand' which did not demonstrate forethought for the people using the service.

Is the service responsive?

We received mixed responses from people when discussing care reviews. Only one person we spoke with could say positively that they had been involved in their care planning and reviews, but others thought they probably had. In all cases residents were happy that they were receiving care in the way they wished. One person told us, "I was involved in my care plan and it is followed because I am able to tell staff how I want things done, I do not think it has changed but my situation changes and everybody knows and discusses my care." Another person told us, "I have not seen my care plan and have not had input into it, but all my needs are being met." One person's relative told us they had not been involved in their care plan or any review, but were aware of every aspect because they spent so much time with their loved one. Within people's records we saw that people and their representatives were sometimes involved in reviewing their care. In the care plans we looked at we saw care reviews had taken place, but the section for any comments or recommendations had not always been completed or signed by either the person using the service or their representative.

People had the opportunity to take part in activities. Within the service there was a daily timetable of activities on display. The activities listed included quizzes, puzzles, musical bingo, pampering sessions, ball games, film shows, reminiscing, sing-songs and musical sessions with an outside entertainer as well as a church service on Sundays. We spoke with the activities co-ordinator who was experienced in working with people living with dementia.

They told us that people also had the opportunity to go into the local community in pre-arranged transport and this was done on a rotational basis. On the day of our inspection, seven people went out with the activities co-ordinators and people who went on the trip told us they enjoyed it.

People and their relatives felt able to complain or raise issues within the service. All people spoken with felt they would be comfortable in making a complaint should it be necessary, either by telling a member of staff or a family member. A relative we spoke with told us they had a very good relationship with staff and have not had cause to complain. The provider had a complaints procedure available within the service.

This complaints procedure was also available on the provider's website which gave guidance on how to make a complaint and what third parties people could contact if they were not happy with the outcome of the complaint investigation. We reviewed the complaints record within the service that showed a total of 17 complaints had been recorded during 2015. The service had acted and responded in accordance with their policy whilst investigating and responding to the complaints.

We recommend the provider reviews current guidance produced by the Social Care Institute for Excellence (SCIE) into providing care for people living with dementia in the best possible environment.

Is the service well-led?

Our findings

The provider had governance systems to monitor the health, safety and welfare of people, however we found these were not always effective. For example, there were governance systems to audit people's care records to ensure they contained complete and accurate information. Although these care record audits had been completed, they were not robust and did not identify care records with conflicting and inaccurate information as highlighted in this report. A monthly medicines audit was completed at the service to monitor that the processes for medicines were safe and protecting people from the risks associated with medicines. Despite these audits being completed, the unsafe storage and retention of medicines had not been identified and addressed.

We found multiple examples of poor record keeping by staff that placed people at risk. For example, within people's medicine administration records we found recording omissions by staff so it was unclear when and if people received their prescribed medicines. Topical medicine administration records were incomplete and accurate records had not been maintained for medicines that required cold storage. Records for people's food and fluid intakes and their fluid output to monitor their risk of malnutrition and dehydration were not consistently accurate placing people at risk. Care records we reviewed contained inaccurate and conflicting information which demonstrated the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with were not fully aware of the current management structure of the service. Since the previous registered manager left, the service had been managed by a mixture of senior staff from different locations registered by the provider. However, this had not resulted in accountability for any one person and had resulted in the senior staff sharing different aspects of the management of

the service. One person we spoke with told us, "There has been a difficult spell, staff problems, some familiar faces have gone and there is greater use of agency staff; we are not told anything."

Staff said the culture at Woodland Grove was, "Getting better". Staff said they knew of some of the changes that had taken place, but again not all staff fully understood the management structure in place. One member of staff we spoke with was unsure who was currently managing the service which would indicate communication was not fully effective. A visiting GP did not know who the current manager was or even if there was one in post. They said, "I normally just speak to the Team Leader."

Staff spoke about a disruptive period of employment in the months preceding the inspection, however all spoke with a positive attitude about the future of the service. They told us how a recent change in staffing had resulted in a positive effect on the service but commented that in the main the teamwork was effective and they all wished to provide a high standard of care to people. One member of staff told us, "We always work together to get things done." Another member of staff said, "As a team we are supporting each other and making it work."

Some messages were communicated to staff through meetings. We saw that meetings were held between team leaders and additional meetings were held with care staff to communicate matters about the service. We saw that at the team leader meetings, matters such as implementing a culture change at the service were discussed, together with the role of the team leader and how they supported staff. At care staff meetings the minutes showed people's care needs, call bell responses, staffing issues, staff behaviour and training were discussed.

There were systems in place to ensure that care provision was given in a clean, safe environment that was in a good state of repair. The service management had auditing systems to ensure that good infection control practice was undertaken by staff. We reviewed recent audits that showed the service monitored staff practice and the cleanliness of the equipment in use. Where poor practice was identified, this was addressed with staff. We also noted recent audits had identified good practice by staff and the implementation of a new sling washing programme.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not consistently undertaken or maintained an accurate assessment of the risks to the health and safety of service users.

Regulation 12(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

The provider had not ensured appropriate care provision for people at risk of malnutrition or poor hydration.

Regulation 14(4)(d)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider had not acted in accordance with legislation.

Regulation 11(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not ensured they had been consistently responsive to people's care and needs.

Regulation 9 (3)(a) and 9(3)(b)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not ensured governance systems were robust to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

Accurate, complete and contemporaneous records in respect of each service user had not been maintained.

Regulation 17(2)(b) and 17(2)(c).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with medicines.

Regulation 12(2)(g)

The enforcement action we took:

We served a Warning Notice