

Woodleigh Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected Woodleigh Rest Home on 11 March 2017 and the visit was unannounced.

Woodleigh Rest Home is situated in the Queensbury area of Bradford. The property has been adapted and extended to provide personal care for 33 older people both in single and double rooms on the ground and first floors. The rear entrance provides disabled access to the ground floor with a stair lift enabling access to the first floor. There are two lounges and one dining room on the ground floor.

On the day of the inspection there were 26 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Our last inspection took place on 8 September 2016. At that time, we found the provider was not meeting the regulations in relation to safe care and treatment, premises and equipment and good governance. The service was rated 'requires improvement' overall. We told the provider they needed to make improvements and they sent us an action plan telling us what they were going to do in order to become compliant with those regulations. However, on this inspection we found continued breaches in relation to safe care and treatment and good governance.

We found staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they felt supported by the registered manager and were receiving formal supervision where they could discuss their on-going development needs.

People who used the service told us they felt safe at Woodleigh Rest Home and we found staff understood the safeguarding process.

We found action was not always being taken to mitigate risks within the service in relation to the premises. We found there were on-going issues with the heating and hot water in one area of the home. This had been reported to the provider, however, no resolution had been found. We also found two bedrooms with unpleasant odours, one with an unsuitable lock and poor lighting levels throughout the home, which all posed potential safety issues for people using the service and staff.

People who used the service were receiving personalised care and were very happy at the home. They told us staff were kind, caring and compassionate. Some activities were on offer to keep people occupied and staff provided people with some companionship. People's healthcare needs were being met and healthcare professions spoke highly about the care and support people received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

We found although people's medicines were generally being managed safely, for prescribed topical lotions and creams the records did not show these were being administered as prescribed.

People who used the service told us they liked the meals, however, we found menus were limited and not everyone always received a choice of meal.

Care plans and risk assessments were not always up to date and it was not always easy to find relevant documentation. However, staff did know people well and understood their needs and preferences.

Quality assurance systems were in place, however, they were not always effective in identifying areas which required improvement such as medicines management. In addition, where risks had been identified no action had been taken to rectify the problem.

We identified two continued 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 the 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 always safe.

We found some bedrooms were cold and had no hot water, together with maintenance issues with the environment which made areas unsafe or unpleasant.

Medicines were not always being managed safely and we could not be assured people's prescribed creams and lotions were being applied.

Staff were being recruited safely and there were enough staff to support people and to meet their needs.

People told us they felt safe living at the home; however, we found improvements to the risk assessment process needed to be made, to ensure people's continued safety.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

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

People were supported to access health care services to meet their individual needs.

People told us they liked the food but we found menu's lacked variety and choices were limited for some people.

Requires Improvement ●

Is the service caring?

The service was caring.

People using the services told us they liked the staff and found them considerate and kind. We saw staff treated people with

Good ●

kindness and patience.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

The service was not always responsive.

People's care records were not all easy to follow, up to date or being reviewed every month.

There were some activities on offer to keep people occupied.

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

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The areas of the service the registered manager had control of were generally working well. However, issues which needed to be addressed and resolved by the provider were not being completed in a timely fashion.

We found the service continued to be in breach of two regulations, which demonstrated their internal auditing systems were not effective in improving the service.

Inadequate ●

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 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 was a comprehensive inspection which took place on 11 April 2017 and was unannounced. The inspection team consisted of two adult social care 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.

On this occasion we did not ask the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service.

Prior to the inspection we reviewed the information the registered manager had sent to us. We also contacted people who had an interest in the service, for example, the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

We spent time observing care in the lounge/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 spoke with eight people who used the service, three relatives, one senior care worker, two care workers, the cook, maintenance worker, activities co-ordinator, a district nurse and the registered manager. We looked at elements of four care files, one staff recruitment file and records associated with the management of the service.

Is the service safe?

Our findings

When we inspected the service in September 2016 we found the fire alarm system had not serviced. On this visit we found this work had been completed, however, we identified further risks associated with the premises.

People using the service, relatives and the district nurse told us the home was always kept clean and tidy. However, we noted an unpleasant odour in the building on arrival, although this dissipated during our visit. We found two bedrooms had extremely unpleasant odours and the registered manager concurred with our findings. One of these bedrooms was occupied by two people who were being cared for in bed which made it an unpleasant environment for them or for anyone who was visiting.

We found the same double bedroom was cold and the room thermometer indicated the temperature in this room was 14°C. We saw there was a portable heater in this room, but it was not switched on. We brought this to the registered manager's attention and the heater was then switched on. We went back to this bedroom four hours later and the temperature was only 17°C. We recommend heating levels in a care home to be above 18°C to provide people with a comfortable ambient temperature.

In another bedroom the person who was using the service was dressed but had their dressing gown on as they said they were cold.

We saw there were locks on all of the bedroom doors and staff each carried a 'master key' so they could enter the rooms in an emergency or on request. However, on one bedroom door we found the 'deadlock' facility had not been removed. This meant the occupant of this room could have locked themselves in and staff would not have been able to gain access in an emergency. This was brought to the attention of the registered manager who told us they were unaware of the problem with the lock. They told us they would make immediate arrangements for the handy person to replace the lock as the person occupying this room needed more support from staff.

We saw the registered manager's audit which was completed in February 2017 had identified problems with the hot water. We went to see one of the people whose bedroom was affected. They told us, "The hot water is funny, sometimes it's cold, and I don't like cold water." They went on to tell us they thought staff must 'boil the kettle' to get hot water for them.

We asked staff about the problems with the hot water and they told us there were a few rooms affected on the ground floor. They told us they carried hot water in jugs from one of the bathrooms or from the kitchen so people could wash in warm water.

We spoke with the handy person who told us there had been on-going problems with the heating and hot water system since Autumn 2016. They told us the plumbers had been out and had suggested how the problem could be resolved, but to date no action had been taken.

We saw 'low energy' lamps were and lighting levels throughout the building were poor. We also noted in many bedrooms there were no bedside lights or 'lazy' pull cords to allow people to turn off the main light when they were in bed. Both of these issues could present increased risks to people who used the service.

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

We asked people who used the service how their medicines were managed. One person told us, "I had a heart attack before and a thyroid problem, I receive medications for both to help me cope." Another person said, "Staff are just treating me well, you can't find a problem where there is none at all." One visitor told us, "My Mum is being supported well with medication and her care."

We found medicines were stored securely. The temperatures of the storage area and fridge were monitored to make sure medicines were stored at the recommended temperatures.

The senior care assistant who was administering medicines told us they had received training from the supplying pharmacy and the registered manager had assessed them as being competent.

We saw each person's Medication Administration Record. (MAR) contained a photograph and information about any allergies. We saw the senior care assistant who was administering medicines checked the medicines to be given against the MAR. This ensured the correct medicines were being given at the right time. Once the persons' medicines had been prepared they were taken to the individual. The senior care assistant then stayed with the person until the medicines had been taken. We saw people being supported to do this in a kind and patient way. The senior care assistant then signed the MAR to confirm the medicines had been given. Some people preferred to stay in their bedrooms and we saw the senior care worker prepared their medicines and then took them to the person. We saw the MAR charts had been consistently signed to show people were receiving their oral medicines as prescribed.

We also noted for people who found it difficult to take tablets their medicines had been obtained in liquid form to make them easier to take.

We saw there was a system in place to keep a check on how much medication was being held at any given time. We checked the stocks of three medicines and found them to be correct.

Some prescription medicines contain drugs controlled under the Misuse of Drugs Act 1971. These medicines are called controlled drugs. We inspected the contents of the controlled drugs cabinet and found stocks tallied with those in the controlled drug register.

We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered. However, although these were available in the care plans, copies were not available with the MAR charts to give staff easy access to this information. We spoke with the registered manager who agreed this information should be available with the MAR charts.

We saw some medicines had been received by staff which required them to handwrite a MAR. We saw only one person had booked these medicines in, which meant there had been no check made to ensure they had entered details of the medicine, dosage and frequency correctly. The registered manager confirmed two staff should always check medicines when they were booked in.

We saw some people had been prescribed topical creams or lotions. The MAR for these were in people's

bedrooms so when care workers applied them they could sign to confirm this had been done. However, we saw there were a number of gaps of these sheets where there was no signature or reason given as to why the cream or lotion had not been applied. This meant we could not be assured people were having creams or lotions applied as prescribed. This was a breach of the Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we looked around the home we saw disposable gloves and aprons were readily available for staff to use. One care worker explained how the personal protective equipment was used and disposed of. This assured us staff understood the infection prevention procedures.

When we inspected the service in September 2016 we identified issues with the premises because of inadequate maintenance and told the provider to make improvements. On this inspection we found lounge chairs had been replaced and some redecoration had taken place, however, when we looked around the building we saw the décor was old fashioned and tired. There was no redecoration and refurbishment plan in place to show how improvements to the premises were going to be made.

Safe recruitment procedures were in place. Staff turnover at the service was low and we looked at the recruitment file for one person who had been recruited since our last inspection in September 2016. We found a completed application form which detailed previous employment and qualifications. Proof of identity documents were on file. Checks on their background had taken place including references and a Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

We asked people who used the service if they thought there were enough staff on duty to support them. One person told us, "As I spend most time in my room, I have no comment about staffing, if I want staff, they are always around." Another person told us, "When you need staff, they may be busy with another patient, but they do eventually come to your rescue."

One relative told us, "There are enough staff and I think they would call in extra if they were needed." We asked the registered manager if they were able to bring in additional staff if people's needs changed more suddenly, for example, for end of life care. They told us they would have to discuss this with the provider and seek their permission before this could be done.

At the time of the inspection 26 people were living within the home. Staffing levels consisted of four care workers during the day, three in the evening and two at night. Ancillary staff such as a cook and maintenance person were also employed and the registered manager was 'hands on' assisting at busy times. We looked at rotas and saw staffing levels were consistently maintained. Staff told us there were enough staff on shift to ensure people's care and support needs were met but said they were always busy. We observed care and support and found when people required assistance it was provided in a prompt manner by attentive staff.

People who used the service told us they felt safe at Woodleigh Rest Home. One person said, "Generally I feel safe being in the home, particularly here in my room where I spend most of my time." Another person told us, "I keep in my room, I bother no one and no one bothers me and if I need anything, I press the buzzer." A third person said, "I feel reasonably safe."

One visitor told us they felt their relative was kept safe as staff knew how to care for them. A second visitor told us, "Staff keep a check on Mum often when we are here, you don't miss staff."

We saw there was safeguarding information on display in the main entrance together with telephone numbers for the local adult protection team. We spoke with three members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both of them told us they would not hesitate to report any concerns to the manager, Care Quality Commission or the Adult Protection Unit. This meant staff understood how to keep people safe.

Risks to people's health and safety were assessed in areas such as falls, nutrition, moving and handling and skin integrity. Care plans were then generated where significant risk had been identified. However, we saw a range of different risk assessment tools were used, for example, we saw two different types of skin integrity risk assessment which risked inconsistent risk thresholds. We also saw some risk assessments were not up-to-date. For example, one person's nutrition risk assessment had not been updated since February 2017 despite being weighed weekly and recent loss of weight. Another person's pressure area risk assessment was not up-to-date. Staff we spoke with had a good understanding of the people they were caring for and the risks they posed.

Incidents and accidents were recorded and analysed on a monthly basis. We did not identify any concerning trends with regards to incidents and accidents.

Is the service effective?

Our findings

We asked people who used the service if they felt staff had the right skills and experience to care for them. One person told us, "Staff are a good lot; they are not doing too badly as far as knowing what my preferences are." A second person said, "Staff are alright, they go out of their way to accommodate your needs." One relative told us, "The staff have the right skills and personalities to care for people."

New staff received an induction to the service and its ways of working. New staff without any previous care experience were also enrolled on the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was designed to equip health and social care support workers with the knowledge and skills they needed to provide safe and compassionate care.

Staff received regular training, which was mostly kept up-to-date. This included face to face training and booklets supported by competency assessment in topics such as medicines, health and safety, moving and handling, safeguarding, Mental Capacity Act (MCA) and diet and nutrition. Staff we spoke with said training was good and gave them the skills and knowledge to undertake the role effectively. Staff had a good understanding of the topics and people we asked them about. We saw the service had a low turnover of staff which allowed staff to build up good relationships with people and develop good knowledge of their individual needs.

Staff received regular supervision and annual appraisal, although some of these were currently behind schedule. The registered manager told us they were waiting for the introduction of new policies and associated paperwork in order to bring these up-to-date

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.

We found the service was working within the principles of the MCA and that staff had an understanding of how these principles applied to their role and the care they provided. For example, we saw one person had two specific conditions attached to their DoLS authorisation. We saw these had both been addressed by the registered manager. This showed us staff understood the legislation and were acting within the law.

In some of the care files we looked at we saw people had signed consent forms in relation to having their photographs taken, decisions regarding management of medicines and care planning. However, these forms were not available in every file we looked at. We therefore recommend this shortfall is addressed and all necessary consent documentation is completed.

We saw and heard care workers gaining consent from people before any care interventions were made.

We asked people who used the service about the meals at Woodleigh Rest Home and they told us they were happy with the meals on offer. One person told us, "I never miss a meal, even though I don't eat as much as I should, there is always options." A second person said, "I have just enjoyed my salmon and vegetables, I could alter my choice if I wanted to, staff know that I don't like cabbage." A third person commented, "Food is good, no problem there." A fourth person told us, "They give you plenty of food, there is always a choice of meals."

One member of staff told us the cook did the best they could with what the provider ordered but said the quality of the food was not what they would like for a relative of theirs. For example, only low fat yogurts were available, if you did not like cake and custard there was no alternative, stocks of foods were very limited and very little or no fresh fruit was available.

We saw there were no cooked breakfast options available for people. One person who used the service was allergic to fish. We saw that both main courses each Friday were fish, cooked different ways. We asked staff what this person therefore ate on Fridays. We were told they had to have leftovers from the day before. We saw some basic food options available for people with a lack of good choice. For example, sandwiches provided for tea, alternated between meats and meat/fish spread substitutes. For examples, we saw tuna spread, crab spread, beef and cheese spread sandwiches regularly featured on the menu.

Some people were having their food and fluid intake monitored. However, the food and fluid charts were not always well completed. Some fluid balance charts showed some people were receiving very little to drink and the total intake was not calculated or reviewed during or at the end of the day. One person of low weight was supposed to have a nutritious smoothie each day. Although staff told us this was always given, there was often no evidence of this on the person's food and fluid chart. The registered manager told us they had recognised that these charts were not being well completed by staff and would take further action to ensure they were consistently completed.

We saw people's weights were regularly monitored and referral to health professionals such as the GP and/or dietician took place if people were losing weight.

We asked people who used the service about their healthcare. One person told us, "Like now I have a headache, staff have just given me medication, and if I need a GP, they ring for me." A second person said, "Often I am being visited by a district nurse, my family is always informed, my daughter comes twice a week." A third person commented, "If you need a GP, they [staff] find one for you." One visitor told us, "GP was called for Mum fairly recently and I was called to be informed about it." A second relative told us, "They contact the doctor or district nurse appropriately, for example, Mum gets lots of urinary tract infections and they get antibiotics. There are also regular reviews of her medication."

We spoke with a visiting district nurse who was very positive about the care and support people received at Woodleigh Rest Home. They told us the registered manager and staff made appropriate referrals to them through the correct channels which enabled them to prioritise their visits. They also said staff were good at following any instructions they left, for example, ensuring the correct use of pressure relieving equipment.

In the four care records we looked at we saw people had been seen by a range of health care professionals, including GPs, community matrons, district nurses, opticians, community mental health team and podiatrists.

The registered manager accompanied people to any hospital appointments and we found the records of consultations with any healthcare professionals had been fully documented in people's care files. We concluded people's healthcare needs were being met.

Is the service caring?

Our findings

We asked people using the service if they liked the staff. One person told us, "Staff are considerate and nice, I haven't got anything to complain about." Another person told us, "Most staff treat you with respect you deserve, they are excellent." A third person said, "Staff are very kind." A fourth person commented, "Staff are good to us all." A fifth person said, "The way they look after me is excellent."

We asked visitors the same question, one relative told us, "The staff are all lovely, they are kind, compassionate and caring. They understand people's likes, dislikes and personalities. They know people well which enables them to provide person centred care." A second visitor said, "If you have any questions about Mum's care, I find staff respond straight away, they keep us informed about Mum for most times. The majority of staff are very compassionate." A third relative said, "Staff are doing an excellent job, we are glad Mum came here, staff are always welcoming day or night."

We asked people if staff treated them with dignity and respect. One person told us, "I prefer keeping in my room, when staff want me for anything, they come to me, they knock at my door, wait for me to respond, they are very respectful." A second person said, "I like my own space, deciding when I go to bed or get out of bed and having staff pointing me in the right direction." A third person commented, "Staff are always caring and respectful."

The district nurse told us, "People always look well dressed. Staff are respectful, knocking on doors and address people respectfully. Some service users have been here a long time and staff know them and their families well."

We saw people looked well carer for, they were well dressed and many were attending the visiting hairdresser. We saw one person had a food spill on their top, they were supported discreetly by staff to go and change this item of clothing.

We saw people's bedrooms had been personalised with their own furniture, photographs and ornaments. People's clothing had been put away tidily in wardrobes and drawers showing staff respected people's belongings.

We saw staff chatting to people and taking a genuine regard for their wellbeing and comfort. Staff used verbal and non-verbal communication skills to interact with people and provide comfort where required. Staff demonstrated they knew people well, their individual likes and preferences.

People's care and support plans showed that the importance of maintain independence was considered during care planning. People who used the service and their relatives told us staff provided support to help them maintain their independence. One person said, "if I can do something by myself, I will do it, I don't like asking staff if can do it myself." A second person said, "I get up, wash and dress myself with staff providing me with some support."

We saw some of the care plans for people who used the service contained 'Life history' information and details of their interests and hobbies. Personalised information was present such as where the person liked to have their breakfast and the drink they liked in the morning.

People told us they were made to feel welcome when they visited and were always offered a drink. One relative said, "Yes, I am made to feel welcome and always offered a drink. Staff also come and check if you need anything."

The district nurse told us staff at the home 'Excelled at end of life care.' They explained the last two people who had received end of life care had chosen to return to Woodleigh Rest Home from hospital to be cared for by staff who knew them. We also saw another person had been offered Hospice care but had actively chosen to stay at Woodleigh. This showed us people had built positive relationships with staff and wanted to be cared for by them at the end of their lives.

Is the service responsive?

Our findings

Anyone thinking of moving into Woodleigh Rest Home could visit to see if they thought it would suit them. The registered manager completed assessments prior to admission to make sure the service could meet their needs. We saw copies of these assessments in the care files we looked at.

People had care plans in place which covered areas such as communication, medicines, mobility skin integrity and nutrition. However, these were not always updated as people's needs changed. For example, one person's had developed skin redness and had been referred to the district nurse. However, their skin integrity care plan did not mention their sore skin or the new care and support regime which had been advised by the district nurse.

Staff told us another person was now cared for in bed. We saw their care plans had not been updated since 30 January 2017 and some areas were now not relevant. For example, their mobility care plan said the person was still mobile. We were also told this person was on End of Life care but there was no end of life care plan in place. The registered manager recognised that care plans were not all up-to-date and required reviewing.

We reviewed four people's care files and found they did not contain consistent documentation and did not follow a consistent format, making it difficult to locate relevant information quickly. The registered manager told us they had received conflicting advice from the provider and the home's consultant about the care plans, which had caused confusion about how the care plans should be constructed. However, we saw the consultants reports clearly identified where care plans and risk assessments needed to be improved.

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

We saw care workers were quick to respond to people's individual requests for support and quick to answer the emergency call bells when they were activated.

We saw evidence people and relatives were involved in care planning and had been invited to review meetings.

We asked people who used the service if they would feel able to raise any concerns. One person told us, "If I got any concerns I will probably tell my daughter, if not I will tell staff." A second person said, "I don't have complaints, if I had any, I think I would know who to talk to."

Visitors we spoke with told us they would feel able to raise any concerns with the registered manager or a senior member of staff. One person told us, "I know if there is an issue, I can talk to staff and if it is serious I will have a word with my brother and then we shall speak to the manager."

A system was in place to log, investigate and respond to complaints. We saw no recent complaints had been received about the service. The registered manager told us low level concerns were addressed with people

and relatives as soon as they occurred. We discussed with the manager that it would be beneficial to log these to keep an overview of the type of minor concerns received over time.

We asked people who used the service what activities were on offer to keep them occupied. One person told us, "I spend my day reading magazines, doing crosswords, other than that I prefer keeping my counsel." A second person said, "I like games and bingo." A third person commented, "I like to have a chat with staff and other residents, staff can take you out if you want." A visitor told us, "My mum enjoys music, quizzes and trips if there is any, and with the activity staff only doing two hours, we often worry that the residents don't get enough stimulation, especially if mum don't fancy joining the group activity."

The care plans contained information about people's interests and how they liked to spend their time. For example, one person liked to watch TV, listen to music and play bingo.

We saw there was an activities programme on display. This included activities such as quizzes, soft ball games, music exercise, reminiscence and table games. We saw the activities co-ordinator only worked for two hours each day just after lunch which limited activities at other times of day. Some staff said they felt people required more stimulation at other times of day. We saw comments had been received in recent quality surveys about possibly providing activities at other times of day. Staff told us there had been no trips out into the community in recent times but they thought residents would benefit from this.

Is the service well-led?

Our findings

When we inspected the service in September 2016 we found audits were not effective and told the provider to make improvements. They sent us an action plan telling us a more robust auditing system would be implemented and completed by May 2017. On this inspection we identified further issues with the governance of the service. We were also concerned although the provider had addressed the specific issues raised at the last inspection they had failed to ensure wider compliance with the regulations.

There was a registered manager in post. People who used the service, relatives, staff and the district nurse all told us they had confidence in the registered manager and found them helpful, approachable, supportive and caring. One member of staff said, "[Name of registered manager] is really good she sits and talks about any issues. If she sees you are upset she tries to help."

The provider had employed the services of a consultant who completed visits and reports on the governance of the service. We saw their report from their visit on 7 March 2017 had identified the lack of heating and hot water in the bedrooms at the end of the ground floor corridor as 'dangerous practice.' It had also identified a mal-odour on entry to the home and in one particular bedroom. None of these issues had been addressed and remained unresolved at the time of our visit.

There was a lack of confidence in the provider. One member of staff told us, "They just come in and go into the office and then they are gone. They don't take the issues seriously." Another member of staff told us, "The problems with the heating have been reported to [Name of provider] but it hasn't been sorted out." We saw the registered manager's audit which was completed in February 2017 had identified problems with the hot water. The handy person told us the provider was fully aware of the issues about the heating and hot water. However, they had failed to ensure repairs or improvements to the heating and hot water systems had been made to ensure all of the rooms had heating and hot water. We were told issues with the heating had been going on since Autumn 2016. Following the inspection visit the provider supplied us with evidence that the problems with the heating and hot water systems had been resolved by the heating engineers.

One member of staff told us they would be happy for their relative to live at the home for the care, but added the environment and the quality of the food would have to improve significantly before they would let a relative move in.

We looked at the provider's business plan for Woodleigh Rest Home for the year April 2016-March 2017. Within this document the following statement was made, "All of the requirements of the Care Standards Act have been achieved." This was the old legislation providers were expected to comply with. The current legislation governing care homes is The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) and Care Quality Commission (Registration) Regulations 2009 (Part 4). This showed us the provider had not focussed on the most recent legislation.

When we looked around the home we saw only minimal redecoration had taken place and much of the home looked 'tired' and in need of updating. The provider had complete control over the budgets for the

service but had not produced a redecoration and refurbishment plan. The registered manager was completing audits which identified areas which needed repair or general refurbishment, but had no control about how and when these works would be completed as they had no budget allocated to them.

The business plan identified a number of objectives for the year 2016-2017, however, we found a number of these had not been achieved. For example, no administrator had been employed, carpets and curtains had not been replaced in the lounges and the service had not achieved compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as this inspection identified continued breaches of the regulations.

The provider had control of the menu's and oversight of the food ordering. This left the registered manager and cook with little control over the menu options. For example, we saw the choice on Friday's was just fish (prepared in two different ways). We saw one person using the service was allergic to fish and staff told us no provision for an alternative meal had been made on the menu and they were reliant on 'leftovers' from the day before. As the food ordering was completed based on the menu and numbers of people in the home, there was very little or no room for the registered manager or cook to make changes. On the day of our inspection we heard people being offered a bacon sandwich as an option for the tea time meal. We were told by staff bacon only featured on the menu once a month and this was only at tea time. This was confirmed by the registered manager and by looking at the four week cycle of menus.

The registered manager showed us nine files of new policies and procedures the provider had purchased from an external source. They told us the provider had asked them to go through all of the procedures and update them so they reflected the service being operated from Woodleigh Rest Home. No additional staff support had been given to allow them to complete this task and they were trying to fit it in around their normal management activities.

We found the registered manager and staff were very open and honest in their responses to us. It was clear they wanted to provide the best possible service to people living at Woodleigh Rest Home and were frustrated by issues around the environment and menus, over which they had no control.

Systems were in place to assess and monitor the service but some of these required improvement. The registered manager completed audits in a comprehensive range of areas such as falls, health and safety, infection control, nutrition and medicines. We saw these were effective in picking up some issues. However, the audits were not structured to assess against a set criteria or set of standards. This meant there was a risk all areas would not be covered. We found some issues that had not been identified by audits demonstrating they were not sufficiently robust, for example, relating to medicines management. The registered manager told us they recognised new audit paperwork was required and that they were awaiting for the provider to provide audit forms associated with new policies and procedures which were due to be implemented.

We saw the consultant had identified issues with care plans and risk assessments not being up to date as part of their review of the service, however, at the time of our inspection this documentation was still not up to date.

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

Staff meetings were regularly held. We saw these were an opportunity to address quality issues with staff such as poor completion of documentation as well as providing a support mechanism for staff. Staff confirmed meetings took place and said they were useful.

People were encouraged to provide feedback on the service. Annual satisfaction surveys were sent to people and relatives to allow people to provide anonymous feedback on the quality of the service. We saw the 2017 surveys had recently been returned and were awaiting analysis by the registered manager. We looked at the responses which were mostly very positive. For example, comments included, "It is perfectly fine. [Relative] is very content and satisfied with what is here," "Girls at home do a wonderful job and nice to see staff that stay." Periodic resident meetings also took place. We looked at the meeting minutes and saw topics such as food and activities were discussed. A meeting was planned the week of our inspection to discuss Easter activities with people using the service and relatives.

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>Service users were not protected from the risk of unsafe premises, as some areas had no hot water or heating.</p> <p>Service users were not protected from the risk of infections.</p> <p>Service users were not provided with care and treatment in a safe way in relation to the proper and safe management of medicines</p> <p>Regulation 12 (1) (d) (g) (h)</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established or operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>Complete and accurate records for services users were not being maintained.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>

The enforcement action we took:

Warning notice