

Elderet Limited

Woodbine Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Woodbine Manor Care Home is registered to provide accommodation and care for up to 29 older people who live with dementia. It is situated in a residential area of Bognor Regis, West Sussex. At the time of this inspection, there were 21 people living at the service. The home is purpose built and accommodation is provided over two floors in single occupancy rooms. A passenger lift provides access between the floors. There is a communal lounge and dining room.

We previously carried out an unannounced comprehensive inspection of this service on 5 and 6 October 2015. At that inspection, a number of breaches of legal requirements were found. As a result, the service was rated 'Inadequate' overall and the provider was placed into Special Measures by CQC. We met with the provider to discuss our concerns and issued three Warning Notices, which required the provider to take immediate action in relation to assessing the risks to the health and safety of people, safeguarding people from abuse and improper treatment and the effective governance of the service.

Since our last inspection, we have continued to engage with the provider. We required the provider to submit regular action plans that updated us about the steps they had taken to improve the service. At this inspection, we confirmed that the new registered manager and provider had taken sufficient action to address previous concerns and comply with required standards. As a result, the provider has complied with the Warning Notices and requirements we issued and had sustained improvements across all domains.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there were sufficient improvements made to take the provider out of special measures.

Following our last inspection, the registered manager at that time left the service. The provider appointed another manager in October 2015. The appointed manager registered with the Care Quality Commission in December 2015. 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.

Since our last inspection, the service had experienced a period of considerable change. It was evident that the new registered manager had effected improvements to the leadership of the service. Although significant improvements had been made to address previous shortfalls raised in our last visit, Woodbine Manor is on an improvement journey and these improvements were yet to be embedded and sustained.

The recent focus had been on changing the culture at Woodbine Manor. Other areas of improvement had been identified, but not wholly implemented. For example, the management team had highlighted the need to improve the standard of care planning within the service. For example, whilst we found that people received appropriate care, this was not always reflected in the care plans, which contained unclear information and guidance to staff. The management team had plans to develop the care plans and a new

electronic system, to ensure they were comprehensive and up to date.

The service had a relaxed and friendly atmosphere. Staff were kind and caring towards people and upheld their privacy and dignity at all times. Staff had a good understanding of people's needs, engaged with, and supported them effectively.

We found the environment offered a range of 'dementia-friendly' features to support people with visual, hearing and mobility impairments associated with dementia. These included furniture in a contrasting colour to the carpeting, wardrobes and chests of drawers with easy to use openings and warm colour tones used on walls, which were easier to see. The service had matt surfaces and slip resistant flooring; avoiding patterns, speckles or sparkles that can be confusing.

A range of activities was available to meet people's needs and particular interests. Staff had considered innovative ideas to evoke memories and trigger reminiscent thoughts and conversation.

People were supported to maintain good health. The service had good links with health care professionals to ensure people kept healthy and well. Medicines were managed safely and there were processes in place to ensure people received the right medicines at the correct time.

People were involved in making decisions about their care and staff understood the importance of respecting people's choices and giving them control over their personal routines. People were effectively supported to maintain a healthy and balanced diet.

Staffing levels had been increased to ensure people received appropriate support in an unhurried and personalised way. Appropriate systems were in place to ensure only suitable staff were employed and all staff received relevant training and support to enable them to undertake their roles.

People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them. Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005.

Systems for monitoring quality and auditing the service had significantly improved and were being used to continually develop the service. People and their visitors were actively encouraged to share feedback about their experiences and their suggestions for improvements were acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them.

The service had good systems in place that appropriately identified and managed risks to people in a proactive and enabling way.

Staffing levels had been increased to ensure people received appropriate support in an unhurried and personalised way. Staffing levels were sufficient to meet people's individual needs.

Staff had undergone thorough and relevant pre-employment checks to ensure their suitability to support people.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time.

Is the service effective?

Good 

The service was effective.

Staff had completed induction and were provided with on-going training, support and supervision to ensure they always delivered the very best care.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

People were provided with a choice of high quality meals which met their personal preferences and supported them to maintain a balanced diet and adequate hydration.

People were supported to maintain good health. The service had good working relationships with other professionals to ensure that people received the holistic care.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff that supported them.

The atmosphere in the service was relaxed and friendly.

Staff respected people's privacy and promoted their dignity at all times.

People were involved in making decisions about their care and staff understood the importance of respecting people's choices.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People received personalised care that was responsive to their needs.

The provider was in the process of transferring information from people's care records onto a computerised system. Information within existing care records was unclear.

People's individual routines and preferences were respected.

Staff were working hard to support people to engage in meaningful activities and this was an area that was continuing to be developed.

Staff ensured that when people raised issues that they were listened to. Concerns and complaints were well managed.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Although significant improvements had been made to address previous shortfalls such as the monitoring of quality and safety of the service, these improvements were yet to be embedded and sustained.

Systems for monitoring quality and auditing the service had improved and were being used to continually develop the

service.

The daily management of the service was effective and staff felt the management team were good role models for them.

The culture within the service was open and delivered a service that placed people at the centre of the care they received.

Woodbine Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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. The inspection was carried out to check that improvements to meet legal requirements, identified in three warning notices, had been made. This inspection also checked to see whether breaches of legal requirements made as a result of the last inspection on 5 and 6 October 2015 had been met.

This inspection took place on 09 May 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor. A specialist advisor is someone who has current and up to date practice in a specific area. The specialist advisor was a qualified nurse.

Before the inspection, we sought information from representatives of the local authority. We reviewed the information we held about the service, including notifications, complaints and any safeguarding concerns. A notification is information about important events, which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We observed care and spoke with people, relatives and staff. We reviewed a variety of documents and records, including seven care plans, four staff files, Medication Administration Records (MAR) and other documents relating to the management of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who lived at the service, four relatives and five staff. We also spoke with the deputy manager and registered manager. We spoke with four visiting professionals who had regularly visited the service to obtain their views.

Is the service safe?

Our findings

At our previous inspection in October 2015, we found that the provider was in breach of three Regulations in this domain including mitigating risks and failure to provide people with safe care and treatment, safeguarding people from abuse, neglect and improper treatment and maintaining safe staffing levels. We issued two Warning Notices and one requirement notice to the provider in respect of these breaches, which required the provider to make immediate improvements.

At this inspection, we found that sufficient action had been taken and the provider had met the requirements of both Warning Notices and the requirement. People told us that they felt safe. One person said, "Yes, I do feel safe here." A relative told us "I visit daily, the staff are supportive and I feel happy about the care [person] receives here at Woodbine Manor. They look well after [person]". A district nurse visiting told us "Staff here are approachable, they seek advice and always follow instructions given, there is good communication between Woodbine Manor and district nurses".

At the last inspection we found that the provider failed to ensure people were protected from abuse, harm and improper treatment because staff and the previous registered manager demonstrated a lack of insight into indicators for abuse and neglect and had not taken steps to report concerns.

At this inspection, we found that improvements to staff understanding and practice had been made which meant that people were protected from the risk of abuse.

The registered manager had implemented safeguarding policies and procedures that were in place to guide practice. Staff told us, and records seen confirmed that all staff received updated training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised, the registered manager had notified the relevant authorities and taken action to ensure people were safe. The safeguarding procedure was on display at the service, along with a flowchart making information accessible and clear to staff. We saw that body maps were completed in each person's care record to record any injuries along with an explanation. The service had a whistle blowing policy to guide staff on how to raise concerns they had about safe practices. Staff were aware of this policy and felt confident in raising concerns with the registered manager.

At the previous inspection we found that people were not protected from the risk of harm because the provider and registered manager failed to assess and mitigate risks to people.

At this inspection we found that improvements had been made to ensure people's safety and wellbeing and the care people received was safe. Before people moved to the service an assessment of need was completed. This looked at the person's care needs and any risks to their health, safety or welfare. Where risks were identified, these had been assessed and actions were in place to mitigate them.

We observed people being transferred; from a wheelchair to chair safely which was consistent with their mobility risk assessments. We observed good practice at lunchtime where people were identified as at risk of choking. Staff supported people to cut their food up and were being encouraged to eat smaller mouthfuls, which was consistent with peoples risk assessments. We observed staff practices had

significantly improved in order to keep people safe in line with their needs.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in risk assessments, their relatives or legal representatives had been consulted. The service demonstrated a culture aimed towards maintaining people's independence for as long as possible. For example, one person wanted to make their own hot drinks. Due to the location of the person's bedroom and where the kitchen was situated, the person told us they would have struggled to walk the distance with a hot drink. The person was assessed as being able to make hot drinks in their bedroom. The person told us this enabled them to keep their independence in a safe way.

Care plans contained risk assessments in relation to personal care including moving and handling, choking, nutrition and hydration, falls and catheter information. People's care plans noted what support they needed to keep safe. They provided information about support each person required in relation to safety awareness and completing activities such as having a bath and mobility. These risk assessments detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others.

At the last inspection we identified that there were not, sufficient numbers of suitably qualified staff deployed at all times to meet people's needs and keep them safe.

At this inspection, we found that staffing levels were now sufficient and that this had been sustained. Since our last inspection, the occupancy of the service had decreased but there was also an increase in the number of staff employed which was evident throughout the service. People told us that there were now enough staff to care for them properly. For example, one person told us "The staff act quickly." Another person commented, "Staff don't appear rushed anymore, they spend time with me". Two relatives told us that they had previously been concerned by the lack of staff in the service, but now they felt confident that there were enough staff to support people.

The rota reflected the staffing levels in place as described by the management team. The number of staff on duty had been increased since our last inspection. Each shift from 8am to 2pm and 2pm to 8pm had a minimum of three support staff and one team leader allocated. The night shift was from 8pm to 8am there were two support staff with a 24 hour on call system for staff to use in case of an emergency or support. The registered manager told us, as part of their admission process before people move into the service a needs led assessment tool is used. This is to identify the correct level of staffing needed to safely and effectively meet people's needs. The registered manager was able to show examples of how this had been used with other people. We found that staffing levels and the skill mix of staff deployed were now reflective of people's individual needs and therefore enabled people to receive personalised care. Staff told us that they now had time to support people appropriately. We saw that when people became disorientated or anxious, staff spent time reassuring them individually.

The registered manager and deputy manager worked in addition to support staff to provide on-going management support and oversight of the service. We observed examples of this from the rotas sampled. The management team had recently reviewed the deployment of domestic, catering and laundry staff to ensure they reflected the needs of people who used the service. For example, these staff were now inducted and trained as support staff. This was to ensure that any shortfalls in staffing could be covered by a staff member who was familiar to the person and the service.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Records

showed checks were made that staff from overseas had the right and relevant papers to work in the UK. Prospective staff underwent a practical assessment and role related interview before being appointed. This meant people were safe as they were cared for by staff whose suitability, for their role had been assessed by the provider.

People's medicines were managed; safely in accordance with current legislation and guidance. Medicines had been administered by staff who; had completed appropriate training and had their competency assessed annually by the registered manager. Staff told us about people's different medicines and why they were prescribed, together with any potential side effects. People's preferred method of taking their medicines, and any risks associated with their medicines, had been documented. We checked all the medication administration records (MAR). They included a picture of each person, any known allergies and any special administration instructions. The MAR forms were appropriately completed and records confirmed that people received their medicines as prescribed. Where people took medicines 'As required' there was guidance for staff about their use. These are medicines, which people take only when needed. Medicines were stored safely and securely.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electricity safety, was reviewed by contractors to ensure any risks were identified and addressed promptly. Fire equipment; such as emergency lighting, extinguishers, alarms, were tested regularly by the provider's maintenance engineer to ensure they were in good working order. The provider had contingency plans to ensure the service could continue in the event of power failure or adverse weather. These plans provided detailed guidance and useful contacts for staff to use in the event of an emergency.

Is the service effective?

Our findings

At our previous inspection in October 2015, we found four breaches of Regulation in this domain relating to people not being appropriately supported to maintain adequate hydration and nutrition, providing care and treatment appropriate to people's needs, obtaining lawful consent to care and treatment and ensuring staff were suitably trained and supported to carry out their duties.

At this inspection, we found that sufficient action had been taken in these areas and the provider was now meeting the required standards.

People told us that staff were good and supported them well. Everyone we spoke with praised the quality of the service. One person told us, "They [staff] involve me in all planning of my care." All of the relatives and professionals we spoke with told us the service maintained high levels of well trained staff, and that this was a contributory factor in how good the service was at ensuring people's needs were met. A visiting healthcare professional told us, "It's so much better than before, [registered manager] has come in, fresh eyes. She is so passionate about care and dementia care. Since October, there have been less safeguarding concerns, less wounds, less admissions to hospital. There are individuals living here with complex needs, the staff are noticing the early signs of urine infections, taking proper action in accessing health care such as GP. I visit once a week and have seen such a positive difference."

At the previous inspection we found that staff did not have training or knowledge related to meeting people's specific needs including dementia care and managing catheters.

At this inspection, we found that training and support for staff had been improved upon to ensure staff had the skills and knowledge to meet people's needs. New staff were required to complete the Care Certificate, a nationally recognised set of standards that health and social care workers adhere to in their daily work. This covered 15 standards of health and social care topics. Essential training had been completed by existing staff; in moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene, first aid, equality and diversity, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had completed qualifications in health and social care such as the National Vocational Qualification in Levels 2 and 3. There were opportunities for staff to take additional qualifications and for continual professional development. For example, staff had attended training on supporting catheter care to be able to meet the needs of people who had this need. The training offered to staff enabled them to gain the skills and knowledge to effectively meet people's needs.

In addition to the focus on mandatory training, the registered manager had introduced a number of systems to support staff to deliver their roles in line with best practice. For example, the service had become a member of the local dementia champions group. Similarly, staff had completed specialist dementia training. The additional specialist training offered to staff enabled them to gain more of an understanding of people living with dementia and how to effectively meet people's needs.

Staff were formally supervised, appraised and confirmed to us that they were happy with the supervision

and appraisal process. This ensured staff received regular support and guidance, and to discuss any personal and professional development needs. All staff felt well supported in their roles and said they were able to approach the registered manager with issues at any time. Supervisions were undertaken regularly in line with the provider's policy and more frequently if required such as when staff first commenced employment. Staff meetings were held regularly to ensure good communication of issues and learning between staff.

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

At the last inspection we found that one person may have experienced restrictions in their care and the previous registered manager had not followed the principles of the MCA to ensure this was the least restrictive option and in the person's best interest. At this inspection we found that this individual no longer received care at Woodbine Manor and the rights of other people living there had been protected. Appropriate DoLS applications had been made and staff acted in accordance with requirements of any DoLS authorisations. Where DoLS decisions had been approved, the necessary consideration and consultation had taken place which included the involvement of people's families and multi-disciplinary teams. The registered manager was in the process of reviewing past applications to ensure they were up to date and relevant.

Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. All staff were able to tell us their understanding of the MCA and DoLS and were able to apply the requirements of the legislation in practice by ensuring people's day-to-day care and support was appropriate and their views were considered.

At the last inspection, we found that staff had not ensured people had sufficient to eat and drink to maintain good nutrition and hydration. This was because there was a lack of choice in the food which did not reflect people's preferences, action had not been taken to address the risk of malnutrition or choking, staff demonstrated a lack of understanding in how to support people living with dementia to eat and drink and people waited for long periods to receive assistance with their meals.

At this inspection we found improvements had been made to ensure good nutrition and hydration. People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. People told us "There's always plenty to eat and drink" and "The food is good, I like everything they offer." Another person told us "Food is hot enough, there is enough choices and we get asked everyday what we would like."

We looked at people's care plans in relation to their dietary needs and they included detailed information about their dietary needs and the level of support they needed to ensure they received a balanced diet. People's weight was monitored where they were either assessed as at risk of not receiving adequate nutrition or at risk of becoming overweight due to their medical conditions. This was monitored and professional advice (such as Speech and Language Therapists or Dieticians) was obtained if required. Annual reviews with the local authority responsible for people's care funding demonstrated staff always sought advice and guidance when needed.

We observed that mealtimes were relaxed and social occasions. The management team emphasised their expectation that people enjoyed a positive dining experience. As a result, appropriate background music was playing in the dining area with people sat at individual dining tables. In addition to the written menu on display, people were given a visual choice of the meal options. People had a choice over what to drink with their meal. We noticed that one person, whose care records identified that they had a large appetite, was offered and received second servings. A person told us, "I was given the choice of bacon pudding or chicken curry for lunch today, I couldn't decide because I love both of them, so they offered me one for lunch and the other for tea. They [staff] bend over backwards. Nothing is too much trouble." A relative told us, "I visit daily and find there is enough food and drinks offered." Specialist dietary needs were known and acted on. People who required support to eat were assisted with dignity at their own pace.

In response to previous concerns, about people's access to adequate hydration and nutrition, the service had introduced a staff member to be a 'hydration champion'. This staff member was responsible for checking hydration and nutrition charts. The 'hydration champion' checked that the kitchen and medication areas were stocked with food and drinks appropriate to the people living in the service. We saw throughout the day that people helped themselves to drinks and snacks. The 'hydration champion' monitored people's food and fluid intake and was responsible for keeping records and feeding back to relevant professionals for advice. The admission and discharge nurse who visited told us this was a big improvement and felt assured that the risks of malnutrition had been reduced.

At the previous inspection, we identified concerns with staff seeking appropriate advice to effectively manage people's health conditions.

At this inspection, we found improvements had been made and people were supported to maintain good health. The registered manager said that they had worked hard to develop better links with health care professionals to ensure people kept healthy and well. For example, we found that staff now had a good working relationship with the local district nursing team, which had been effective in the management of pressure care. Care records documented that people attended regular health checks with their GPs, dentists, opticians and chiropodists.

Staff were proactive in seeking input from external professionals such as advocates. The use of advocates is a way to help people have a stronger voice and to have as much control as possible over their own lives. An advocate can speak on behalf of people who are unable to do so for themselves.

Each person had their own bedroom, which was individually personalised. Rooms we saw contained items of importance from people's lives. Where people did not have family or friends to help them to personalise their rooms, staff had helped them to make their rooms homely.

The provider had recently invested in improving the physical environment of the service. Such improvements had been led by a vision of a more 'dementia friendly' living space, which better reflected people's needs and preferences. These included furniture being purchased; in a contrasting colour to the carpeting, wardrobes and chests of drawers with easy to use openings and warm colour tones used on walls, which were easier to see. The service had matte surfaces and slip resistant flooring; avoiding patterns, speckles or sparkles that can be confusing. We saw that staff working in the service were supporting people to be involved in making decisions about colour schemes, furnishings and décor.

Is the service caring?

Our findings

At our previous inspection in October 2015, we identified two breaches of Regulation in this domain relating to people not always treated with dignity and respect and the provider not ensuring that care was carried out collaboratively with the relevant person.

At this inspection, we found that sufficient action had been taken and the provider was now meeting the required standards.

We observed that people had positive relationships with the staff that supported them. We noticed that staff spent time engaging with people in a meaningful way and not task-led. For example, before one person was supported to transfer from their wheelchair the two staff chatted with them. We overheard one staff member say to the person, "How is your day today?" and cuddle them before they were hoisted. In return, the person smiled happily and was very relaxed before being assisted. One person was sitting in a chair on their own in the lounge and had bare feet. A staff member attended to them; checked they were warm enough, checked if they would like their slippers on and brought them a cup of tea. The staff member then asked the person if they would like to listen to some music or watch the television. The staff member gave reassurance to the person that other people would be in the lounge soon after finishing breakfast in the dining room, the person appeared pleased with this and chose what music they wanted to listen to.

People consistently praised the caring attitude of staff. One person told us, "I do feel respected, very much so." A relative told us, "[Person] has been here for three years and I am happy with the care he receives. Staff here are so friendly and very supportive, they care about him. They involve me in meetings with his key worker and care plan reviews". Another relative told us, "Staff are attentive, staff used to forget to put [person] glasses or dentures on. This is absolutely fine now. All the staff are friendly. What amazes me is they all know who I am and who I am visiting. The atmosphere is now calm." Another relative told us, "I never heard any sharpness from staff, never heard staff be rude. The staff here are caring".

A visiting healthcare professional told us, "All advice is being followed up, the staff really care and they really do know the people."

Staff responded to people quickly and respected their wishes. We heard one person comment that they did not like the water with the fresh lemon being offered at lunchtime and was immediately offered alternatives. On another occasion, we saw a person become disoriented and upset. A member of staff comforted the person by reassuring them and rubbing the person's back. The person thanked the staff and held their hand. The staff member remained with the person until they were completely calm.

Staff had spent time getting to know people, their histories and their interests. Staff demonstrated an understanding that supporting people effectively was about providing care that was personal to them. For example, one person used to work in a busy office as an administrator. We saw that they would regularly make visits to the office and help file and sort out paperwork. The staff noticed that the person got a lot of comfort from being able to do this. Later in the day, we saw the same person become anxious and observed staff support the person to the office, the person immediately relaxed, was offered a cup of tea and sat with the registered manager.

People's privacy was respected. We observed that staff respected people's private space and they routinely knocked on people's bedroom doors and sought permission before entering. When people required personal support, some people had made the choice to use "Do not disturb" signs on their bedroom doors while personal care was in progress. We saw that personal care was provided discreetly and in a way that upheld people's dignity.

Is the service responsive?

Our findings

At our previous inspection in October 2015, we found two breaches of Regulation in this domain relating to people not always receiving support in a person centred way and ineffective and inaccessible systems for managing complaints.

At this inspection, we found that sufficient steps had been taken and the provider was now meeting the required standards.

At the last inspection we found that people's care plans included inaccurate or incomplete information and that staff failed to follow people's plans of care to ensure their needs were met. In addition there was a lack of person-centred activities to meet people's social and psychological needs.

At this inspection, we found that people's care was effectively planned and they received support in a way that was responsive to their changing needs. For example, staff had identified that one person had recently lost weight. As a result, the registered manager had appropriately referred the person to the dietician and speech and language therapy team. Each team leader was aware of the need to monitor the person's food and fluid intake and the catering manager had been informed of the need to fortify the person's drinks.

Without exception, staff demonstrated thorough knowledge of people's needs. Each person had a current assessment of their needs and their preferences were documented. However, we found care plans contained unclear and minimal information. The management team informed us that they were in the process of reviewing and updating all care plans. The registered manager told us this would provide a better overview of people's care needs. The registered manager explained that in February 2016 they had started the process of transferring the care plans over to a computerised system, which also enabled support staff to record daily care notes for people. The computerised system included areas such as, care plans, risk assessments, care notes, vital signs and contact details for health care professionals and relatives. The impact of this new system meant staff would be able to access people's care plans quicker and record on-going monitoring information in real time. This would ensure people's care records were more accurate and accessible.

As a result, of the new systems being implemented we found that people's care records were in varying stages of completion. It was evident that since our last inspection, there had been changes to the management team and there was a focus on getting to know people and ensuring they received the required care. The registered manager said their next goal was to ensure the care records reflected the care that was actually being given. The registered manager's target for completion was September 2016. Although many improvements had been made to ensuring person-centred care, further time and improvements were needed to implement and embed the new systems for recording people's care needs.

Health care reviews and records completed by health care professionals such as the GP or district nurse demonstrated staff were responsive to people's needs. Records indicated staff contacted them if there were any changes and sought appropriate advice and guidance. Records demonstrated professional advice was followed.

Staff were working hard to support people to access a range of meaningful activities. Activities were identified at previous inspections as an area that required improvement. People told us that whilst they enjoyed the fact that staff now had more time to spend with them either chatting, doing quizzes, jigsaws or in-house games, they were enjoying the opportunities that had been provided to engage in social activities away from the service. For example, people were supported to attend shows at the theatre.

During the inspection, we observed staff actively engaging with people with either 1-1 or small group activities. The management team said they had plans to expand the activities available and in particular were working on improving links with other local groups and clubs in order to bring the local community to Woodbine Manor.

At the last inspection we identified that complaints had not been dealt with or investigated in line with the provider's policies.

At this inspection we found that improvements had been made to ensure people's views and concerns were acted upon. People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued. Relatives told us that whilst they had not recently had cause to complain, they would feel confident to do so if needed. A 'welcome pack' had been introduced for each person that included details of how to raise concerns.

We looked at the last complaint, which was made to the registered manager in November 2015. The complaint had been addressed and resolved. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. It was evident from the comments that were made by relatives that they knew how to complain and felt confident that they would be listened to. There was a comprehensive complaints policy; this was available to everyone who received a service, relatives and visitors. The procedure was on display in the service for easy access. The registered manager was able to explain the procedure to ensure any complaints or concerns raised would be taken seriously and acted on to ensure people were listened to. Complaints records showed these were investigated thoroughly and promptly. No one we spoke to had any concerns at the time of our inspection. Relatives told us if they had raised any issues, no matter how minor the staff and registered manager had listened and that all issues had been addressed.

Is the service well-led?

Our findings

At our previous inspection in October 2015, we found that the service lacked effective monitoring of quality and safety of the service. We issued a Warning Notice for the provider to make immediate improvements in this area.

At this inspection, we found that sufficient steps had been taken and the requirements of the Warning Notice had been met.

Following our concerns raised at the last inspection about clear governance and leadership, the provider had instigated additional management oversight at Woodbine Manor. They supplied us with regular updates that highlighted their progress against an official action plan of required improvements. A new manager was appointed in October 2015 and became the registered manager in December 2015. A new management structure for the service was implemented which included the support of a deputy manager and a team leader allocated on each shift, to provide support, supervision and guidance to staff. It was evident that the new management structure had made real improvements to the leadership and culture of Woodbine Manor and there were further plans for positive changes at the service.

Since our last inspection, the service had experienced a period of considerable change. It was evident that the new registered manager had effected improvements to the leadership of the service. Although significant improvements had been made to address previous shortfalls raised in our last visit, Woodbine Manor is on an improvement journey and these improvements were yet to be embedded and sustained.

The feedback we received from people, relatives and staff reflected that the new management team had been effective in taking forward the level of change required in the service and in particular securing a more open and positive culture.

Staff praised the registered manager and deputy manager and said they felt motivated and empowered by them. Staff members told us, "The culture is really changing. We want to do our best for the residents", "The new manager has done a lot for the home, it is nice to have her office door open, I feel really well supported", "The home is now very open and supportive", and "The registered manager is fantastic, efficient and very caring. I am responsible to give the best care I can to residents and staff."

A relative told us that they had confidence in the new management of the service and believed that the service was now going in the right direction. Another relative told us, "We have monthly meetings now which are nice. The registered manager has made a difference." Another relative told us "The registered manager has initiated incredible changes. Communication is better between management and staff, this has dramatically improved. We are invited to monthly meetings which is helpful in sharing our views".

Visiting professionals gave their feedback to us and a healthcare professional told us "This service is very well led. The registered manager involves us appropriately in meeting people's needs. The registered manager has shown real dedication in ensuring this service is turned around. There are no areas of care, we have been concerned about since the last inspection. When the registered manager has needed advice or

guidance she has involved us".

Another healthcare professional told us "I find staff very helpful; if I set a plan this is followed well, the registered manager is very good".

A further healthcare professional said, "The home has just moved on, staff are professional and the registered manager is very proactive. The communication has improved and we have seen no concerns since the last inspection; I visit once to twice monthly. My colleagues visit weekly and all feedback has been very positive".

The positive team spirit amongst staff was evident and staff were now working positively as a team. Staff told us that they now looked forward to coming to work and it was clear that staff enthusiasm had improved the morale of people who lived at Woodbine Manor. One staff member told us, "They have an open door and they listen to us." It was clear that the registered manager had a positive impact on the leadership of staff.

People were benefiting from a more open culture. Reflective practice was being used to encourage staff to think about their own conduct and constructively challenge their colleagues. The registered manager and deputy manager had allocated lead 'champion' roles in dignity and dementia, continence, health and safety, medication, infection control, diet and nutrition and hydration. The champions audited their allocated areas and fed back any shortfalls to the staff at team meetings. Minutes reflected healthy discussions between staff and champions in reflecting on practice and improving practice. For example, where gaps had been identified in records staff champions supported other staff to make improvements. Staff reported that they had felt empowered and supported by this process and in turn had learned a lot about how to improve the way they cared for people.

Communication of information across the service had improved. The registered manager and deputy manager attended meetings together to ensure the effective handover of information and delegation of tasks. We saw that this had improved quality of care for people. For example, where people had been identified as losing weight, this had been effectively communicated to catering staff who then took steps to boost their nutritional intake. Staff told us that team leaders now had better oversight of each shift and that work was allocated to care staff, which helped ensure that things were not missed.

The management team had introduced better systems to monitor the quality of the services provided. In addition to provider level monitoring of the service against a specific action plan, the registered manager conducted monthly audits checking care plans, monitoring records, medication records and analysing all the audits the deputy manager and champions conducted. We found that actions from these audits had led to the purchasing of new moving and handling equipment, adapting the service to ensure it was more dementia friendly with additional signage and advanced training for staff. The registered manager had enrolled the service on a hydration project, which looks at the effects of increasing fluid intake for participating individuals and how much this reduces urine infections and falls within the service. This is a six-week study with the local community team.

People told us that they felt better engaged and that their views were now being listened to. In the past people had not always seen changes made as a result of their feedback. The management team had responded to this by chairing monthly meetings for people and their relatives to attend. Minutes of the meetings sampled stated "You said, we did". We saw that people had recently requested a sensory garden for a more quiet area to relax in and people, their relatives and the registered manager were in the planning phases of this project. People and their relatives were asked for ideas on what entertainment could be arranged. The minutes sampled demonstrated an exchange of ideas. After reaching a joint decision the registered manager booked "Let's go to the movies" theatre show which was recently well attended.

Satisfaction surveys were being used as a way of canvassing the views of people, visitors and professionals. All results from these surveys were positive. Relatives had written, "Very happy with the care and staff attitudes", another relative wrote "[person] care and consideration has always been of the very highest standard. The help the team has given me has been amazing and we are very grateful". Another relative wrote, "A big thank you to every member of staff for all the care, support and kindness you all give"; another relative added, "I think the main issue is that the quality has improved since the change of management. Communication has improved, staff seem to be caring and considerate, taken a turn for the better, this is appreciated".

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any steps could be taken to eliminate the risk.