

Lancashire County Council

# Woodhill House Home for Older People

## Inspection report

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08 June 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection visit took place on 07 and 08 June 2018. The first day of the inspection was unannounced. This meant people living at Woodhill House Home for Older People, their relatives, the registered manager and staff working there didn't know we were visiting.

Woodhill House Home for Older People is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Woodhill House Home for Older People provides accommodation and residential care for up to 46 people. It is a two-story building located in a quiet residential area of Morecambe. At the time of our inspection visit there were 43 people who lived at the home. People who live at Woodhill House Home for Older People are older people who may be living with dementia. It is a local authority residential home and is currently divided into four areas or suites. One of the suites is residential, providing care for people who have no mental health needs. The other three suites support people that require personal care and mental health support.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in February 2016 the service was rated as good. At this inspection visit carried out in June 2018, we found the registered provider did not consistently ensure all staff working unsupervised at the home had received training on safeguarding people who may be vulnerable from abuse. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe care and treatment.

Care plans and information compiled to share with health professionals did not always contain clear, up to date and accurate information on people's medical, emotional and physical needs and choices.

Although auditing systems were in place, systems and processes were not consistently implemented to ensure compliance with the Regulations. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good governance.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. Records we viewed did not consistently have a full employment history included. We have made a recommendation about this.

We looked at a sample of records related to the administration and storage of medicines and observed a

staff member administering medicines. Stock totals on site did not consistently match documented totals. It was difficult to assess how much medicine one person had received when they self-administered it with an inhaler. We have made a recommendation about this.

Relatives told us staff treated their family members as individuals and delivered personalised care that was centred on them as an individual. We saw evidence that people were supported to access healthcare professionals when required.

Staff delivered end of life care that promoted people's preferred priorities of care.

The registered provider had dementia friendly signage around the home to ensure people were living in an environment that promoted their safety, independence and positive wellbeing.

We saw staff were responsive to each person's changing needs. They worked together to ensure people who became agitated were offered support to meet their needs and soothe their agitation.

We saw evidence that indicated people had the opportunity to participate in regular activities to promote their physical and emotional wellbeing.

There were systems to record safeguarding concerns, accidents and incidents and corrective action took place as required. The service carefully monitored and analysed such events to learn from them and improve the service.

We found there were sufficient numbers of staff during our inspection visit and effectively deployed throughout the home.

Staff we spoke with confirmed they did not start in post until the management team completed relevant checks.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required, such as hand gels.

We observed lunch time and noted people had their meal at a table, where they sat or in their bedroom. We noted people took the option of having additional portions of the food.

We observed only positive interactions between staff and people who lived at Woodhill House for Older People. We saw staff took time and chatted with people as they performed moving and handling procedures in communal areas.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints.

The management team used a variety of methods to engage with people their relatives and staff. People told us the management team were approachable and the registered manager took regular walks around the home to assess the environment.

You can see what action we have taken at the back of the full 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 consistently safe.

The registered provider had not consistently followed processes and practices to ensure staff had been trained to safeguard people who may be vulnerable. They had not actively worked with others to make sure that care and treatment remained safe for people.

The registered provider had not consistently followed procedures for the safe management of medicines.

Recruitment documentation did not always include a full employment history.

Accidents and incidents were monitored and managed appropriately, with an emphasis on learning when things went wrong.

Staffing levels and staff deployment was structured and appropriate. Staff were observed using protective equipment to combat the spread of infection.

**Requires Improvement** 

### Is the service effective?

The service was effective.

People were supported to eat and drink sufficient to meet their needs and preferences.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

There was evidence of staff supervisions and ongoing support. Staff received training to meet people's needs.

People had access to healthcare professionals when required.

**Good** 

### Is the service caring?

The service was Caring.

**Good** 

People and relatives told us staff were caring and their dignity and privacy was respected.

Observations during our inspection visit showed people were treated with kindness, respect and compassion.

Staff knew the individual likes and dislikes of people who received support and the care given reflected these.

### **Is the service responsive?**

The service was responsive.

Care plans did not consistently reflect people's current needs.

The registered provider ensured people were supported to engage in activities they enjoyed and valued.

The registered provider held information on people's preferences on how they would be supported with their end of life care. Staff could share strategies on how to provide people with a comfortable dignified death.

There was a complaints policy in place, which enabled people to raise issues of concern.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well –led

Quality assurance systems were not always effective in identifying areas of concern.

The registered provider had developed positive working relationships with the staff. They fostered an open and transparent way of working to develop a positive working culture at the home.

Staff could explain their roles and responsibilities and told us they were able to approach management if they needed advice or clarity.

The registered provider sought feedback from people to improve the service provided.

**Requires Improvement** ●

# Woodhill House Home for Older People

## **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 comprehensive inspection took place on 07 and 08 June 2018. The first day of the inspection was unannounced. The inspection was carried out by two adult social care inspectors and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included speaking with the commissioning groups responsible for commissioning care and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services.

We reviewed information held upon our database about the service and reviewed the service's current registration status. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Throughout the inspection process we gathered information to help us understand the experiences of

people who lived in the home. We spoke with six people who lived at the home and five relatives of people who lived at the home to seek their views on how their service was managed. We spoke with the registered manager, deputy manager and senior operations manager. We spoke with five members of staff responsible for providing direct care, one chef, the business support officer and two health professionals who were visiting the home at the time of the inspection visit. We spoke with three members of management from cleaning services and the catering manager. We activated the call bell twice during our visit to assess staff availability and response times.

As part of the inspection process 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 spent time sitting in communal areas watching day to day activities, communication, relationships and care practices taking place. We did this to assess the quality of interactions that took place between people living in the home and the staff who supported them.

To gather further information, we looked at a variety of records. This included care plan files related to six people who lived at the home. We observed the administration of medicines and looked at administration and recording forms related to the administration of medicines and topical creams. We viewed a training matrix and the recruitment records of four staff. We also looked at other information which was related to the service. This included health and safety certification, training records, team meeting minutes, policies and procedures, accidents and incidents records and maintenance procedures.

We used all the information gathered to help us plan our inspection visit and inform our judgements about the fundamental standards of quality and safety at Woodhill House Home for Older People.

# Is the service safe?

## Our findings

All the people we spoke with who lived at the home told us they felt safe in the care of staff who supported them. One person told us, "I do feel safe." A second person told us, "Yes I do feel safe." A relative said, "[Family member] is very safe." A second relative commented, "This is the ideal place for [family member]."

We asked what practices were in place to keep people safe and ensure staff knew what abuse and poor practice was. We did this to ensure people were protected from abuse and harassment. Procedures were in place to minimise the potential risk of abuse or unsafe care. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe. Staff were given work books to complete on safeguarding as part of their probation. They then completed additional safeguarding training.

However, we spoke with three staff who had finished their probation, who worked unsupervised and had not completed and submitted their work books to be reviewed. Their level of knowledge on the subject had not been formally assessed in line with policy. We spoke with the registered manager about this and they had recently gathered information on the whole staff team regarding who needed to submit work books for review. They also looked at who needed refresher training on the subject. We noted there was no timescale identified on when the work book was given to staff members and when it was due back. This made it difficult to track when they were overdue. The registered provider told us they would amend the procedure to make it more robust.

Woodhill House for Older People is a Lancashire County Council (LCC) home and all domestic and laundry staff who work at the home are employed and managed by a different LCC department. We spoke with the management team regarding their staff who worked unsupervised daily at the home. We found domestic and laundry staff did not receive formal training on safeguarding people who may be vulnerable from abuse. We spoke with the registered provider about their oversight of domestic staff who entered the home daily. They were unaware domestic and laundry staff did not receive training. This placed people at risk as LCC domestic staff were not given instruction on their responsibilities in relation to safeguarding policies and procedures. The registered provider of Woodhill Home for Older People took swift action to ensure all LCC staff who worked onsite regularly were trained appropriately.

The above matters show the registered provider was not meeting legal requirements related to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). The registered provider had not done all that was reasonably practicable to mitigate any risks. They had not actively worked with others to make sure that care and treatment remained safe for people using services.

We shadowed a member of staff as they administered medicines. We noted they gave people time to understand what was being asked. They spent time with the person until they were sure the medicines had been taken and signed after each administration. About medicine administration, one person told us, "I get it as and when I need it."

However, we observed one person received medicines via an inhaler. We noted a noticeable amount of vapour exit the top of the inhaler when the person self-administered the medicines. This indicated the person had not received their full dose of prescribed medicine. We spoke to the staff member who told us they had previously looked at alternative ways to administer the medicine.

We checked the controlled drugs records and saw correct procedures had been followed previously. The controlled drugs book had no missed signatures and the drug totals were correct. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance.

We looked at a sample of medicines and administration records. We checked the totals of 'as and when' medicines and noted the totals held on site did not match the totals documented in the medicine administration records. We shared this with the staff member who told us they would investigate the error.

We recommend the registered provider review how best to administer and document medicine in line with good practice guidance on medicine administration and person-centred care.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. Records we looked at showed employment checks had been carried out before staff commenced work. We spoke with four care staff about their recruitment to their roles. Both confirmed they had interviews and Disclosure and Barring Service (DBS) checks had been sought before they could begin their employment. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance. However, we noted not all information was consistently in place related to people's employment history. We spoke with the registered manager about this who told us they had discussed this at interview but not always documented people's response's. They stated they would review staff records to ensure they complied with Schedule Three of the Health and Social Care Act.

We recommend the registered manager follow good practice guidance in relation to recruitment.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, behaviour management and risks around lifestyle choices such as smoking. We saw positive care meetings had taken place when people's needs had changed. This looked at what was working and not working in risk management and what changes were required to manage risk. This showed the registered manager had systems to assess and manage risk so people were supported to stay safe.

We saw personal evacuation plans (PEEPS) for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We walked around the home to check it was a safe environment for people to live in. We found the home well maintained. We noted there were restrictors on windows throughout the home. Restrictors help prevent falls from height and minimise the risk of harm.

We looked at infection prevention and control processes within the home. We found the home was clean and tidy. One person told us, "I like my room, it is a big room and it is cleaned every day." We observed staff wore protective clothing such as gloves and aprons to minimise the risk of the spreading infection. We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were

monitored to ensure people were not at risk from scalds.

We visited the kitchen and saw there was a cleaning rota in place for scheduled tasks. The service had been awarded a Five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service 'hygiene standards are very good'.

We looked at staffing levels within the home. We did this to ensure there were suitable numbers of staff deployed to support people safely. We saw the staff rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. There was a daily plan guiding staff which part of the home they would be working in that day. Staff were visible in communal areas providing supervision and support for people who lived at Woodhill Home for Older People. People said staff had the time to support them. One person commented, "There is quite a lot of staff, there is always someone around." We saw staff members responded quickly when people requested support. One person told us, "They are here pretty quick." We pressed the call bells twice during our inspection and noted staff responded quickly both times. This showed the registered provider had systems to ensure suitable numbers of staff are deployed effectively.

We saw a fire risk assessment was in place and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required. We carried out a visual inspection of the home and identified no concerns in relation to safety of the premises. All evacuation routes were clear and free from storage. Fire doors were closed or open using closers. Fire door closers will hold open a fire door when required to ease access, such as poor mobility and support people's personal preferences They automatically close the door in the event of a fire. This showed the registered provider was following The Regulatory Reform (Fire Safety) Order 2005. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety.

We looked at how accidents and incidents were managed by the service. We noted family had been involved in care planning around falls and discussions had taken place around positive risk taking to meet people's preferences and maintain their quality of life. We saw when accidents had occurred, we noted the registered provider completed an incident reporting form and where necessary followed a post falls protocol. When people had several accidents, we noted specialist advice was sought to seek expert guidance to reduce the risk of the accidents reoccurring. We saw analysis of incidents had taken place looking at the time and place incidents occurred to see if there was a pattern.

When accidents and incidents had occurred, we noted the registered provider took immediate action to resolve the situation. We observed this on day one of our inspection when a safeguarding concern was identified. Related to other incidents, we saw action plans showing timescales to act within and shared learning taking place with management team meetings. This showed the registered manager had systems to review incidents and make improvements when appropriate within a structured framework.

## Is the service effective?

### Our findings

Each person had a pre-admission assessment, to identify their needs and establish that Woodhill House Home for Older People could meet their needs. All the people and their families we spoke with told us staff had the skills to meet their needs. One person told us, "They always look after me." One relative commented, "[Family member] has come on leaps and bounds since she has been here."

All staff we spoke with who were employed by Woodhill House Home for Older People told us they had received an induction before they started delivering care. They also stated the ongoing training was provided throughout their employment. We saw the registered provider had a structured framework for staff training. However, we looked at the training matrix and this did not reflect the training staff had completed. The registered manager told us they would review the matrix to ensure it provided accurate information to guide staff development.

We asked staff if they were supported and guided by the registered manager and management team to keep their knowledge and professional practice updated, in line with best practice. For example, we saw evidence the registered provider was researching current legislation, standards and evidence based guidance to achieve effective outcomes.

Staff we spoke with and who were employed by Woodhill House Home for Older People told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. About the registered manager one staff member told us, "They are approachable and when we need them, they fill in."

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 make 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).

From records viewed we saw that consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. Relatives we spoke with told us they had been involved in planning the family member's care and received regular updates. Observations during our inspection showed staff sought people's consent and offered choices before completing tasks. The registered manager told us they emphasised to staff that people should have choice in all aspects of their life.

We asked about the meals at Woodhill Home for Older People and reviewed people's lunchtime experience on two of the four areas within the home. The dining area was clean and spacious. The tables were neatly laid out with clean tablecloths and placemats. We observed several people help set the tables prior to lunch. The menu for the day was on display on notice boards in the dining area of every area.

People could choose where to eat, either in their rooms or the dining area. The atmosphere was relaxed with good humoured banter between the staff and people and nobody was rushed. The staff were very encouraging and polite.

Staff responsible for preparing meals had information about people's dietary requirements and preferences. For example, they were aware of people's preferences and requirements in order that they could eat and drink safely. One person told us, "The meals are good. All the things they do are very nice." A second person told us about the food, "I like the food here, most of it. There is plenty of choice, which is quite helpful and they will always make an alternative if you did not like anything." We were also told, "There is plenty of choice; I have to be careful as I am diabetic but they do look after me."

We observed snacks and drinks were offered to people in between meals, including hot drinks, cold drinks, cakes and biscuits. The chef told us, "The kitchen is staffed 56 hours a week, but is open 24 hours a day, seven days a week." They went on to tell us meal times were important to people as it was a focal point of their day. We watched the chef chat with people after meal times gaining feedback on the food. We observed one person eat their ginger sponge and custard and request seconds, which they enjoyed.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded when their physical or mental health had deteriorated. One person told us, "I think they do notice when I am down and they did have to call a doctor when my leg swelled up." A relative shared with us, "The staff had to call a doctor who wanted my [relative] to go into hospital but she preferred to be looked after here rather than go anywhere else." They went on to say, "The staff have been tremendous in how they have brought my [relative] back from what was a potentially serious illness".

The health records were informative and had documented the reason for the visit and what the outcome had been. One visiting health professional told us the registered manager and staff team were quick to seek expert advice and co-operative when they visited. This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

We had a look around Woodhill House for Older People to see if the design and décor of the building was suitable for people living there. There were numerous areas for people to relax which meant they could sit in quieter areas should they wish. The corridors were decorated with old photographs and items that may interest people as they walked around. For example, we came across one person playing the piano that was in the corridor. A staff member was sat with them requesting additional tunes. They told us, "It's very good, I enjoy it." We also noted an old-fashioned silver cross pram parked in the corridor. People could choose to sit outside in the secure gardens if they wished. Rooms were individualised with photographs and personal items. One person told us, "It could not be better! I have everything I need and it is cleaned regularly."

Call bells were near to hand when people were in their rooms which promoted independence and managed risk for people living with dementia. We saw dementia friendly signage on bathroom and toilet doors and bedrooms had people's names on them and reminiscence boxes by the side of the door. These were clear fronted boxes that held personal information about the person whose bedroom it was, so they may be able

to recognise their own room. The registered provider shared plans to expand the home to make it lighter and more spacious and introduce a sensory garden. This showed the registered provider was seeking to deliver a positive environment for people to enjoy.

## Is the service caring?

### Our findings

Everyone we spoke with said the staff were kind and caring. One person told us about the staff, "They are very good, they are lovely people." A second person commented, "They are very kind and they are also kind to people when they are upset or awkward." A relative said about the staff, "I can talk to them about anything, they always make time for you."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. We noted staff spoke with people in a respectful way, giving people time to understand and reply. When people became confused or distressed we saw staff took time to explain the situation or used humour to maintain a positive relationship with people. In all the conversations observed we noted supportive interactions took place so people felt valued, supported and respected. This included communicating with the person in a positive manner so they maintained good self-esteem and independence

We observed staff made good use of touch, eye contact when they spoke with people and we saw this helped them to relax. For example, one person was tearful, wanting to go for a walk. We observed staff respond quickly, talk to the person compassionately, giving the person time to share their feeling and then soothe and resolve the problem. This demonstrated people were comfortable in the presence of staff and staff were knowledgeable on how to support people in a dignified and appropriate manner.

Care plans seen contained information about people's needs as well as their wishes and preferences. We saw care plans included a one-page profile on people. These included a 'What is important to me' section which promoted people's individuality, such as guiding staff on people's preferred names favourite foods and routines. For example, one person wanted to remain independent. The registered manager could tell us about one person who used to be a farmer so getting up very early was their normal routine. There was a 'what people like and admire about me' section. We read one person was a very loving person and liked a cuddle. By documenting people's life histories, the registered provider had created opportunities for people to reminisce and allowed staff to see the individual as a person with unique life experiences.

Care plans were signed by people or their representatives. People told us staff offered them choices around their personal care. Observations confirmed staff offered choices to people when discussing person care, meals and daily activities. Staff used plain English and gave people time to respond to allow people to understand the conversation. We read information that indicated the registered manager had consulted with people and acted on their feedback. This showed people were supported appropriately, were valued and actively involved in making decisions that affected them.

We discussed advocacy services with the registered provider. They confirmed should further advocacy support be required they would support people to access this. We saw details of advocacy services advertised in communal areas of the home. This ensured people's interests would be represented and they

could access appropriate services outside of the service to act on their behalf if needed.

## Is the service responsive?

### Our findings

Everyone we spoke with said staff at Woodhill House Home for Older People promoted people to be as independent as possible. One person told us, "I can wash myself and do a lot of things, it is just a normal home. This is my home." A second person told us, "I try to do as much as I can for myself." One relative commented, "They [staff] definitely don't take over." A second relative told us, "They do try to get people motivated."

People we spoke with told us they received a personalised care service which was responsive to their care needs. We asked people and their relatives if they had been involved in creating their care plan to guide staff on the support required. We received mixed feedback. One person told us, "I don't know about a care plan but I am happy with my care in here." A second person said, "I have not seen what they have written about me but I trust them." However, three relatives we spoke with told us they had been involved in care planning.

We looked at one person's care plan that highlighted behavioural issues around personal care. The care plan did not explain how to support the person in a person-centred way to achieve a positive outcome for the person. One care plan stated the person liked to talk about their family. It did not explain this was only when they initiated the conversation as significant family members were deceased. We noted people who had ongoing health conditions did not have comprehensive information in their care plans to guide staff on signs and symptoms to look for and actions to take.

We looked at hospital passports related to people living at Woodhill House Home for Older People. The aim of a hospital passport is to provide hospital staff with important information about people and their health when they are admitted to hospital. We found one passport was difficult to read, another had one significant section empty and a third failed to identify the person had an ongoing health condition. The hospital passports did not have an agreed review date.

The above matters show the registered provider was not meeting legal requirements related to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). The registered provider had not maintained accurate and complete care and treatment records on each person.

However, we saw evidence that people were receiving care and support that was personalised to their care needs. One person's care plan stated they liked to help in the dining room. We observed them setting the table. We watched one person emptying the dishwasher. One staff member told us the person oversaw the dishwasher and they got "Told off." If they filled it wrong. They went on to explain the task was an important part of the person's day. This showed staff were responsive in promoting people's self-esteem by acknowledging respecting and valuing their choice of activities.

We looked at activities at the Woodhill House Home for Older People to ensure people were offered appropriate stimulation throughout the day. There was also a list of activities for the month on the notice boards in each area of the home. On the first day of the inspection there was an exercise session, in the

morning, where they threw a ball to each other and a guitarist was due to entertain them in the afternoon. One person told us, "I do join in. This morning we were knocking a ball about for exercise." They added "They don't make me do anything I don't want to do." We noted the hairdresser visited and there was a designated hairdressing salon with the recreation room. On the second day we noted an ice cream van visited and people enjoyed going and getting their ice cream. The ice cream van visited weekly. We spoke with the person in charge of activities they told us they kept a record of who participated in activities, who refused and who liked one to one support and who liked to be part of a group. This allowed them to tailor activities to people's preferences. We spoke with a member of staff who was taking part in a cultural awareness activity. It was planned they show traditional clothing and music from their country of origin and cook foods for people to try that reflected their heritage. This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff were aware of the communication needs of the people they supported. The registered manager told us they supported people to remain healthy and if someone started to become confused medical guidance was sought. We saw a visual pain chart that allowed people to indicate where on the drawing they had pain. We noted people were supported to receive support related to hearing loss and visual impairment. One person told us someone visited to read to them as they were visually impaired.

Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so without fear of reprisals and believed their concerns would be acted upon. For example, one person stated, "I think I would complain if something was annoying me." A second person said "I think so but I have never had to make a complaint." We asked people if they did have any complaints/concerns did they know the names of the senior staff to whom they could approach. One person told us, "I do know who they are." A second person commented, "Yes, the manager helps me a lot." A relative said, "Yes, I know the manager."

The registered provider had a complaints procedure which was on display in the home. The information was clear in explaining how a complaint should be made and reassured people these would be responded to within a set timescale. We saw evidence when complaints had been received they were investigated and actions taken. For example, after one complaint, additional training was implemented to minimise the risk of similar concerns being raised. This showed the registered provider had a system to acknowledge and respond to any issues raised.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them.

The registered manager told us they had recently been involved in an end of life awareness week. They explained they promoted that people and where appropriate make decisions on their preferred priorities related to end of life care and resuscitation. The stated they used personal examples to promote people received dignified support. They told us, "People are frightened to talk but want to. We have spoken with everyone to get their views and opinions." This showed the registered provider recognised the importance of providing positive end of life support.

## Is the service well-led?

### Our findings

We asked people and their relatives if they were happy with the way Woodhill House for Older People was managed. One person told us, "[Registered manager] is always about and she is always there if you want to talk." A member of staff commented, "There is structure in the management team and they are all approachable." A second staff member said, "I can't fault management, this is a good place. I think [registered manager] is a good manager."

Through the inspection process we noted the registered provider was not meeting all the fundamental standards within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not consistently done all that was reasonably practicable to lessen risk. They had not maintained accurate and complete records related to care and treatment and staff recruitment. Audits did not highlight notifications had not been submitted as required.

The above matters show the registered provider was not meeting legal requirements related to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). The registered provider did not consistently assess, monitor and mitigate the risks relating to the health safety and welfare of people who may be at risk.

We found the management team had clear lines of responsibility and accountability. The registered manager worked closely with senior management and deputy manager in the running of the home. Discussion with the manager and staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service.

We saw evidence the registered provider engaged with people their relatives and staff. We read 'You said, we did' documentation that had captured people's views and the management responses. Actions included reviewing the environment and sharing plans to improve the recreation room. We saw the manager arranged staff meetings to share information and gather staff views. One staff member told us, "You get the opportunity to say your bit with no repercussions." The registered manager attended management team meetings with the senior operations manager and other registered managers to learn and share experiences. This helped ensure areas of improvement were identified and successes celebrated.

The service had procedures to monitor the quality of the service provided. Regular audits had been completed. These included reviewing unannounced senior management visits, infection control, the environment and staffing levels. Records showed and discussions with the registered manager and senior operations manager confirmed, where areas for improvement were identified, these were analysed and addressed accordingly.

We noted care staff participated in auditing people's experiences of receiving care and support. Care staff from another home visited Woodhill House and spent time observing day to day tasks and activities and deliver feedback. We saw feedback that highlighted positive care and support had taken place. We spoke with a member of staff who had been part of an internal audit at another home. They told us, "You watch

residents, you watch staff and you watch how they are interacting. Then you share your views, it's good." They went on to say it made them reflect on their practice.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included G. P's community health professionals and behaviour management specialists. They sought best practice guidance and support from outside agencies around providing activities to meet people's needs. We also noted the registered manager had developed positive relationships with local contractors which had resulted in the development of a wildlife garden with a safe pathway for people to use independently.

The provider and registered manager had clear visions around activities and plans for improvement moving forward. There were ongoing plans to expand the size of the building to enhance people's environment. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

The home had on display in the reception area of the home and on their website their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

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>The registered provider had not done all that was reasonably practicable to mitigate any risks. They had not actively worked with others to make sure that care and treatment remained safe for people using services.</p> <p>12 (1)(2)(b)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not maintained accurate and complete care and treatment records on each person.</p> <p>The registered provider had failed to ensure systems and processes were fully established to ensure compliance with the Regulations.</p> <p>17 (1)(2)(c)</p>