# Woodland Healthcare Limited

# Mr 'C's

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

Mr C's is a nursing home in the centre of Torquay. It is registered to provide accommodation and personal care for up to 40 people, who may be older or have nursing needs. On the first day of inspection there were 23 people living at the service and on the second day there were 22 people living there. The provider has made a decision not to admit people who are living with high dementia care needs. The statement of purpose for the service indicates that while people living with dementia can be accommodated they will only be admitted where their physical needs are predominant. There is a registered nurse on duty at the service each day from 8am to 8pm. From 8pm to 8am one registered nurse covers three services in the area which are also owned by the provider.

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

The service was last inspected in November 2016 when it was rated overall as Inadequate. This was because we found improvements were needed in all the key questions. Improvements were needed to the way the quality of the service provided was monitored, the maintenance of the environment, staffing levels, risk assessments and staff recruitment. Improvements were also needed to ensure people received person-centred care and were treated with dignity. As the service was rated as Inadequate at the inspection in November 2016 it was placed in 'Special Measures'. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection in August 2017 the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. The overall rating for the service is now 'Requires improvement'.

However, the quality assurance systems had failed to identify the issues in relation to the recording of some care provided, the disruptive noise of the call bell panel and the temperature some medicines were stored at.

There were details of some activities available to people on the noticeboard in the hallway. These included crafts, bingo and outside entertainment. Pet therapy also visited the service with animals for people to hold and people told us they enjoyed these visits. An activities organiser was employed by the service, but were on leave during the inspection. The registered manager told us care staff provided activities while the activities organiser was away. There were some activities detailed on people's daily notes and these included spending time with people in their rooms.

People's care plans contained details of how their personal care needs were to be met and were reviewed regularly. However, they did not always record the safe care and treatment given. People's medicines were managed safely. However, the provider could not be assured some medicines were stored at a safe

temperature.

People's needs were met in a safe and timely way, because there were enough staff on duty to ensure this. Since the inspection in November 2016 an extra staff member had been employed to cover the periods of breakfast and supper. This enabled care staff more time to meet people's needs during these busy times. Previous issues with call bells not being answered quickly had been addressed and there had been no further issues raised with the registered manager or CQC. There was a daily check of the call bells to ensure they were working correctly. However, we heard the noise from the main call bell panel was intrusive and loud and interrupted conversation at meal times.

People lived in a comfortable environment that was suitable for their needs. Since the inspection in November 2016 the provider had made a decision not to admit anyone with dementia as their primary diagnosis. This meant improvements necessary to make the environment suitable for people living with dementia were no longer needed. Issues with not all rooms having hot water had been rectified. Daily checks were made to ensure this remained the case.

People were supported to receive a healthy balanced diet and plenty of fluids. People were complimentary about the food provided and told us "There's plenty of food" and "It's always tasty and hot." People had good support from medical and other healthcare services. We spoke with two visiting healthcare professionals who both told us they were happy with the care people received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Throughout the inspection we heard staff offering people choices. We heard one staff member ask a person "What would you like to wear today?" People were also asked what they wanted to do and what they wanted to eat or drink. Staff told us that if people could not tell them what they wanted to eat, they would show them the food so the person could indicate their preference.

People received care from staff who were trained and knowledgeable in how to support them. Staff had received training in a range of subjects including medicine administration, first aid and moving and transferring to help meet people's needs. They had also received training in caring for people with specific health care needs. There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed they received regular supervision and yearly appraisals. There were robust recruitment procedures in place to ensure staff who may be unsuitable to work with people needing help with their care were not employed. People were protected from the risk of abuse. Staff had received training in how to recognise and report any suspicions that abuse was occurring.

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. One person told us "They are all lovely. Of course I have my favourites, but all are nice really." Another told us "It's fantastic here." One visitor told us the staff were "All kind, all good, very hard working." Another told us "Everybody is very friendly, they all seem to care for him [relative]." Staff treated people with dignity, respect and kindness. When addressing people staff used people's preferred names and appropriate language. When staff discussed people's care needs with us they did so in a respectful and compassionate way. People and their relatives were supported to be involved in planning and reviewing their care.

People and their visitors told us staff were responsive to people's needs. Comments included "People are always coming in to see how I am," One relative told us they and the service took care to ensure their relative was well dressed and groomed as this had been something that had been very important to them before

they became ill.

People living at the service knew the registered manager well and we saw positive interactions between them. Staff told us they were well supported by the registered manager and spoke highly of them. One staff member told us "I love working here, training and support has been very good." Another told us they liked working at the service because it was "A rewarding job – when you leave you feel you have done something worthwhile." Staff felt the philosophy of the service was to ensure "All care was given to everyone".

We have made recommendations in relation to the recording of some care given, the temperature some medicines are stored at and the call bell panel.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

Aspects of the service were not safe.

People received safe care and treatment, but this was not always recorded on their care plans.

People's medicines were managed safely. However improvements were needed to the way they were stored.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

People's needs were met by ensuring there were sufficient staff on duty.

The environment and equipment were regularly checked to ensure they remained safe and were working correctly.

### Is the service effective?

**Good**

The service was effective.

People received care from staff that were trained and knowledgeable in how to support them.

People were supported to maintain a healthy balanced diet.

People were supported to maintain good health.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

**Good**

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care

was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

## Is the service responsive?

Good

The service was responsive.

People's care plans contained details of how their personal care needs were to be met and were reviewed regularly.

Staff ensured people received personal care and support that was responsive to their needs.

People and visitors felt comfortable to raise concerns. The service took concerns seriously and listened to people.

## Is the service well-led?

Requires Improvement

Aspects of the service were not well led.

Improvements were needed to ensure the service's quality assurance systems were robust.

The registered manager was open and approachable. Staff felt well supported.

Records were well maintained.

# Mr 'C's

**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 checked 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.

This inspection took place on 3 and 7 August 2017. The first day was unannounced.

The inspection team included two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert-by-experience had experience of caring for an older person living with dementia.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information received from the registered provider such as notifications (about events and incidents in the service). We also received information from the local authority's Quality Assurance and Improvement Team (QAIT) who had been working with the provider.

Not everyone living at Mr C's was able to tell us about their experiences. Therefore we spent time on each of the inspection days observing the interaction between staff and people using the principles of the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We met with all the people using the service and spoke with 14 people privately. We spoke with five care staff, five ancillary staff and the registered manager. We also spoke with four visitors and two visiting health care professionals.

During the inspection we looked at a number of records including seven people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration, complaints and staffing rotas.

Requires Improvement

# Is the service safe?

## Our findings

At the last inspection in November 2016 this key question was rated as Inadequate. This was because improvements were needed to risks assessments, maintenance of the premises and equipment, recruitment and staffing levels. At this inspection in August 2017 we found improvements had been made.

At this inspection we found that risks to people's health and wellbeing were being managed and people were receiving safe care and treatment. However, recordings relating to people's risk of skin damage did not always support this. For example, one person was nursed on a pressure mattress as they were at risk of pressure ulcers. The care plan also stated the person needed regular repositioning. Staff were not always recording this was taking place as they should do. Some entries stated "awake". Records for the previous day also showed "awake" as the main entry. The registered manager was not aware of what this entry meant for the person and charts seen for preceding days and nights also included this comment. While the person did not have any skin damage the lack of clear detailed records for the repositioning needs of this person meant the registered manager could not be assured the person had been repositioned as required.

Another person was assessed as being at very high risk of developing pressure ulcers. Their care plan indicated they should be supported on an airflow mattress, which they were and this was set to the correct setting for their weight. Their plan was regularly reviewed, and the person's skin was intact and healthy. However, they also did not have clear instructions in their file about how they were to be supported to maintain their skin health and to prevent exposure to avoidable harm.

We recommend the provider ensures records relating to people's skin care needs are completed to reflect the care given.

There were examples of good practice in relation to managing risks to people's health and welfare. For example, one person had been admitted to the service from hospital with significant pressure ulcers. These were now healing well, and the service had followed good practice regarding photographing the ulcers. Nursing plans indicated how the ulcers were being managed and we saw a registered nurse supporting staff to ensure weight was kept off the wounds. Where body maps were completed to record any injuries or pressure damage to skin, these clearly indicated action that had been taken to manage the injuries.

One person was at risk of poor health outcomes because of a long term health condition that meant they could not regulate their blood sugar levels. Registered nurses checked the person's blood glucose levels twice a day, and administered medicine by injection to help the person regulate their blood sugar. Their medication administration record (MAR) stated the person was not to receive certain medicines if their blood levels were below an identified figure, and we saw registered nurses had followed this instruction. There was also information in the person's care plan what the person's blood levels should be. Discussions held with the registered nurse showed they had a clear understanding of the risks of poor blood glucose management including increased risks of infection and poor circulation for this person.

Where people were at risk from not receiving sufficient fluids charts were in place to record the amounts of

fluids offered and taken. The charts indicated how much fluid was recommended too be taken. Charts indicated people received sufficient fluids to remain healthy. However, the total amounts taken were not always recorded for quick reference.

We looked at the way medicines were stored and administered by the registered nurse on duty. People were given their medicines safely and as prescribed. People received their medicines in their rooms individually rather than in a group at set times. Each person's medicines were kept in a lockable drawer in their room. This made it easier for registered nurses to administer medicines to people. Any medicines that were required to be given at specific times were. The system was responsive and person-centred and audits were completed.

We heard people being asked if they needed painkillers and saw them being given time to take their medicines at their own pace. Some 'pre-emptive' prescribing was in place, which is good practice in supporting people who may be at risk of deterioration in their health or comfort. Medicines had been prescribed for one person in a 'just in case' bag, when it was believed the person was nearing the end of their life. This would mean that any medicines the person might benefit from such as pain relief or medicine to dry up excess secretions were immediately available if the person became distressed. The person had now improved and the medicines had been returned to the supplying pharmacy.

Not all medicines were stored safely. Some medicines were kept in a central cupboard which was small and became quite hot. The room had a thermometer, but as this was not a minimum or maximum thermometer it was not possible to assess how hot the room had become during the day, only the temperature the room was when the thermometer was checked. The registered nurse had put a fan in this room to help keep it cooler. Another room was awaiting shelving to store dressings and equipment such as catheters safely. The service was due to have their medicines practice reviewed by the local care trust. Following the inspection we were provided with a copy of the report of this visit carried out on 10 August 2017. The report recommended keeping a check on the temperature of the room where medicines were stored. The registered manager was to monitor the temperature daily and if the temperature remained above 26 degrees Celsius was to look for alternative storage facilities.

The report from the local care trust was generally positive, although there were some action points, including checking the temperature at which medicines were stored. The registered manager had arranged for a nurse from another service to carry out an audit of the medicines. This had been last completed on 4 August 2017 and focused mainly on stock levels held tallying with amounts that had been administered. The registered manager agreed to ask the local Care Trust for their guidance on more robust auditing practice. We saw that following the visit the Trust were to send more information on detailed audits. Safe practice was carried out in relation to the administration of medicines requiring additional precautions due to their strength or effects.

We recommend the provider ensures good practice guidance on the storage of medicines is followed.

At our inspection in November 2016 we found the service did not provide sufficient staff to ensure people's needs were met in a safe and timely way. At this inspection in August 2017 we found improvements had been made. On the first day of the inspection there were 23 people living at the service and on the second day there were 22. Two people had returned home and one person had been admitted to the service for a short stay. The registered manager used a tool to calculate staffing levels. These were based on people's needs and 'peak' times when staff were attending to people's personal care such as morning and evening. On both days in addition to the registered manager, there were four care staff and a registered nurse(RGN) on duty from 8am to 8pm. There was also a number of ancillary staff on duty including maintenance,

catering, domestic and laundry staff. A cook and the registered manager were also on duty. Since the inspection in November 2016 an extra staff member had been employed to cover the periods of breakfast and supper. This enabled care staff more time to meet people's needs during these busy times. Staff and people told us they felt there were enough staff available to meet the needs of the number of people living at the service in a safe and timely manner.

A visitor told us they thought there could sometimes be more staff, but that overall they were happy with the staffing and support the person they were visiting received. They told us they had discussed this with the registered manager at a relatives' meeting and were happy with the response they had received. The registered manager told us they would continue to discuss staffing levels at relatives' meeting to ensure staffing levels were sufficient. Staff felt sure that staffing levels would be raised if the number of people or their needs increased. Staff told us that the registered manager would cover shifts in times of any absences.

From 8pm to 8am there were two care staff awake at the service. They were supported by a peripatetic night RGN who covered Mr C's and two other services operated by the same company locally. We spoke with the night RGN who told us they felt the arrangement worked well. They were on call for emergency cover and visited each service at least twice each night to provide nursing care or support. They told us they felt there were enough staff with sufficient skills to support people and they were happy with the care at Mr C's.

People were protected from the risks of abuse. People told us they felt safe and free from any harm, one person said "It's the staff, they make me feel safe". Staff had received training in keeping people safe and knew about different types of abuse. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff knew who to report any concerns to outside of the service. Staff told us they were confident the registered manager would deal with any concerns they raised. We observed how people who could not tell us if they felt safe, reacted towards staff. Throughout the day we saw them interact with staff in a relaxed manner, smiling and laughing. People held staff's hands when talking to them, showing us they felt safe in their company.

There were robust recruitment systems in place. This protected people from the risks associated with employing staff who may be unsuitable to work with people who needed help with their care. We looked at the files for three staff. Staff were thoroughly checked to ensure they were suitable to work at the service. These checks included obtaining a full employment history, seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with people who require care and support. One staff member's DBS check showed they had a conviction. A risk assessment had been completed to ensure they were suitable to work at the service.

At the inspection in November 2016 we found there had been issues with the call bell system at the service. Since that time the provider has made improvements to the system. Staff now have individual 'pagers' that alert them when a call bell had been pressed. This had reduced the number of concerns being raised with the service about call bells not being answered promptly. During this inspection in August 2017 we saw that people's call bells were answered in a timely way.

However, one person told us "Bell is a bit 'hit and miss' on how long they come." We saw that staff did not always ensure people were able to have access to their call bells. One person's plan indicated they could use their call bell. Their plan stated "Staff to make sure the call bell is in my hand before they leave my bedroom so that I can ring for assistance when necessary". We saw the person's bell was in their reach when they were in bed. However, we also saw another person's bell had not been given to them when they were in bed. We spoke with the person and they told us they would always be able to call to someone passing if they needed

anything. We discussed this with the registered manager who told us they would make sure staff were reminded that people who could use their bell should always have this to hand. The registered manager told us there was one person who could not use a call bell to summon staff. They said that during the day, the person spent their time in the lounge where they were monitored by staff and at night time they were checked hourly to see if they required assistance.

People were protected from the risks of cross infection. We looked at the way the service managed people's laundry. Mr C's has towels, duvet covers and sheets provided and laundered by a commercial laundry, so only carried out people's personal laundry on site. Information was available for people about services the laundry could not provide, for example clothes that needed dry cleaning. The laundry person took a pride in their work, and ensured cupboards were well stocked with linens. Care was taken of people's personal laundry and the service had washing machines capable of achieving a sluicing cycle to manage any potential infection control risks. Any potentially contaminated linens or clothes were taken to the laundry in dispersible bags to minimise any risks of cross infection and each person had their own basket to reduce the risk of clothing being lost. Arrangements were in place for the management of clinical waste. The laundry person had been made aware of a recent potential infection risk and appropriate arrangements had been made to manage the risks. We noted there were no hand sanitisers placed around the home for staff and visitors use. We discussed this with the registered manager who told us they felt this was not needed as the service promoted good hand washing hygiene.

The service was clean and tidy throughout and there were no offensive odours. Action had been taken to reduce offensive odours. Floor coverings had been replaced to provide surface that were easy to clean and carpets were cleaned regularly by outside contractors.

Information on the safe management of chemicals was available in case of accidental misuse. However, we saw cleaning sprays left out in the bathroom on the second floor. This could be a risk to people who may not be aware the potential danger. We discussed this with the registered manager who told us they would remind staff of the need to ensure all chemicals were stored safely.

Throughout the inspection we saw staff wearing disposable gloves and aprons when supporting people with personal care and blue aprons and gloves when supporting people with eating or on entering the kitchen area. There was a notice on the wall by the kitchen door saying staff should not enter the kitchen without an apron. The chef was strict on this matter even rebuking the registered manager for entering without an apron. However, we saw the aprons were stored just inside the kitchen. This meant staff could not access the aprons without going into the kitchen. A member of staff told us the aprons were only there while awaiting a container to hold the aprons, to be fitted to the wall outside the kitchen.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the service. There was information available for staff on how to safely evacuate people from the building should the need arise, such as in a fire. Staff we spoke with had attended fire training and could tell us where the nearest break glass points were in case of fire.

Accidents and incidents were analysed to identify any trends. Where issues were identified action was taken to minimise the risk of reoccurrence. For example, one person had fallen twice in one month and the registered manager had contacted relevant healthcare professionals for advice. However, incident reports were not always clearly written. We identified one record that was not clear. We spoke with the registered manager who was able to give an explanation of the event. The record had identified that appropriate action had been taken in response to the incident including seeking medical guidance.

At our inspection in November 2017 we had concerns over the way the environment and equipment was maintained. Call bells were not working correctly and there had been a lack of hot water at some times in some areas of the service. At this inspection in August 2017 improvements had been made. Daily checks were made to ensure call bells were working and there was hot water in all parts of the service. We sampled call bells and hot water in bedrooms and found they were satisfactory. There were maintenance contracts in place for the servicing of equipment such as hoists and gas and electrical installations. The equipment had been tested in line with current regulations. The premises were clean and tidy throughout, with no unpleasant odours. One visiting professional told us they thought the environment was very clean and didn't have "The usual pervading smell of a nursing home." The kitchen had a Hygiene Rating of 5, which is the highest achievable.

Good

# Is the service effective?

## Our findings

At the last inspection in November 2016 this key question was rated as Requires Improvement. This was because improvements were needed to the environment and because people's legal rights under the Mental Capacity Act (2005) were not being upheld. At this inspection in August 2017 we found improvements had been made.

At our inspection in November 2016 we found improvements were needed to ensure the environment was suitable for people living with dementia. Since that time the provider had made a decision not to admit anyone with dementia as their primary diagnosis. The statement of purpose for the service indicates that while people living with dementia can be accommodated they will only be admitted where their physical needs are predominant. The downstairs areas of the service were bright and airy. The dining area and small lounge were of a contemporary design and had minimal decorations, while the Mr C's 'club' was furnished in a more traditional way. The Mr C's Club is a large room where meetings and entertainments were held. It was also used by visitors to meet with relatives. Situated just off the Mr C's Club room there was also a large hairdressing salon and kitchen area for visitors to make drinks. People tended not to use the 'club' area on a daily basis and preferred to sit in the dining room or smaller lounge where the TV was placed. Many people's rooms were personalised and had been made comfortable and homely. Staff respected people's environment and their choices regarding their room. A member of staff told us "It's their room and if that's how they like it then that's how it should be." Some rooms were less personalised and this was due to people only being there for a short period of time.

There were no people living on the third floor of the service. This was because it was being fully refurbished. A small lounge had been created from a double sized bedroom and the bathroom was being turned into a 'wet room'. This was so people had more choice of facilities to use.

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.

Staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People living at Mr C's were able to make day to day decisions for themselves, but may not have the capacity to make more complex decisions about their health and welfare. Staff told us they always assumed people were able to make decisions for themselves, and knew an assessment would be needed if they thought the person did not have capacity to do so. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then decisions should be taken in their best interests by staff, relatives and professionals.

People's files contained assessments of their capacity to consent to care where this was in doubt. If it was

established the person did not have capacity, best interest decisions were undertaken and recorded. We looked at these for three people and found they had been made in line with legislation and had supported people's rights. For example, one file included best interest decisions in relation to bed rails, living at the service, personal care and eating support. Decisions had been made following consultation with family members who had legal authority to make decisions on the person's behalf through a power of attorney. This helped to ensure the person's rights were respected.

Throughout the inspection we heard staff offering people choices. We heard one staff member ask a person "What would you like to wear today?" People were also asked what they wanted to do and what they wanted to eat or drink. Staff told us that if people could not tell them what they wanted to eat, they would show them the food so the person could indicate their preference.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications to the local authority to deprive nine people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority no authorisations had been granted at the time of the inspection.

People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Staff had received training in a range of subjects including medicine administration, first aid and moving and transferring to help meet people's needs. They had also received training in caring for people with specific health care needs.

The staff notice board had details of staff training that needed to be completed. Training was provided face to face and on-line. Staff told us "The computer is updated when training completed." The registered manager told us they were providing regular updates on all training. Upcoming training on 9th and 23rd August was 'Falls and Neurological Observations'. This was because the registered manager had identified a need for more observation of people following a fall. Registered nurses received support to complete their revalidation with the Nursing and Midwifery Council required for them to continue to practice as nurses. One member of the care team had previously worked in other services including for the NHS. They told us the training they received at Mr C's was as good as they had received elsewhere. Night staff were supported by the peripatetic nurse who visited the service through the night and was available on the telephone if needed.

Staff new to Mr C's had a comprehensive induction when they started to work at the service to make sure they could meet people's needs. This included getting to know the people who lived at the service, understanding policies and procedures and fire safety. The registered manager told us all staff who did not have a recognised qualification in care were completing the Care Certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, and behaviours expected from staff working in a care environment.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed they received regular supervision and yearly appraisals. Staff received individual supervision sessions when they were able to discuss all aspects of their role and

professional development. Staff also took part in group supervision sessions which were used to discuss topics such as 'How to complete an accident form and alert to other agencies'.

People were supported to receive a healthy balanced diet with plenty to drink. We spoke with the chef. There was a menu plan which demonstrated people were offered choice and a good variety of meals. On the second day of the inspection the choices were fish pie or faggots or a salad, with jam sponge with cream or custard or a yogurt for dessert. However, we saw people had other options that they had requested. One person had requested soup as they said they had not felt well. In the dining room one person decided they didn't want the fish pie they had ordered so were offered an alternative. The chef visited people daily and asked them what they wanted for their meals. People praised the lunch time meals and told us "There's plenty of food" and "It's always tasty and hot." Soup appeared to be the main option for supper with a selection of sandwiches and cakes. A hot option was available but one person was not aware of it and told us "I'm fed up of soup." We discussed this with the registered manager who expressed surprise at this as they told us the chef always asked people what they wanted for every meal. However, another person told us "I'm not good at chewing so I like the soup, but staff will puree any food for me."

Some people needed particular diets to help support long term health conditions or because of difficulties with swallowing. Information was available to the chef on different textures people might need, such as 'fork mashable' or pureed, and they had attended courses on supporting good nutrition. They told us how they used fresh vegetables and fruit with their meals, and boosted the nutritional value and calories by adding butter, milk, cream and cheese whenever possible. This was because some people had very small appetites. Cooked breakfasts were available if people wanted them. The chef told us "They only have to ask." Regular afternoon teas were provided when afternoon tea and cakes were served on cake stands. The chef told us this helped to boost people's appetite by making the foods look more appealing.

Some people received their food through artificial feeding systems. These were regularly reviewed and monitored. For example one person supported via a feeding system had put on weight. Dieticians had reviewed the person's needs and changed their liquid feed to one containing fewer calories.

The dining room was bright, airy and clean, and had a comfortable seating area near the windows. Some people chose to eat in the dining room, while other people ate in their rooms. Staff members were in attendance to help serve and assist people with meals where necessary. However, we found that meal times were not an entirely pleasant experience. This was because of the call bell display board and volume, which was placed high on a wall in the dining area. The noise from the board was intrusive and loud and interrupted conversation at meal times. This meant at a time when people could socially interact together there was a constant interruption. The noise was also intrusive for people who were sitting with their visitors in this area of the room. One person told us "I like to be quiet so go to my room after breakfast." We spoke with the registered manager about this on the first day of inspection. On the second day of inspection they told us the maintenance person had tried to adjust the volume but could not. The registered manager had contacted the company who serviced the system and was waiting for them to visit to look at the system.

We recommend the provider explores ways to reduce the disturbance caused to people by the sound from the call bell panel.

People had good support from medical and other healthcare services. During the inspection one person with a long term health condition was not feeling well. The registered nurse on duty contacted the practice nurse specialist for advice on managing their condition. There was evidence in people's files of visits from opticians, dentists and a podiatrist was visiting the service while we were there. We spoke with two visiting healthcare professionals who both told us they were happy with the care people received. One professional

told us they felt sure the person they visited would have told them if they were unhappy with anything. One person had been visited by a healthcare professional who had suggested a particular item of equipment might improve the person's mobility. We saw the equipment being delivered on the second day of inspection. This showed us the registered manager acted on advice given by other professionals.

Good

# Is the service caring?

## Our findings

At the last inspection in November 2016 this key question was rated as Requires Improvement. This was because people's privacy and dignity was not always maintained and there was little evidence people were involved in planning their care. At this inspection in August 2017 we found improvements had been made.

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. One relative told us "I'm the 'resident' relative. I come every day to visit my wife and the staff are wonderful." People told us they had developed good relationships with staff. One told us "They are all lovely. Of course I have my favourites, but all are nice really." Another told us "It's fantastic here." One person who was due to go home the next day told us "I'm very happy here, I shall miss them terribly". Another who was due to leave soon told us "The staff are brilliant." One visitor said the staff were "All kind, all good, very hard working." Another told us "Everybody is very friendly, they all seem to care for him [relative]."

Staff interacted with people in a positive and friendly manner. We heard staff and people engaging in gentle banter and fun. One member of staff said to a person who had eaten all their meal "Did you eat the pattern (off the plate) as well?" and they both laughed. Another person was given praise for walking with staff support to a chair. Staff celebrated with them the improvements they had made. We heard one staff member asking a person if they wanted the TV turned on in their bedroom and if there was anything else they could do for them before they left the room. They said, "Well let me know if you do need anything else." Staff spoke fondly of the people living at Mr C's and one told us "Everyone has their own personality." Another told us "We have a good laugh with them [people] – the bond is really strong." We saw staff often crouched down to a level of a seated person to make good eye contact.

Staff treated people with dignity, respect and kindness. When addressing people staff used people's preferred names and appropriate language. When staff discussed people's care needs with us they did so in a respectful and compassionate way. In the staff handover and in conversations we heard staff using respectful language to describe people and the support they received. People we spoke with told us they were treated respectfully by all members of staff. A 'respect audit' had been completed in June 2017. This indicated staff had been observed knocking on bedroom doors and waiting to be asked to enter. It also checked that no personal information was on display in people's bedrooms. When staff spoke with people we heard them do this discreetly. However, on two occasions we heard staff briefly speaking with each other about a person in front of another person.

We saw one instance when a member of staff passed a person with a visual impairment and touched them on the shoulder without introducing themselves or saying who was there. Although this was meant as a supportive and friendly gesture, as the person could not identify the person touching them or was unaware it was coming it could have been disturbing to them. We raised this with the registered manager who agreed to address it with staff.

Everyone had their own bedroom. People's privacy was respected and all personal care was provided in

private. Staff knocked on people's bedroom doors and waited before they entered. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People and their relatives were supported to be involved in planning and reviewing their care. We saw signatures on care plans where people or their relatives had indicated they were happy with their care plans.

Relatives told us that they could visit at any time and were always made welcome. Some people told us they went out regularly with relatives and friends.

No one at the service was receiving end of life care. Treatment escalation plans or TEPS were available in most people's care files. These included information on decisions made between the person or significant others and their GP about their wishes in case of a sudden deterioration in their health. We saw one of these had been recently reviewed with their relatives as the person's health had improved.

Good

# Is the service responsive?

## Our findings

At the last inspection in November 2016 this key question was rated as Requires Improvement. This was because people were not receiving care that was responsive to their changing needs, there was limited social engagement and complaints were not well managed. At this inspection in August 2017 we found improvements had been made in these areas.

At the inspection in November 2016 we found that people were satisfied with the level of activities being provided. An activities organiser was employed by the service, but they were on leave during the inspection in August 2017. The registered manager told us care staff provided activities while the activities organiser was away. People told us about the activities that were organised and knew the organiser well. There were details of some activities available to people on the noticeboard in the hallway, but we did not see those advertised taking place during the inspection. Activities advertised included crafts, bingo and outside entertainment. One person told us they enjoyed these, but there was not enough as they only ever played one game of bingo. They also said they spent most of their time watching the television and going out for a cigarette. However, one person told us "I like to be left alone sometimes, I just like my own company." Pet therapy also visited the service with animals for people to hold and people told us they enjoyed these visits.

People's care plans contained a document entitled 'social assessment and living eulogy.' These contained limited details of people's hobbies and interests and how staff should support them with these. The provider's representative had noted in their audit of care plans in June 2017 that 'social care plans could be better'. There was no evidence this had been acted on. There were details of some activities people had participated in on their daily notes. These included spending time with people in their rooms. There were a few books and magazines available for people to look at and the registered manager told us they would arrange for people to use them if they wished to.

People's care plans did contain some details of their life histories. Personal life histories capture the life story and memories of each person and are important to help staff deliver care responsive to their needs. They enable the person to talk about their past and give staff an improved understanding of the person they are caring for. For example, one person's life history contained details of the person's previous occupation and the activities they enjoyed. Another plan gave details of the support staff should give one person such as ensuring they were given time to talk about their life with their wife. Staff knew that the person liked to talk about their wife and told us they did this.

Staff were able to give some examples of peoples likes and dislikes, with an example of their past lives and what work they did. For example, staff knew one person liked "A tipple of red wine now and again." Also that another person had been a chef. We saw good interactions between staff and people. There was chatter and banter about what people had been doing, and what they would like to do.

At the inspection in November 2016 we found people were not receiving care that was responsive to their needs. At this inspection in August 2017 we found people received responsive personal care and support delivered in the way they wished and as identified in their care plans. People's needs were assessed before

and while living at Mr C's. Care plans were developed following the assessments and contained good descriptions of people's personal care needs. One person was living with a long term health condition. Their file contained information about the condition and how it affected the person's health, communication and nutritional intake. Representatives from a national charity supporting people living with this condition had visited the service to speak with staff about people's experience. Care plans were reviewed regularly and updated as people's needs and wishes changed. For example, one person's care plan had been updated when their health had improved.

People and their visitors told us staff were responsive to people's needs. Comments included "People are always coming in to see how I am," and "[Staff name] often pops her head round the door and says hello." One visitor told us "There's always somebody popping in to check on mum." A member of the care team told us they would be happy for a relation of theirs to be supported at the home. They said "With the skills the staff team has I think we can give a really person centred and holistic service." One relative told us they and the service took care to ensure the person was well dressed and groomed as this had been something that had been very important to them before they became ill.

Staff knew the people they cared for well and were able to tell us about their needs and preferences. For example, staff told us about one person who liked a particular food item at 8pm. We saw in the person's daily records that they had enjoyed this item every evening. Staff told us they knew about people's needs through reading care plans, working with them and staff handovers. This ensured they had up to date information about people's care needs.

We saw that people were provided with suitable equipment in order to maintain their independence, these included mobility aids, crockery and cutlery. Where people needed support to move this was provided in a dignified way. For example, we observed staff supporting a person to transfer using a hoist. Staff spoke with the person throughout explaining what was happening in a reassuring manner.

Regular meetings were held where people could express their views about the service. The last meeting was held in March 2017 when people discussed the menu and praised the staff. People had said they disliked some of the menus but knew they could ask for an alternative. The registered manager thanked people for their support and the fact everyone was "pulling together." The registered manager also reminded people to contact them if anyone had any problems or concerns.

Since our inspection in November 2016 we saw the system for managing complaints had been improved and the number of complaints received by the service had reduced. Most of the complaints seen at the inspection in November 2017 had been about the lack of hot water, call bells not being answered and end of life care. There had also been some complaints about the laundry. The registered manager had taken action since the last inspection and there were now daily checks to ensure there was hot water throughout the service and call bells were working correctly. They had identified that the concerns about end of life care related to the information people received about what to expect when they were admitted to the service, especially at weekends. In order to address this they were producing a leaflet that described what people should expect and contact details for the registered manager should people wish to speak with them. A new laundry person had been appointed and they took great pride in ensuring the laundry was well managed. There had been no complaints about hot water, call bells, laundry or end of life care since the registered manager had taken action.

The complaints procedure for the service was displayed in the entrance hall. There were also details on the notice board of a complaints advisor 'Bob the Bobby' who people could complain to if they did not wish to speak with the registered manager. However, people were not aware of this advisor and one person said

"who's that?" when we mentioned them to the person. 'Bob the Bobby' is employed by the provider so that people can raise concerns with someone not directly involved with the running of the service. Most people and their relatives told us they felt comfortable enough to raise a complaint, although they said they were happy with everything and hadn't needed to. However, one person told us they didn't like to bother staff when they were busy, but would make a complaint if they needed to.

Requires Improvement

# Is the service well-led?

## Our findings

At the last inspection in November 2016 this key question was rated as Inadequate. This was because we identified a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance, due to the way records were maintained and the quality assurance systems not having led to improvements in the concerns that had been identified at previous inspections. At this inspection in August 2017 we found improvements had been made. Improvements had been made to the governance systems. These were not yet fully embedded meaning some areas required further improvement.

The service is owned by Woodland Healthcare Limited who own several services within the local area. The registered manager was also registered as manager of another service nearby and they split their time between the two services. The registered manager told us they were trying to recruit a manager for the other service they managed in order to enable them to spend more time at Mr C's. They told us they thought they had identified a suitable candidate from the staff group at Mr C's and that they would be making an application to register when their suitability had been confirmed.

The registered manager was supported by the provider's representative and other registered managers within the group. They received regular supervision from the provider's representative which included checks on their competency. Within Mr C's they were supported by two deputies, the registered nurse and senior care staff. The registered manager was a registered nurse, they told us they kept their knowledge of care management and legislation up to date by attending training courses, using the Care Quality Commission's website and attending manager's meetings.

The provider's representative visited the service on a monthly basis. During these visits they provided supervision and support to the registered manager and undertook a number of checks on the quality assurance processes within the service.

The provider's representative and the registered manager had made several improvements to the service since our inspection in November 2016. These included improvements to risk assessments, maintenance of the premises, staffing levels and complaints. The registered manager told us they were committed to ensuring people received a safe, effective, caring, responsive and well-led service. However, they acknowledged they were 'not there yet'. Although improvements had been made the quality assurance systems had failed to identify the issues in relation to the recording of some care provided, the disruptive noise of the call bell panel and the temperature some medicines were stored at.

Failure to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the services provided was a repeated breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

Following the inspection in November 2016 the provider's representative and registered manager had drawn up a plan of action in order to address the issues identified. The plan detailed actions to be taken, who was responsible and timescales for completion. For example, the inspection in November 2016 had

identified topical medicine application records were not always being completed. The registered manager was now completing random checks to ensure the charts were completed correctly. Issues relating to staffing levels and supervision of staff were also identified in November 2016. The registered manager had systems in place to ensure staffing levels were sufficient and that staff received appropriate supervision and competency checks. The reviews of these matters were continuing.

At the visit in July 2017 the provider's representative had identified through an audit of care plans that improvements were needed to the way information relating to the Mental Capacity Act 2005 was recorded. At the inspection in August 2017 we found that recording was satisfactory and that staff were working to further improve the records.

There were some systems in place to assess, monitor, and improve the quality and safety of care. A series of audits was undertaken by the registered manager. Monthly audits were undertaken including medicines, care plans and accidents and incidents. There were regular checks of the environment to ensure it remained safe. The registered manager had taken steps to ensure some of the concerns we had raised previously were addressed, such as those relating to hot water, the laundry, call bells and complaints. The registered manager had recently introduced a system between the provider's services in the local area whereby registered managers from each service visited another service to complete a 'quality' check. Mr C's had been visited on 4 August 2017 when the assessing registered manager had not identified any issues.

The registered manager told us the documents relating to risk assessments and care plans were those used by all the provider's services. Since the last inspection they had added some information to the documents in relation to risk assessments. They told us they would update the documents in use to provide more information. They also told us that many more activities which focussed on the individuals' needs were available to people and that evidence of these taking place was recorded.

Since the inspection in November 2016 the service had been working with the local authority's Quality Assurance Improvement Team (QAIT). Prior to the inspection we received information from QAIT indicating they were visiting the service monthly and there was no cause for concern. They also told us that recent reviews of people living at the service had not identified any concerns.

The provider sent questionnaires out to people and their representatives every six months, to obtain their views on the quality of service being provided. The results of the most recent questionnaires in March 2017 showed mostly positive responses, but one person had requested more activities and live music. Another person had said they would like to go out for fish and chips and the registered manager told us they had planned a trip out to provide this and was looking to increase activities. We also saw a number of thank you cards sent by people who had stayed at the service for a short time. One person had written "Many thanks for looking after me so well for all these weeks."

People living at the service knew the registered manager well and we saw positive interactions between them. Staff told us they were well supported by the registered manager and spoke highly of them. One staff member told us "I love working here, training and support has been very good." Another told us they liked working at the service because it was "A rewarding job – when you leave you feel you have done something worthwhile." Staff felt the philosophy of the service was to ensure "All care was given to everyone".

There was a positive and welcoming atmosphere at the service. Staff told us they thought there was an open culture within the service where anything could be discussed. They told us the report from the inspection in November 2016 had been shared with them and the registered manager had discussed their role in making the required improvements. They told us they thought things had improved and the best thing about it was

that staff were all working together as a team. One staff member told us they had made several suggestions for further improvements. One was to keep people's records within their bedrooms. This was being trialled at the time of the inspection.

Records relating to the management of the service were well maintained. All records we asked for were kept securely but easily accessible. However, we did see some archived records being stored in an open cupboard. The registered manager arranged straight away for the lock on the door to be repaired.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

In line with requirements the service displayed details of the most recent rating of the service provider's overall performance.

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<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>There were no effective systems in place to assess, monitor and improve the quality and safety of the services provided.<br><br>Regulation 17 (2) (a) (b) (c) |