

Porthaven Care Homes No 2 Limited

# Woodland Manor Care Home

## Inspection report

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Date of inspection visit:  
29 September 2020

Date of publication:  
23 October 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Woodland Manor Care Home is a care home providing personal and nursing care to 41 people aged 65 and over at the time of the inspection. The service can support up to 64 people.

Woodland Manor Care Home accommodates 64 people across four separate units. Two units provide residential care and two units provide nursing care. The service supports people living with dementia. The home is purpose built, with all bedrooms having an en-suite shower, shared communal dining and sitting room facilities. It has a separate dining room for special occasions, a cafe bistro at the entrance to the home, a cinema and activity room which is accessible to people.

### People's experience of using this service and what we found

People and the majority of relatives we spoke with for feedback were happy with the care provided. Some people would prefer to be at home but overall felt they got the care and support they required. Relatives were generally happy with the care and some relatives gave us examples of where their family members health had improved. All of the relatives, whilst finding the restrictions on visits incredibly tough, acknowledged that the service had done a great job in managing and responding to the COVID -19 pandemic and preventing an outbreak.

Systems were in place to keep people safe. Risks to them were identified and managed. Safe medicine practices were promoted, and measures were in place to prevent cross infection. Accidents and incidents were monitored, and systems were in place to promote learning from accidents/incidents and prevent reoccurrence. Staff were suitably recruited, deployed and the required staffing levels were maintained. The shifts were managed, and tasks were allocated which resulted in people getting the required care in a timely manner.

People were supported by staff who were suitably inducted, trained and supported. The training and induction was tailored to different roles and regular monitoring of staff practice took place to ensure the training was embedded into practice. The management team had a presence on the units and assisted on shifts which further supported staff. People's health and nutritional needs were identified and met, and they had access to health professionals to further promote their well-being. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; Whilst systems and policies were in place to support this the registered manager had identified that further training was needed.

We did not review the caring domain at this inspection. However, we observed staff were kind, caring, gentle and responsive to people's needs. People and relatives were complimentary of individual staff and gave examples where they felt they had gone the extra mile in relation to supporting them and their family member.

Person centred care was promoted and continued to be developed. People's care, support and communication needs were identified and met. People had access to one to one and group activities and the activity team had supported people and their relatives to keep in touch during the pandemic. People's end of life wishes, and preferences were identified, where the person and their family members had participated in that discussion. The service was supporting people on end of life care and staff had been trained and supported in that role. Systems were in place to deal with concerns and complaints. Some relatives raised concerns with us about their experiences of care. We have directed them to the provider to explore further.

People were supported by a service that was well managed and monitored. The registered manager had worked incredibly hard to improve the service and bring about positive changes and processes. They had built a strong management team to support them. As a result, communication, team work and staff morale had improved which resulted in positive outcomes for people. Regular auditing and reviewing of practices and processes took place which enabled the registered manager to have oversight of what areas needed further improvement.

People and the majority of relatives were positive about the improvements the registered manager had brought to the service. They described the registered manager as "accessible", "approachable", "honest", "listens and provides clarity". A relative commented "I think the home is extremely well managed. I have found [registered managers name] firm but caring. She explains herself clearly, she is very hardworking, dedicated to her job and goes that extra mile. I am happy to trust my mother's care to a home managed by her".

Staff described the registered manager as "firm", "fair", "friendly", "knowledgeable", "experienced and professional". A staff member told us they, "Felt happier, better supported, appreciated, valued and clear of what was expected from them." Another staff member commented, "It is more friendly here now. Staff work well as a team. Morale is good and staff feel like they can progress. Everyone gets the opportunity."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Inadequate (inspected on the 6 and 7 November 2019 and republished on the 16 September 2020 once representations to our previous actions could be published). There was continued multiple breaches at that inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. They have provided us with regular updates on the action plan and evidence of their auditing to show the progress made.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out this focused inspection to check that the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key

questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for the caring key question which was not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodland Manor Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-Led findings below.

Good ●

# Woodland Manor Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced on the day. This was to establish if the service was dealing with any COVID - 19 cases which might prevent us being able to access areas of the home.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We requested information, records and policies from the service. This enabled us to access records remotely and plan what we needed to focus on at the inspection visit.

We made telephone calls to 14 staff which included the deputy manager, residential care manager, a registered nurse, five team leaders, five care staff and the trainer. We spoke with four service users and five relatives. We requested written feedback from relatives and received eleven email responses from them.

We reviewed eleven service user care plans and medicine records, nine staff recruitment files and twelve staff supervision files.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke to one person who used the service, a registered nurse, team leader, administrator and an activity staff member. 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 reviewed the environment, infection control and medicine practices and looked at records on the electronic care plan system to support the information we had already received prior to the inspection.

After the inspection

We continued to review electronic records and continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies, action plan and had a telephone call with the registered manager to feedback our findings and establish their vision for the service.

The registered manager, provider and staff worked hard in providing us with access to the information we requested to facilitate the inspection. This enabled many aspects of the inspection to take place remotely and enabled us to focus the site visit on key areas of practice.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection the provider had failed to ensure safe medicine practices were promoted, robustly assess the risks relating to the health, safety and welfare of people, including infection control risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The purpose of this inspection was to check if the provider had met the requirements of the positive condition imposed in relation to safe care and treatment.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12 (Safe care and treatment).

### Using medicines safely

- Medicine practices had improved, and systems were in place to promote safe medicine administration practices. Medicines were suitably stored and at the recommended temperature. Records were maintained of medicines ordered, received, administered and disposed of.
- The provider had a medicine policy in place which promoted safe administration of medicines. All staff involved in medicine administration were suitably trained and competency assessments were carried out prior to them undertaking medicine administration on their own.
- Brief guidance was provided on the medicine administration record as to when 'as required' (PRN) medicines should be administered. A record was not always maintained in people's progress records as to why PRN medicine was administered. After the inspection the registered manager provided us with reassurances this was addressed, and administration and auditing of PRN medicine usage was introduced.
- The GP had been consulted and had agreed to the use of homely medicines for individuals. A record was maintained of the site of application of transdermal patches - this is a medicated adhesive patch placed on the skin to deliver a specific dose of medicine through the skin and into the blood stream. These showed transdermal patches were rotated and the previous one removed. Body charts were in place for the use of emollients.
- Stock checks and audits of medicines took place to enable any discrepancies in medicines to be dealt with quickly to minimise risks to people. We viewed a sample of medicine administration records and saw that medicines were given as prescribed, gaps in administration of medicines were explained and timed medicines were administered at set intervals which were agreed with the specialist involved in that person's care.
- A health professional involved with the service told us they were involved with people's medication reviews in the early part of 2020. They worked with the then deputy manager to ensure that people had medication reviewed. At that time, they indicated they had no concerns. Another health professional commented, "The deputy manager and residential care manager make active enquiries, regularly review their medication stock and make requests prior to running out."



## Assessing risk, safety monitoring and management

- Risks to people were identified and managed. Risks around specific medicines such as anticoagulants and paraffin-based emollients were identified and mitigated. These were highlighted on people's medicine records to ensure staff administering medicines were reminded of them.
- Risks relating to medical conditions, malnutrition and pressure damage were identified and charts were in place for people who required them to record fluid input, weights and frequency of turning. These were generally well completed and reflected the required care and support given to mitigate those risks. Checks had been introduced and were being completed to ensure people at risk of malnutrition had their mattresses set at the right setting for their weight.
- Risks associated with moving and handling and falls were identified and equipment such as bed rails, sensor mats and hoists were provided to minimise these risks.
- Staff were aware of risks to people and were aware of the intervention required to manage potential risks. A staff member commented, "Handovers take place twice a day which keep us up to date with everything, including key changes in people's wellbeing and risks."
- Systems were in place to promote a safe environment. An up to date environmental risk assessment was in place which outlined the risks to staff and visitors. The service had a maintenance staff member who was responsible for carrying out health and safety checks as well as dealing with day to day repairs. In house health and safety checks took place which included checks of the fire safety equipment, water temperatures, first aid boxes, window restrictors and bed rails. Alongside this equipment such as the gas, electric, fire equipment, lift and moving and handling equipment were serviced, and legionella checks took place. A fire risk assessment was carried out, people had a Personal Emergency Evacuation Plan in place and fire drills took place to promote fire safety.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Staff asked visitors to complete a questionnaire to identify symptoms of or exposure to infection. Clear signage was in place and entry processes included a temperature check and hand sanitisation. Some relatives we spoke with explained transparent screens enabled them to interact with their family member whilst maintaining a safe distance. A relative commented, "The home locked down quickly and I feel very confident at the measures they have put in place and that are ongoing, it is a credit to all the staff that work there."
- We were assured that the provider was meeting shielding and social distancing rules. Staff supported people using the service to sit at separate tables for meals and encouraged social distancing within communal lounge areas where possible. Arrangements were in place to support individuals who required shielding. This considered the emotional impact of isolation and we found people had been supported to maintain contact with family members using technology. A relative told us, "The activities team tried their best with iPads and Skype to keep people communicating with loved ones."
- We were assured that the provider was admitting people safely to the service. The Registered Manager provided feedback regarding testing and isolation processes in place. This helped to minimise the risks to others already using the service. We observed a person who had recently moved in. Staff were supporting this individual in a single room with private bathroom, and the person was not seen to enter any shared spaces.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. We observed staff wore PPE and adhered to social distancing where possible. Staff we spoke with had received training in the correct use of PPE and reported there was enough PPE available. A staff member commented, "We have never been short of PPE." Another staff member told us the Registered Manager encourages good practice, saying "it's so important to wear PPE and wear it correctly, she [Registered Manager] always reminds us."
- We were assured that the provider was accessing testing for people using the service and staff. The service

had a supply of test kits available. Some individuals were unable to consent to swab testing for COVID-19. The service had consulted with relevant others, including family members and people with power of attorney for health and welfare. A mental capacity assessment and best interests process documented where testing was needed in people's best interests.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed the premises to be clean and well maintained throughout. High touch areas were regularly sanitised and records we saw confirmed enhanced cleaning schedules were in place.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. We observed an isolation unit which could accommodate five individuals. The Registered Manager informed us if an outbreak occurred, staff working on this unit would not work elsewhere, to avoid the risk of infection spread.
- We were assured that the provider's infection prevention and control policy was up to date. The policy had been updated in response to the COVID-19 pandemic and related government guidance. Additional measures included isolation areas within the service and changes to laundry and waste processes.

### Staffing and recruitment

At our last inspection the provider had failed to ensure the required staffing levels were maintained. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The purpose of this inspection was to check if the provider had met the requirements of the warning notice, we previously served in relation to staffing.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18 (Staffing).

- Since the previous inspection the service had a high turnover of staff. However, new staff had been appointed, the units had been rearranged and staff worked long days which promoted better continuity of care for people. The agency staff use had reduced, and the provider continued to attempt to recruit staff to cover vacancies. Staff we spoke with confirmed there was less reliance on agency staff and felt this had helped to provide more consistent and reliable care. A nurse told us, "Most of the staff are now permanent, this was one of the things that persuaded me to change my contract to permanent employment."
- Staff numbers were calculated based on dependency levels and service user numbers. Staff were appropriately deployed to ensure each unit had staff with the right skill mix and training. The rota and allocation records viewed showed that consistent staffing levels were provided and maintained.
- A team leader or registered nurse was responsible for planning and managing shifts. A shift planner was in use which showed the staff on duty, tasks they were responsible for and staff breaks were organised and scheduled. Throughout the inspection we observed there were enough staff to support people, staff took breaks and each unit was run smoothly, with people appearing relaxed and happy. People who required one to one support were provided with a staff member and this staff member was not included in the day to day staffing numbers for that unit.
- The deputy manager and residential care manager supported staff on shift and covered gaps in the rota when required. At lunchtime all staff in the service regardless of role assisted people with their meals to ensure people got the right support and in a timely manner.
- Some people did not think there was enough staff but were unable to give examples of when this occurred or how it impacted on them. They acknowledged a number of staff had left but they felt there was more regular faces around to support them. A person commented, "You definitely see the same staff more, and they always come when I call them." Some relatives we spoke with had observed increased numbers of staff. A relative told us this had ensured their family member was fully supported at mealtimes, saying "Whenever I've been, at mealtimes there's been someone sitting with her." This meant the person could be offered

choice and assistance. Another relative commented, "There seems to be continuity of staff and less agency staff around."

- Staff we spoke with told us staffing levels were suitable and consistently maintained, including at weekends. A staff member told us this enabled them to support people safely as a team without rushing. They commented, "We know someone is there for the residents to be safe."
- Staff were suitably recruited. Staff completed an application form, attended for interview and pre-employment checks were carried out. These included references from previous employers, a medical questionnaire and disclosure and barring checks. Each staff file included a recent photograph and registered nurses were checked against the nurse's midwifery council register (NMC) to ensure they were fit to practice.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people. People and their relatives told us they felt safe. Relatives commented, "I feel that my mother is receiving safe care, that staffing levels seem to be better... I am being kept informed of changes and increases to staff, which should feed through to better care." "I sleep well at night because I firmly believe [person's name] is in good hands" and "Yes, I believe my mum is safe and I am very happy with her care."
- Staff were trained in safeguarding procedures. They had access to the organisation's and the local authority's safeguarding policies and procedures. Staff were aware of their responsibilities to report poor practice and concerns. Staff commented, "I would take any concerns seriously and report to the registered manager", "If we see someone who is at risk of abuse or harm, we take that resident from harm and report to my manager" or "If not handled seriously, [I] would escalate complaint to higher management."
- Safeguarding referrals were made as required and outcomes shared to promote learning and improve practice.

Learning lessons when things go wrong

- The service had systems in place to record accidents and incidents. All accident and incidents were reviewed and signed off by the registered manager or deputy manager. The accident report indicated if the person's care plan and risk assessment required updating and this was actioned.
- The electronic care plan system allowed the service to have an overview of all accidents and incidents that had occurred which enabled them to pick up trends and reoccurrences. Staff were asked to write up a reflective account of incidences they were involved in which promoted their own learning.
- The complaints form also included a section on learning from the complaint which was shared with the staff team.
- The management team met daily, and a clinical governance meeting took place weekly. This enabled the management team to review changes in people, accidents, incidents, safeguarding alerts, complaints and enabled lessons to be learnt and shared.
- Daily stand up meetings with heads of departments took place where key messages and learning was communicated and shared with all staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure staff were suitably inducted, trained and supported in their roles. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The purpose of this inspection was to check if the provider had met the requirements of the warning notice, we previously served in relation to the induction, training and supervision of staff.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18 (Staffing).

- Staff received a structured induction. Staff we spoke with told us training helped them to understand their role and work safely. The service employed a home trainer who used staff feedback to identify additional training needs. Some staff felt the quality of training had improved and found the home trainer approachable. A staff member commented, "I do always speak to [home trainer] if I have a question." Another staff member told us, "I'm on the dementia unit, I received a lot of training about dementia." A third member of staff commented, "I couldn't start before I finished training."
- The service used a matrix to monitor training completion and staff competency in key areas including infection control and administering medicines. The matrix showed a high percentage of training completion with further training sessions planned.
- Staff had access to specialist learning such as end of life and verification of expected death training. Training needs were reviewed as part of on-going supervision with staff. A nurse explained their request for specialist training had been met, saying, "I needed a refresher and the wound management training was organised for us."
- Staff new to care had completed the Care Certificate training. The Care Certificate is a set of standards that health and social care workers should adhere to. We spoke with three members of staff who were supported to achieve the Care Certificate. Staff told us they worked in a shadowing capacity during induction and received induction training to support them.
- Staff received regular supervision. One to one meeting records viewed showed managers gave performance feedback and explored staff training and development needs. Staff we spoke with found the supervision process supportive. A staff member told us "When they sit with you, they have time for you." Another staff member commented "They [Managers] tell us what we need to improve on."
- Relatives felt staff were better trained. A relative commented, "I feel confident that the staff are suitably inducted and trained to support my [family members name], [Nurses name] knows my mother really well."

She has the training and experience to help my mother with both her physical needs and mental needs. She is both compassionate and efficient and I trust her."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

At our last inspection the provider had failed to ensure staff were working to the principles of the MCA Act 2005 and consent was not obtained in relation to their care and treatment. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The purpose of this inspection was to check if the provider had met the requirements of the warning notice, we previously served in relation to working to the Mental Capacity Act 2005.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 11 (Need for consent). However, further training was required, and this had been identified by the provider to ensure all staff worked to the principles of the MCA.

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 had the appropriate legal authority and were being met.

- People's care plans outlined whether they had capacity to make specific decisions. Where it was assessed a person did not have capacity to make a specific decision some care plans showed the decision was agreed as part of a best interest meeting. However, for some people their power of attorney and or GP was consulted with, but the decision was not always recorded as a best interest meeting. Instead a letter was on file to show that the decision had been agreed as a best interest decision such as a decision to administer medicines covertly and for individuals to have the flu jab.
- Staff had mixed understanding of the MCA and specific decisions had been considered but not always recorded as such. Staff were trained in the Mental Capacity Act 2005. However, the registered manager had identified on the home's action plan further MCA training was required. This was scheduled to take place during October and November 2020 to further enhance staff's understanding.
- The service had a system in place to record when DoLS referrals were made, approved and due for renewal. Staff were clear of why DoLS were required and understood that bed rails and locked doors restricted people's movements.
- A health professional involved with the home told us the deputy manager and residential care manager care about the people they support and try to act in their best interests. They commented, "They [staff] communicated well with both families and professionals, engaging in virtual meetings and calls during COVID-19 lockdown periods as part of best interest decision making."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and a member of the management team carried out initial assessments before people were admitted to the home. They completed an assessment document and a one-page profile. Potential admissions were discussed at handovers and the daily morning heads of department meetings

which ensured staff were made aware of the person's needs and risks prior to the person being admitted to the service.

- People's cultural, religious and preferences were identified, and staff were trained in equality, diversity and human rights to enable them to support people appropriately.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were identified and met. People had a care plan in place which outlined people's nutritional risks and the support required. People who required it were provided with specialist diets such as puree meals or a fortified diet and snacks.

- People had the choice to eat in their bedroom or in the dining room. Throughout the inspection we observed people who required support with their meal received consistent and timely support.

- The service had a four-week menu plan in place which showed people were offered a varied diet and individual likes and dislikes were taken into consideration. People had meal options to choose from and individual requests were catered for.

- Some people were happy with the meals provided and described them as "Generally very good and appealing" whilst other people felt the quality of the meals varied and was not always to their satisfaction. A relative commented, "There is a lack of choice and often the food is of poor quality."

- The chef sought feedback on the quality of the meals provided to bring about improvements people asked for. The feedback was recorded, and action agreed where improvements were required.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- The service was able to access a GP and medical advice for people when required. In response to COVID-19, weekly video calls with a GP took place which allowed for changes in people to be reviewed.

- The service continued to access specialist input for people who required it such as mental health reviews, speech and language therapists, diabetic and Parkinson's nurses. A record was maintained of telephone contact and visits from professionals which showed issues discussed and agreed actions.

- Health professionals involved with the service indicated the service worked well to promote people's health and well-being. A health professional told us they have weekly video calls with at least two senior staff and get an overview of medical needs within the service. They commented, "Communication between Woodland Manor and the surgery is positive, and the staff seem knowledgeable. Staff know people well and respond quickly to changes in individuals." Another health professional told us they had facilitated four virtual/telephone consultations (due to COVID-19 restrictions) between June and August this year. They commented, "On each occasion staff have been well informed regarding resident's medical backgrounds and any recent changes in their presentation. They have taken proactive, immediate and appropriate action in adjusting residents' diet and fluid consistencies to reduce the risk of aspiration pending our involvement. In each case this action has been in keeping with our final recommendations, reflecting effective and appropriate measures."

- A relative commented, "[Person's name] appears to be in good health and has put on weight which is encouraging. Like other residents they have felt the impact of COVID-19 in terms of spending more time in their room" and "due to their lack of mobility, needs help and support with virtually every aspect of living. Whilst it is difficult to judge, our general impression is that [family member's] care has improved since the last inspection." Another relative commented, "My mother's health has much improved and her medical problem is better managed now. [Nurses name] is observant, caring and a good nurse."

Adapting service, design, decoration to meet people's needs

- The service was purpose built and was suitably maintained. A maintenance staff member was on site and dealt with day to day maintenance issues as well as accessing external contractors when required.



# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At the last inspection the provider had failed to ensure person centred care was consistently provided. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served in relation to person centred care.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 9 (Person-centred care). However, further training was identified by the registered manager and an alternative electronic care plan system was being considered to better suit the provider's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and the majority of relatives spoken with told us they were happy with the care provided. Relatives commented, "My wife seems relaxed, well looked after and looks as well as ever", "Dad tells me that he is very happy at Woodland Manor and both his mobility and interest in life – and even his memory a little - have improved, signalling to me that both his physical and mental health are well catered for."
- Staff were observed to be responsive, reassuring and supported people's choices to promote person centred care. People's care plans outlined the support individuals required with aspects of their care such as personal care, nutrition, mobility, communication, mental health, activities/ interests and end of life. Daily monitoring charts such as food, fluid, weight and turning charts were in place to indicate that the required care was given.
- Care plans outlined people's medical conditions such as heart conditions, epilepsy, Parkinson's and diabetes. Details was provided on hypo glycaemic (blood glucose drops too low) or hyper glycaemic (blood glucose rises too high) symptoms to enable staff to recognise and respond to those. Guidance was provided on the profile page on what staff were to do in the event of a seizure. Care plans were kept updated as people's needs changed.
- The service had a number of people who presented with behaviours that challenged. Staff were aware of what they needed to do to support individuals. However, care plans for those individuals lacked detail as to the presenting behaviour and action to take to deescalate the behaviour. A record was maintained of each incident which described the behaviour and action taken. However, these did not feed into a behaviour support plan to promote continuity of approach by all staff. The registered manager had recognised they needed support with this, and the organisation's dementia care lead had become involved in supporting the service in further development of care plans and guidance on managing behaviours that challenged.
- The registered manager had also liaised with other professionals to support them to manage individual's behaviour that challenged more effectively. A community professional told us they found staff at the service

to be "Helpful, friendly and certainly person centred." However, a health professional commented, "I found that the care appeared to be more staff/task orientated than person-centred at times. It was often difficult to ascertain management input, to acknowledge cognitive decline over deliberate behaviour, and to liaise effectively." This was fed back to the registered manager to be aware of.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had an accessible information statement in place which outlined that people's communication would be assessed at the point of the initial assessment and during their stay at the service.
- Since the previous inspection the registered manager had introduced signage, posters and audio to enable people with limited communication and understanding to be better informed. This was on going and work in progress. The provider had recruited a dementia care lead and the registered manager was keen to work with them to make the dementia care units more dementia friendly.
- People's care plans outlined their communication needs. Some care plans told us how people communicated and the best way to engage with them. Others lacked specific detail. For example, care plans made reference to using natural gestures, facial gestures or pictorials. There was no indication what this meant for the person. This was picked up at the previous inspection and the services internal care plan audits and was being addressed through further training. During the inspection we observed staff had a good knowledge of people and used pictures and objects to promote people's communication and involvement in their care.

#### End of life care and support

- At the time of the inspection the service was supporting people on end of life care. Their care plans outlined the end of life support required and the GP was consulted with on what medicines were required to be taken by the person at that time. Anticipatory medication was in place for when this was required.
- Where possible the service had attempted to explore people's and relatives wishes in the event of their death. Where this was known it indicated if the person wanted to die at the service or a hospital, be buried, cremated and which funeral directors to use. Where this was not known relatives indicated they would make the decision at the time. Some people had "Do Not Attempt Resuscitation" (DNAR) in place and this was referred to in their end of life care plan.
- End of life training had been provided. A staff member commented, "I feel confident in dealing with a person dying, it is very sad, but we do our best to take their wishes into account and give the person a dignified death."
- A health professional commented, "During the pandemic the home was very organised and helped with our COVID-19 Advanced Care planning to support the wishes of residents and their families regarding possible hospital admissions. [Registered managers name] was really helpful with this work,"

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them."

- Since the previous inspection there was a change in the activity team and three new activity staff had been recruited. People and the majority of relatives were very complimentary about those staff members who they described as 'excellent, enthusiastic and motivated'. One person told us about an exercise session they had joined in recently which they found to be "fun and engaging". A relative commented, "The activities team have gone over and beyond both in organising communal events for example in the garden but also spending time with [person's name] in their room. This is an improvement I would like to see maintained



post COVID-19, particularly for less mobile residents." They gave an example where an activity staff member had taken an interest in the plants in the persons bedroom and let the relative know by email when flowers or gifts arrived. They commented, "I appreciate how busy the team is, things like this make such a difference and I am hugely grateful."

- The activity staff had a programme of activities in place, but they also had the ability to change and adapt the activity if people were not engaging. The activity programme included one to one and group activities and the activity team were keen to further improve the access to one to one activity for people. People were not accessing the community because of COVID-19 but external singers and a 'pat a dog' service came to the service whilst promoting social distancing. People were also encouraged to become involved in meditation sessions, exercises, quizzes and cinema sessions were available. The activity team were looking into online church services for people to access if they wished.

- The activity staff supported people with socially distanced family visits and skype calls where people were able to engage with those. Regular updates were provided to families on their family member to enable them to be kept informed due to the restrictions on visitors to the service. A relative commented, "The regular skype calls have been a real lifeline, particularly for those living some distance away from Woodland Manor. I would like to particularly commend the unstinting efforts of the activities team to support residents and friends during the lockdown. Whilst team members have changed over time, the dedication and quality of service has been exceptional. This is an aspect that has really stepped up during the crisis and made a huge difference."

- A health professional commented "Staff work extremely hard in a caring and empathetic way to encourage residents to engage in activities and provide support with care and support needs".

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and a log of complaints was maintained which showed the issues raised and outcomes.

- People we spoke with felt able to raise concerns and they felt issues raised were acknowledged and addressed. Relatives were aware how to raise concerns. Relatives commented, "I have not had cause to raise a complaint, however I do know how to raise any concern, should I have one" and "I have had no cause to complain but I am clear that if I have a problem the home manager's door is always open". One relative commented, "We never know who to contact if there is an issue." We directed them to the service and the provider to enable them to raise concerns if they needed to.

- Compliments were logged and shared with the staff team to promote them feeling valued and motivated.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the provider was in continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The purpose of this inspection was to check if the provider had met the requirements of the positive condition imposed in relation to good governance.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17 (good governance).

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had been in post for almost a year at the time of this inspection. They were experienced in their role and was a positive role model to the team. They had worked hard and had made significant improvements to the service. They had changed the culture within the service and had built a team who seemed to work well together. There were clear management structures in place which meant shifts were organised, the service was calm, and staff were trained, supported and supervised to provide safe care to people.
- Staff described the registered manager as "firm", "fair", "friendly", "knowledgeable", "experienced" and "professional". Staff commented, "The home is in a better place now, I think the home is well managed", "[Registered managers name] is strict but fair. No messing about and it feels safe when she is charge", "[Registered managers name] is nice, I like her very much, she managed to make the job for carers [staff] a lot easier now, everything runs smoothly, and it is a nice atmosphere to work in", "Staff are happier, motivated, appreciated, supported and morale is good", "The Registered Manager is friendly and approachable, she is so nice, [I] love coming into work, [the] home has open door culture" and "I am so happy working here, [I] feel part of a team. It feels like a different care home."
- The majority of relatives felt the home was well managed and they could see the positive changes within the service. They described the registered manager as "accessible", "approachable", "honest", "listens and provides clarity". Relatives commented, "I feel the change of management has been positive and that the home has more processes in place, which does make me feel that my mother is well cared for. I have had opportunity to meet the home manager prior to COVID-19 and it was obvious to me that she would be firm, fair and would ensure that any changes would be implemented and that processes would be followed", "I think the home is extremely well managed. I have found [registered managers name] firm but caring. She explains herself clearly, she is very hardworking, dedicated to her job and goes that extra mile. I am happy to trust my mother's care to a home managed by her" and "The manager has worked hard to bring the home

back under control. She is a very strong and determined lady and you know where you stand which I like. Her heart is in the right place."

- Three relatives were unhappy with the registered manager's management style and the changes they had made to the staff team. They felt communication was poor and was not fully reassured that their relative got the care or medical intervention they required. A relative described the registered manager as "defensive" whilst another relative described them as "uncaring". The registered manager acknowledged they could not always support relative's requests, and this impacted on the relative's relationship with them. We directed the relatives to the provider to enable their specific concerns to be addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the staff team were clear of their roles and responsibilities. Staff commented, "I feel I understand my role a lot better, and in my role, I feel supported now", "Everyone seems a lot more aware of what they are doing, their roles and where they need to be on the day", "Everyone knows what their job description is, what they have to do, and training has been given about team working", "I am clear of what is expected from me and I feel able to go to the manager with any issues" and "Staff are more aware of their role, and it finally feels like we are getting somewhere."

- At the previous inspection records were not suitably maintained and auditing was not effective in picking up issues within the service. At this inspection we found record management had improved. Monitoring charts for people were generally well completed and other records had been introduced such as mattress checks, shift planners and handover records to ensure people got the care they required. This minimised risks to people. We found some people's care plan records were contradictory, and in mental capacity assessments, best interest decisions were considered but not always recorded as such. However, this was picked up and being addressed through the home's audits and further training for staff to minimise impact on people.

- The service had a schedule of audits in place which included audits of care plans, medicines, catering, housekeeping and health and safety. Each head of department took responsibility for auditing their area. The registered manager reviewed a sample of the audits and signed them off when they were satisfied actions had been completed.

- The provider also audited the service with specific areas audited over the year by senior staff of the organisation. The audits viewed showed that the registered manager had identified areas for improvements such as care planning, Mental Capacity Act records and specialist training. An action plan was in place which showed the progress made and actions still outstanding. This was reflective of our findings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear of their responsibility in relation to the duty of candour regulation to be open and transparent when things went wrong. Throughout the inspection we found the registered manager to be open, honest and transparent in relation to what had improved and areas they had identified that needed improvement in the service.

- The registered manager and deputy manager were clear what needed reporting to the Care Quality Commission and the required notifications were made, which further promoted openness and honesty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Open visiting to the home and relative meetings had ceased due to COVID-19, with planned family visits taking place in organised time slots. However, the registered manager emailed relatives weekly to keep them updated and provided them with reassurances on how the home was managing at that time. A relative

commented, "I feel well informed during lockdown and the current crisis. We get weekly email updates, which are always informative."

- The provider had a system in place of continually surveying a sample of people, relatives and staff. The completed surveys were sent to head office to be analysed and the feedback from the surveys was shared with the registered manager to act on and share with their team.
- Staff felt they worked well as a team and systems were established and effective in promoting good communication within the team. Team meetings, handovers, shift planners and communication books were in use which promoted open communication. A staff member commented, "Communication has changed and improved, each day we have a handover, night staff inform us of any changes, if something changes with a resident, we take more time and observe them. I feel informed" and "It is more friendly here now. Staff work well as a team. Morale is good and staff feel like they can progress. Everyone gets the opportunity."

#### Continuous learning and improving care

- The registered manager was committed to continuous learning and improving care. Their aim was to further develop staff and provide bespoke care to people. Staff were encouraged to access external courses and the service had established links with a local hospice to further improve end of life care training for staff.

#### Working in partnership with others

- The service had adapted the way they worked with others during the pandemic to enable them to continue to have input from other professionals.
- A health professional commented, "I have a lot of respect for the [registered manager's name]. She has built a good team, has regular meetings with her senior team and seems to have stabilised the service." Another health professional commented, "[Registered manager's name] is very approachable, who maintains good contact and seeks advice to safeguard people."
- The service continued to maintain contact with the local community. During the pandemic children from a local school wrote letters to people and the service was looking to set up a remote Christmas concert.