

David and Michael Russell LLP

The Woodlands Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on Thursday 8 and Friday 9 June, 2017 and was unannounced.

The Woodlands Residential Home provides personal care for up to 14 people; the home provides support specifically for older people and is situated in a residential area of Meols, Wirral. There is a small car park and garden available at the rear of the property. All bedrooms are single occupancy and are provided over two floors. At the time of the inspection there were 14 people living at the home.

A passenger lift enables access to bedrooms which are located on the first floor for people with mobility issues. On the ground floor, there is a communal lounge and a dining room for people to use.

At the time of the inspection there was a registered manager in post. The registered manager has been in post since 2013. 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 previous comprehensive inspection which took place in December, 2015 found that the service was not meeting all of the regulations which we inspected. We identified breaches in Regulation 12 'Safe Care and Treatment', Regulation 14 'Meeting nutritional Needs' and Regulation 17 'Good Governance' of the Health and Social Care Act 2008 (Regulated Activities) 2014. These breaches related to the provision of safe and appropriate care being provided to those who lived in the home, medication management, nutritional needs and the overall management of the service.

At this inspection we found that improvements had been made in all areas but some areas required further improvement.

At this inspection we found a breach of Regulation 11 'Need for Consent' of the Health and Social Care Act 2008 (Regulated Activities) 2014

The provider did not always operate in line with the principles of the Mental Capacity Act, 2005 (MCA). Mental capacity assessments were completed, the necessary Deprivation of Liberty Safeguards (DoLS) had been submitted to the local authority but there was no evidence to show any best interest decisions or meetings had taking place and the least restrictive options had been explored.

At the last inspection we found the provider to be in breach of the regulation regarding good governance. Care plan audits, financial audits, maintenance audits and medications audits which were in place were found to be ineffective and did not evidence how safe, quality care was being measured, monitored and managed. Audits which were conducted were not robust enough, did not support a consistent approach to quality or standards of care and did not evidence how improvements were being made.

The provider was no longer in breach of this regulation but we have made a recommendation in relation to the standards of audits and their effectiveness.

We found that there was a good level of support being offered to all staff within The Woodlands Residential Home. Staff felt they were supported with their professional development; they were provided with the necessary training and skills to deliver the correct and appropriate level of care which needed to be provided and they received consistent supervisions and appraisals. It was evident that the manager operated an 'open door' policy and staff expressed they could seek support and guidance whenever they needed to.

Staff were familiar with the support needs of the people they were caring for. Staff could explain the different levels of support which needed to be provided, different preferences of people, specialist dietary needs and likes and dislikes of some of the people living in the home.

Accidents and incidents were routinely recorded on an internal database system. These were discussed as part of the daily handovers which took place and helped to inform the manager of any decisions which needed to be made in relation to staffing levels and lessons learnt. It was identified that there such discussions were not routinely taking place during team meetings.

Staff morale was positive and it was evident throughout the inspection that there was good relationships between staff, people who lived in the home and relatives. People we spoke with were very positive about the leadership and management within the home and felt there was safe, kind and compassionate care being delivered.

There was a formal complaints policy in place, relatives and people living in the home knew how to make a complaint. At the time of the inspection there were no complaints being dealt with although we were shown a folder of informal complaints which had been documented and actions which had been taken to rectify any problems which had been raised.

During this inspection we found that daily, weekly, monthly and annual audits and routine checks were being completed and since the inspection we have been provided with newly devised care plan audits which will support the audit process and improve the standard of each of the care records which are in place for each person in the home.

People did feel that their privacy and dignity was respected and staff were able to provide examples of how they ensured privacy and dignity was maintained. Staff expressed there was enough staff to support the needs of the people living in the home and the manager was responsive to making necessary staffing changes when dependency needs changed.

A programme of activities was available for people living at the home to participate in. There was a dedicated activities co-ordinator in post who was responsible for the range of different activities which was being provided. The activities co-ordinator was passionate about engaging and interacting with all those who lived in the home.

There was a positive response in relation to the quality and standard of food. People's choices, preferences and dietary needs were supported and kitchen staff were aware of the specialist dietary needs of some of the people who were living in the home and how food needed to be prepared.

We reviewed five staff personnel files and recruitment was safely and effectively managed within the home.

Processes demonstrated effective recruitment practices were in place. This meant that all staff who were working at the home had suitable and sufficient references and disclosure and barring system checks (DBS) were in place.

The manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. The provider ensured that the ratings from the previous inspection were on display within the home as well as being visible on the provider website, as required.

There were specific policies and procedures available to guide and support staff in their roles. Staff were aware of the such policies including the home's whistle blowing and safeguarding policy.

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 ●

The service was not always safe.

The call bell system was not sufficiently managing risk.

Nutritional risk was not appropriately managed.

Accident and incidents were recorded and an analysis undertaken to establish if lessons could be learnt.

Sufficient recruitment practices were in place which ensured staff had received the appropriate checks prior to working in the home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Principles of the Mental Capacity Act, 2005 were not being followed accordingly. Best interest meetings were not evidenced in care files.

Staff were supported in their role by regular supervision and appraisals.

People were supported to have sufficient food and drink

Is the service caring?

Good ●

The service was caring.

People who lived in the home and their relatives expressed how the staff were caring and compassionate.

People told us staff maintained their privacy and dignity.

End of life support was facilitated in a dignified and well managed way.

Is the service responsive?

Good ●

The service was responsive.

Appropriate assessments were conducted and person centred detail could be found in care records.

There was a variety of different activities that people could engage in.

There was a clear and transparent complaints process in place.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Audits which were in place needed to be improved

There were no systems in place to gather feedback from people who lived in the home or relatives.

Staff had a good understanding of whistleblowing and safeguarding processes.

There was a positive, open and supportive culture within the home.

The Woodlands Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on Thursday 8 and Friday 9 June, 2017 and was unannounced.

The inspection was carried out by one adult social care (ASC) Inspector.

Before the inspection visit we reviewed the information which was held on The Woodlands Residential Home. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report

We also contacted commissioners and the local authority safeguarding team prior to the inspection. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered provider, registered manager, deputy manager, three care staff, one member of kitchen staff, two relatives and three people who lived at the home as well as using a Short Observational Framework for Inspection tool (SOFI) The SOFI tool provides a framework to enhance observations during the inspection; it is a way of observing the care and support which is provided and helps to capture the experiences of people who lived at the home who could not express their

experiences. Staff were seen to be attentive and offered kind, genuine and compassionate care.

We also spent time looking at specific records and documents, including four care records of people who lived at the home, five staff personnel files, staff training records, medication administration records and audits, complaints, accidents and incidents and other records relating to the management of the service.

We undertook general observations over the course of the two days, these included observations of the décor, bedrooms and bathrooms of some of the people who lived in the home, the lounge area and the garden area.

Is the service safe?

Our findings

People told us that they felt safe within the service. One person commented "I'm perfectly happy here, it is very good and I know I'm safe here." Another staff member said "This place is fantastic; the staff would accommodate anything...it's out of this world." Relatives we spoke with gave positive views about their relative's safety within the service. One family member commented, "This place is first class, the staff provide first class care, it's a safe, caring environment." Another relative expressed "It's the first time I feel I can relax knowing that (my relative) is being cared for, I think really highly of this place."

At the previous inspection we found that the service was in breach of regulation relating to safe care and treatment and in particular; the assessment and management of risk and safe management of medicines. During the inspection the registered manager produced an action plan which detailed how improvements have been made in order to meet the regulations. As part of this inspection we checked records to see what progress had been made in relation to the safe management of risk.

During this inspection we found that improvements had been made. We saw evidence of repositioning charts being used, skin integrity assessments, fall risk assessments, nutritional and dietetics referrals and plans. However, further improvements are still needed in this area. For example, one person's care plan indicated that their weight had begun to decline. A referral was made to the community nutrition and dietetics service and it was advised that weight as well as food and fluid intake was to be routinely monitored. However, upon review it was identified that this person's weight was not being consistently monitored, food and fluid charts were not being completed and a malnutrition universal screening tool (MUST) was not being used. When this was discussed with the manager, they informed us that this was because the person's weight began to steadily increase and improvements were being made. There was no records to indicate that the person was at the required weight which had been identified by the nutrition and dietetics service.

We recommend that the service consider current guidance to measure and monitor nutritional risk. Management guidance will allow the provider to identify people who are malnourished or who are at risk of malnutrition.

At the previous inspection we found that people's medication was not being appropriately managed due to the amount of excess medication which was found in the medication cabinet. As part of this inspection we reviewed medication processes and systems and identified that the manager had improved on this area. There was no longer any excess stock kept in the medication trolley. Excess stock makes it difficult to keep track of the quantity of medication at the home, its expiry date and whether the amount administered is correct. The manager explained that a new process had been put in place where excess stock is placed in a separate locked medication cabinet. This is monitored to ensure excess stock is accounted for and does not over accumulate.

Medication audits were routinely conducted each month, the prescription medication cabinet was securely fixed to the main staff office wall when not being used and controlled drugs were securely locked in a safe

inside an internal wall safe. The majority of people's medication was dispensed in monitored dosage packs. We checked three people's medication administration records (MARs) and found that the medication records showed that people had been given their medication as prescribed. There was a clear process in place for 'as and when required' (PRN) medications such as painkillers and the MAR showed that tablets were administered correctly.

We found that topical MAR charts were in place for all topical creams which needed to be administered, they also included a body map to show where each cream needed to be applied as well as detailed instruction on when to apply the cream.

We reviewed records regarding accidents and incidents which took place at the home; these were sufficiently recorded on a local spreadsheet and routinely analysed to establish if lessons needed to be learnt. This process enabled the manager to identify that staffing levels needed to be changed during specific parts of the day in order to provide safer care and support. Extra staff were required on duty during the afternoon shifts, this made significant improvement in the level of incidents and accidents which were occurring and being reported. Dependency levels were being routinely assessed and changes to the service were made when needed.

It was noted during the last inspection that the call bell system required improvement to ensure that people's call for help were answered promptly. The call bell panel which pinpointed the location from where the call was made was situated in the kitchen on the ground floor. There were no other call bell panels in place for staff to refer to when the alarm sounded. This meant staff had to go to the kitchen first to check the call bell panel for the call's location before they could respond. The Call bell point had still not been relocated which meant that people were still at risk of experiencing a delay in receiving the support they needed, especially if staff were located on the first floor.

Bathrooms contained liquid soap and paper towels in line with infection control guidance, staff were seen to be wearing appropriate personal protective equipment (PPE) such as disposable aprons and gloves to help prevent the spread of infection. There were hand sanitizing dispensers fixed to the walls throughout the home to encourage people to use whilst in the home.

There was evidence of health and safety audits being conducted to ensure the people who lived at the service were safe. Audits which were conducted included fire protection and prevention, water temperatures, fire evacuation audits as well as infection prevention control audits. Records also confirmed that gas appliances and electrical equipment complied with statutory requirements and routine legionella checks and kitchen hygiene checks were in place and up to date, which helped to maintain safety standards within the home. The home had also received a food hygiene rating score of 5. This score indicates how hygienic and well-managed the food preparation areas are at the home.

The service had a process in place to attend to repairs in order to keep people who lived in the home safe and ensure the home was in a good condition. There was a maintenance log book; all identified maintenance repairs were recorded in the book and actions were identified. There was evidence that maintenance work was being completed in a timely fashion and followed up accordingly.

Fire checks were carried out on a regular basis to help ensure fire doors; fire alarms, emergency lighting and fire fighting equipment were in good working order. We saw personal emergency evacuation plans (PEEP) information documented in the home's fire risk assessment although there were no individual plans in any of the files we viewed. This was discussed with the manager on the first day of the inspection, when we returned on the second day of the inspection, PEEP information was evident for all people who lived in the

home, in the main office as well as being placed at the front entrance of the home.

We spoke with staff about their knowledge and understanding of safeguarding procedures and how to report any concerns. All staff we spoke with were able to explain how they would report any concerns, who they would report their concerns to and what actions to take. All staff had completed safeguarding training and there was a safeguarding policy in place. Staff were familiar with how to make safeguarding referrals and records confirmed that appropriate safeguarding referrals had been made to the local authority when required. This helped ensure people were protected from the risk of abuse.

Five staff personnel files were reviewed during the inspection. There was evidence of application forms, appropriate employment checks, suitable references, confirmation of identification and Disclosure and Barring Service (DBS) checks were in place. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults. Such checks assist employers to make safer decisions about the recruitment of staff.

Is the service effective?

Our findings

People commented that they found staff to be good at their job. One person told us, "The manager is exceptional; I have every confidence in all the staff here." Another person expressed "The staff know me very well; they're able to support me." The views of the relatives we spoke with were also positive. One family member told us, "The staff are well skilled and equipped to do their jobs." Another relative commented, "I have no complaints at all, I'm very happy with the care being provided here, it's by far the best."

The Mental Capacity Act (MCA) requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager maintained a matrix to record all DoLS applications that had been made, whether they had been authorised, the date of expiry and any conditions imposed on them. Records showed that five authorisations were in place, five assessments were still to be returned from the local authority and four people were assessed as having capacity to make decisions. Consent had been sought from the people who were assessed as having full capacity however there was no evidence that any best interest decisions had taken place for those people who were assessed as needing to have restrictions in place for their best interests.

This is a breach of regulation 11 'Need for Consent' of the Health and Social Care Act 2008 (Regulated Activities) 2014

During this inspection we reviewed how people's nutrition and hydration needs were assessed and met. People told us they liked the food. A person who lives at The Woodlands expressed "The food is really, really good." One relative also expressed how their family member was supported with a specialist diet "(My relative) eats really well (relative) receives lots of support from staff." It was clear throughout the inspection that there was suitable and sufficient amount of food and drink available for people whenever they requested it.

We spoke with a member of catering staff who was familiar with people's dietary needs. Catering staff also confirmed that people have a number of choices to choose from on a daily basis. There was a rolling menu which was based on people's needs, wants, likes and preferences. Staff we spoke with also had a good understanding of people's likes and dislikes as well as care plans identifying specific eating and drinking preferences. One eating and drinking care plan identified how one person enjoyed eating specific fruit and particularly enjoyed specific savoury items of food.

At the previous inspection we found that the provider did not have suitable arrangements in place to ensure that people's dietary needs were met in an appropriate and safe way. We previously found that weights were

not being monitored and in some cases weight measurements were not being conducted at all. This meant that there was increased risk in relation to malnutrition and people were not being effectively supported. During this inspection we reviewed how this area of care was being delivered and it was identified that alternative methods of weight measurements were being taken.

We looked at the training and support which was in place for staff. Staff confirmed they received regular supervision and annual appraisals. Supervision enables management to monitor staff performance and address any performance related issues. It also enables staff to discuss any development needs or raise any issues they may have. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

Staff were supported with completing necessary training courses which provided them with the essential skills and competencies to fulfil their roles and responsibilities to the highest of standards such as safeguarding, infection control, administration of medication, first aid and dementia training.

There had been no new employees since the introduction of The Care Certificate which was introduced by the Government in 2015. This is a set of standards that social care and health workers comply with in their daily working life. The Care Certificate is a new set of minimum standards that should be covered as part of induction training of new care workers. The manager informed us that all staff have been requested to complete two modules of The Care Certificate which wasn't completed as part of their induction. The two modules included fluids and nutrition and safeguarding children.

People at the home were supported by external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, district nurses, podiatrist, nutrition and dietetics teams and dental practitioners.

Is the service caring?

Our findings

During the two day inspection we received positive feedback from people who lived at The Woodlands residential Home and also relatives we spoke with throughout the inspection. People's comments included "They're all doing a fantastic job." Another person expressed "Everyone is just wonderful here." Relatives we spoke with also provided positive feedback, one relative said "The staff are really supportive and if I've got any issues at all I know I'm listened to." Another relative commented "The staff are great, I receive regular contact from staff and I know (my relative) is well cared for."

The SOFI tool was used on the second day of the inspection. During this time four people were listening to music and socialising in the lounge area. During this time we observed two members of staff enter into the lounge, offered support and engaged in discussion with people sitting in there. It was clear that the staff were familiar with the people in the lounge area, they used their first names, people engaged positively to the staff and appeared happy, content and cheerful.

Staff provided genuine, kind and compassionate care to the people they were supporting. We observed staff supporting people around the home, staff administered medication respectfully and in a dignified manner as well as helping people with drinks and snacks upon request. People appeared to look happy, content and enjoyed the staff interactions which took place.

The atmosphere was warm, inviting and friendly throughout the two day inspection and it was evident from our observations and interactions that people safe and supported. The manager demonstrated an open, transparent and positive culture and was passionate about delivering effective, safe and compassionate care.

During the two days of the inspection we observed relatives visiting the home at various times. The staff told us there were no restrictions on visiting times, some family members would visit daily and it was clear to see relatives we spoke with had good relationships with staff and the managers within the home. One relative expressed "I can't fault this home at all, I'm completely involved in (relatives) care and I think really highly of the care that's provided here."

The staff we spoke with as part of the inspection told us they encouraged people to make choices, such as choosing what clothing to wear each day, what to have to eat and drink and what activities to get involved with. Staff also explained how they maintained people's privacy and dignity. Staff explained that they would always knock on people's doors before entering and they would always explain to the person what personal care they were providing.

Staff were familiar with the support needs of the people they were caring for. Staff were able to explain specific likes, dislikes and preferences of specific people who lived at the home as well as their personality traits and characteristics. This demonstrated that staff knew the people in their care and had been able to provide person centred care. A "My life story" booklet was being completed for all the people who lived at The Woodlands residential home. This booklet contained significant information relating to people's

childhood memories, education, family tree, work life, hobbies, holidays, routines and important dates. This helped staff get to know the people they were supporting and facilitated the development of positive relationships.

There was evidence that end of life care was being effectively provided. Care records demonstrated how care was being provided in a dignified and respectful manner. There was advanced care plans in place which provided all staff with the necessary information in relation to the support which needed to be provided and how this support was to be provided in a safe and compassionate manner.

Is the service responsive?

Our findings

People we spoke with throughout the course of the inspection informed us that they were provided with the level of care and support which was needed. One person was able to tell us that they were being "well looked after" by staff and felt they were "at home" in The Woodlands residential home. One relative commented "The staff are open and transparent, staff respond really quickly when they notice anything wrong (with relative) and I'm always informed if anything changes." One person we spoke with who lived at the home told us staff were "Wonderful" and "accommodate" people's wishes and needs. Bedrooms were all personalised with personal items and belongings and where possible the person was involved with the decoration and style of the bedroom to make it more 'homely' and comfortable.

We reviewed four care files over the course of the two day inspection. All care files contained person centred information and care plans and risk assessments were being updated accordingly. It was evident that people were assessed from the outset and where consent had been provided from the person receiving care, relatives had been involved in discussing and planning the care which needed to be provided.

People living at the home had individual care plans and risk assessments in place. The content of the care plans we looked at were consistent, person centred and contained up to date and relevant information. There was evidence of person centred detail being found throughout care records which helped to support staff in their approach to delivering a person centred approach to care. Where people's circumstances had changed, care plans were updated, risk assessments were completed and staff were made aware through the various channels of communication.

Due to the amount of information which had been sought prior to admission and during the time at The Woodlands residential Home it was clear to see that staff were able to be responsive to the level of care which needed to be provided. Staff were familiar and knowledgeable with the support needs of the people they were caring for and able to provide responsive, person centred care.

During the last inspection we found that there were unsuitable arrangements in place to ensure care was planned appropriately to meet people's needs and preferences. During this inspection we found that that care records were being suitably updated, reviewed and additional care plans and assessments were being formulated when circumstances had changes for the people they were supporting. For example, one person's care plan outlined a specific health condition which needed to be routinely monitored. The relevant risk assessments had been implemented, the relevant information had been documented, specific recording tools were in place to monitor the health condition and staff were provided with specialist information in order to provide the care and support which was needed. When staff were asked about this particular's person's health needs, they were all able to discuss how the person needed to be supported.

The home had a formal complaints procedure in place and relatives and people we spoke with were aware of the process for making a complaint. One family member commented "I know about the complaints process but to be honest I just come and speak to the staff and management, I know I'm listened to." There was a complaints record in place which recorded more of the 'day to day' 'informal' complaints which had

been elevated to staff which needed to be responded to. This record showed that a response had been given to the concerns raised in a timely manner and the action which had been taken to try and address concerns. One example of how a complaint was managed in a timely manner involved drawers which needed fixing in a person's bedroom. The log was made with staff and within one hour the furniture company was called and the problem was rectified. This was evidence of how the manager was responding to formal and informal complaints and ensuring that they were resolved in a timely way.

There was a dedicated activities co-ordinator in post who was very passionate about their role and responsibilities. The activities co-ordinator explained "I just love it here; I try and get everyone involved. We have the mini-bus so we can take people out to the church hall....we try and get the residents out of the house as much as possible." We spoke with people who lived in the home and relatives about the range of different activities provided. The feedback was positive and they all expressed how beneficial the activities were. People took part in walks, pub lunches, outings, in-house activities, baking and games such as scrabble and card and games.

The provider had purchased a mini-bus so external activities could take place as frequently as possible. The activities co-ordinator explained that people enjoy "getting out". The mini-bus provides the opportunity to take people out on excursions, out for local pub lunches and to nearby local attractions. The range of activities allowed for people to engage with different people within the home, ensured people remained stimulated and occupied as well as ensuring their health and well-being was being supported.

Is the service well-led?

Our findings

There was a registered manager at the time of the inspection. The registered manager was aware of their responsibilities as the service manager. The manager and deputy manager were responsive to the feedback provided throughout the course of the inspection.

As of April 2015, providers were legally required to display their CQC rating. The ratings are designed to provide people who use services and the public, with a clear statement about the quality and safety of care being provided. The ratings inform the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for the home was displayed for people to see as well as the rating also being displayed on the website. Statutory notifications were also submitted in accordance with regulatory requirements.

Throughout the course of the two day inspection we observed an open, positive and warm environment. The staff were friendly, welcoming and provided genuine, compassionate care to the people they were supporting. The manager remained responsive throughout the course of the inspection and appreciated any feedback which was provided. Following on from the inspection the manager demonstrated their responsiveness and provided us with evidence of different templates, audit tools and safety measures which had been implemented as a measure of improving quality and effectiveness.

Staff felt particularly supported by the manager and expressed how much they enjoyed coming to work each day. The provider and the manager collectively demonstrated a committed approach to the provision of care which needed to be provided and together were making the necessary improvements and developments to the home. Since the last inspection the registered provider was committed to making improvements within the home, all windows were being refurbished, flooring was being improved in bedrooms and the garden area was more inviting for people living at the home.

During the last inspection we reviewed the financial audits systems and found these to be ineffective. During this inspection financial audit systems had been improved and were structured, clear and organised. The finance system which was in place was able to demonstrate monies which were at the service for each person, when monies had been taken out, for what reason, the dates, staff signatures, balance remaining and receipts. The monthly finance audit tool was able to clearly indicate any discrepancies, if the finance process had been followed correctly and any areas of mismanagement. The manager explained the system has always been a transparent and robust process.

During the previous inspection the accident and incident audits were found to be ineffective, they were not analysed in order to apply preventative measures to avoid the same accident or incident occurring again. During this inspection, we found there had been improvements in this area. An accident and incident audit spreadsheet was maintained and updated accordingly. A description of the accident or incident was provided as well as the time and location it took place. The information was then analysed which enabled the manager to identify any trends surrounding the accident or incident. Appropriate action had been taken where trends had been identified. For example, it was identified that staffing levels needed to be increased

during a specific part of the day which minimised the number of accidents and incidents. This demonstrated that audits were effective.

During the last inspection it was found that the monthly maintenance audit was ineffective. During this inspection we found there to be improvements in this area but this was still an area which needed to be improved and developed. Mattress audits had not been conducted since January 2017 and there were still outstanding actions which had been identified on a number of monthly audits which had not been completed. This meant that the quality and standards of the home was not being managed in a timely manner. There was an identified breach of Regulation 11 which had not been identified by the current audit system. This was discussed with the manager and the provider during the inspection and it was explained that such audit systems need to be robust, effective and a measure of identifying and rectifying health and safety aspects of the home.

We recommend that the provider implements robust audit tools together with comprehensive action plans. Such tools will highlight areas of improvements but will also indicate how actions will be rectified and by when.

Communication and recording systems which were in place were effective. It was evident from the inspection that the staff team were working well together and were familiar with the care needs of the people they were caring for and supporting. Staff explained that the daily handovers which took place, regular team meetings, supervisions and daily contact notes which were updated all ensured that communication was effective, transparent and enabled the staff team to familiarise themselves with any changes in circumstances and any risks which needed to be managed and mitigated.

Satisfaction surveys or resident and relative meetings were not being completed. The manager explained that they had tried different methods of involving people who use the service and indeed their relatives but this had not been very successful in the past. The manager and the provider appreciated that the opinions, views and suggestions of others were significantly important when exploring what changes could be made to improve and enhance the lives of the people at The Woodlands residential Home. Following the inspection, we have been provided with details of a 'resident/relative' meeting which will be taking place in order to strengthen relationships and identify ways of moving the home forward.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>There was no effective systems in place to ensure best interest decisions were clearly recorded in line with the principles of the Mental Capacity Act, 2005 (MCA) The Act requires that as far as possible people make their own decisions and are helped to do so when needed.</p> |