

Bupa Care Homes (ANS) Limited

Woodend Care 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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Woodend Care Home on 20 and 21 September 2017. The first day of the inspection was unannounced. This meant the home did not know we were coming.

Woodend Care Home (known as 'Woodend' by the people who live and work there) can provide nursing and residential care for up to 79 older people. At the time of the inspection there were 52 people living in the home. People were supported over three floors and a basement floor had been renovated but nobody was currently living on this floor at the time of our inspection. The ground floor provided accommodation primarily for people requiring residential care. The first floor provided support to people living with dementia and the top floor provided nursing care. Each floor had a communal lounge and dining room, and a small kitchen area. The kitchen and laundry room were situated in the basement. There was a lift and stairs to all floors.

Our last inspection took place on 28 and 29 June 2016 when we rated the service as requires improvement overall. We also inspected the service on 17 and 18 November 2015. At that time we rated the service as requires improvement overall and inadequate in well-led.

At this inspection we found that although there had been improvements to some aspects of the service, we identified on-going concerns and continued breaches of the regulations. We found breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, person centred care and good governance.

You can see what action we have told the provider to take at the back of the full version of this report. We are currently considering our options in relation to enforcement and will update this section once any enforcement action has concluded.

The service didn't have a registered manager at the time of our inspection. The previous registered manager had resigned from this role in August 2017. The home was being managed by two interim registered managers from other locations connected to the provider until a new manager was recruited. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in June 2016 we found recruitment files were not completed in line with the regulations. At this inspection we found the provider was still non-compliant in this area.

Medicines were stored safely, and staff kept accurate records of administration. However, we found one person had not received a pain relief medicine as prescribed as there had been delays in ordering the

medicines. We also found 'as required' medicines (PRN) protocols were not in place for two people on the Tatton unit.

The registered provider had used a dependency tool to calculate staffing levels but we found this had not been reviewed for up to eight weeks. We observed that people's basic needs were met. People and care staff told us there were enough staff on duty.

Compliance with and staff knowledge of the Mental Capacity Act 2005 (MCA) had improved since the last inspection in June 2016. Staff sought consent from people they supported before providing care. Staff were aware of the principles of the MCA and Deprivation of Liberty Safeguards (DoLS) and how to support people effectively.

During the inspection we observed two people's finger nails ingrained with dirt and spectacles which required cleaning. We viewed their care plans and bathing records and found the level of personal care had not always been clearly recorded.

At the last inspection in June 2016 we found people's confidentiality was not respected as care staff discussed people's care and well-being in the presence of others living at Woodend. At this inspection we observed staff discretely discussing care tasks. However, we found newly implemented supplementary care files were not stored securely on the Arley unit.

Care assessments and plans had improved since the last inspection and were seen to be detailed and person-centred. Care plans were complete and regularly reviewed. We saw any changes to care plans were reflected in handover documents to help ensure all staff were aware. Information on preferences, social history and interests were recorded.

Systems were in place to manage complaints and concerns. People and their relatives had the opportunity to give feedback on the service they received and the provider took steps to ensure improvements were made.

At our previous inspections in November 2015 and June 2016 we found feedback from some care workers about the culture at the home was not all positive. At this inspection we were informed by some of the care workers they remained unsettled by the numerous changes in management that had occurred in recent years.

The level of supervision people received varied and was not in line with the provider's policy of an annual appraisal and supervision every two months. The provider implemented an improvement plan and this was an area highlighted.

Staff received the initial training they needed to meet people's needs. However, we noted the provider's compliance scores were under 60% for attendance on courses such as moving and handling, infection control, and safeguarding. The home had a clear training programme in place that they were in the process of ensuring staff were assigned to key training courses.

People were happy with the food served at Woodend. However, during our mealtime observations we found the current size of the dining rooms on the Tatton and Arley unit were not spacious enough to fit everyone in. We discussed this observation with the area manager who informed us there is a plan of refurbishment for the home, but no date has yet been set for this

Two nurse at the home had received advanced training in end of life care and people had their future wishes recorded in their care plans.

People had access to activities; however we received mixed feedback with regards to the activities provided to people on the Tatton and Arley units. People were not always protected from social isolation. The range of activities available was not always appropriate or stimulating for people. We have made a recommendation in ensuring activities are fully reviewed by the provider.

Audits on the home's quality were not always completed in line with the provider's policy, which meant systems to improve the quality of provision at the home were not always effective. We found the home in breach of the regulation in relation to good governance as there were not effective systems in place to monitor the quality of the service. We noted the home had an improved plan for the Tatton unit, and shortly after the inspection we received the provider's improvement plan for the entire home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Robust recruitment processes had not been followed because one staff members gaps in previous employment had not been explored.

Safe medication procedures were not being followed. We found one person's prescribed medicines had not been ordered in a timely manner.

We found the safeguarding procedures had been established to help staff understand how to safeguard people they supported.

Requires Improvement ●

Is the service effective?

The service was not effective.

Staff received training on a number of key topics, but we found a number of staff were overdue refresher training. However, we found staff supervisions and appraisals were not being completed consistently.

We received positive feedback about the food provided. Kitchen staff were aware of people's dietary requirements. However, we found the dining rooms on two units were not spacious enough to fit everyone in.

We found improvements in the home's compliance with and staff knowledge of the Mental Capacity Act 2005.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Whilst some staff treated people in a kind and compassionate manner this was not always demonstrated by others.

People could not be assured their confidentiality of information would be protected.

We viewed their care plans and bathing records and found the

Requires Improvement ●

level of personal care had not always been clearly recorded.

Is the service responsive?

The service was not always responsive.

People did not always experience person centred care. The registered provider had not taken sufficient action to improve activities for people.

Care assessments and plans had improved since our last inspection. Staff were aware of people's care needs and preferences.

Records showed complaints had been investigated and responded to complaints appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The provider had recognised many of the shortcomings at this inspection and put in place an improvement plan for the Tatton unit and we received a further plan shortly after the inspection.

Although some auditing systems were in place, it was evident that there were gaps in the home's quality assurance systems and significant scope for improvement.

Areas of concern identified in the last inspection had not been addressed. For example, safe recruitment of staff was still an issue.

Requires Improvement ●

Woodend Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 20 and 21 September 2017 and the first day was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had personal experience of services for people living with dementia.

Before the inspection we reviewed the information we held about the service. This included seeking feedback from the local authority safeguarding team, the Clinical Commissioning Group (CCG) and Healthwatch Trafford. Feedback from the local authority and CCG prior to this inspection was positive with no compliance concerns highlighted.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Part of the local Healthwatch programme is to carry out Enter and view visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. Healthwatch had undertaken an Enter and View visit to Woodend Care Home on 30 August 2017. Healthwatch Trafford provided the inspection team feedback from their visit and shared information of concern they had received from a person's family member. The Healthwatch enter and view report was not available at the time of our inspection to view.

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. We reviewed the completed PIR and we checked information that we held about the service and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We spent time observing care in the communal lounge/dining rooms and used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

During the inspection we spoke with 12 people who used the service, seven people's relatives, the interim manager, the area manager, the clinical service manager, the admiral nurse, the provider's compliance and governance inspector, the clinical support manager, seven members of care staff (including care assistants and nurses who worked nights and days).

We looked around the building. This included going in people's bedrooms (with their permission), bathrooms, two medicines store rooms and in communal areas. We inspected records, which included five people's care records, medicine administration charts, four staff recruitment files, the staff training matrix, staff supervision records and other documentation relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe at Woodend and their relatives agreed. Comments included: "It's very safe. I have my medication", "It's good here, I've had a hip operation. They keep me safe as I can't walk very well at the moment. Staff give me pain relief to help" and "I feel safe, yes." People's relative's comments included: "My sister is better here, I feel she is safe" and "I believe her needs are met here" and "[Person's name] is very safe at this home, the staff are good here."

At the last inspection in June 2016 we found safe recruitment checks had not been undertaken. For example, three employees lacked a full employment history, either recorded on their application form or clarified at interview.

At this inspection we found the provider still did not have robust recruitment checks in place. We looked at a sample of four staff files for the most recently employed staff in the service. Two of the four files viewed contained all the necessary information required such as: application forms, references, health declarations, disclosure and barring service (DBS) checks and proofs of identity including a photograph. One file we viewed did not record a full employment history. We could not be certain the applicant's references were from their last employer as the received references did not include the employer's business details, and there was no evidence of a health declaration. On the second day of the inspection the home's administrator provided evidence these checks had now been completed. However, this was only done when we informed the area manager of the recruitment files shortfalls. In the second file we viewed we found the interview notes had been completed by the applicant themselves. It wasn't clear who had interviewed this person to deem they were competent and appointable. Failure to obtain the correct documentation for prospective staff before they commence employment may place the welfare of vulnerable people at risk.

Recruitment procedures did not operate effectively. This was a breach of Regulation 19 (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At the last two inspections in June 2016 and November 2015 we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found Issues with hand washing, the administration of out of date medicines and an unlocked medicine trolley where people could access it. At this inspection we found the provider had made some improvements, but were still not managing people's medicines safely.

Prior to the inspection the Commission (CQC) noted from a number of the home's statutory notifications there had been at least 10 medication errors from the period of October 2016 to September 2017. At this inspection we found the provider had implemented a number of changes to improve the management of medicines. However we still found the service were failing to manage medications safely.

The home had a detailed, up to date medicine policy describing how medicines should be handled in the home. The nursing team at the home carried out weekly and monthly audits of medicines and they had

already identified and told us about the concerns regarding medicines.

We reviewed the management of medicines with two nurses on the Tatton and Arley units of the home. We found that medication was appropriately stored and administered on the Arley unit. Training records showed that medication training was up to date. However, we requested the annual medication competency assessments for the nine nurses employed at the home and found the nurse's competency assessments had not always been completed. For example, we found no competency assessments on file for five nurses, and only one nurse competency assessment completed in March 2017. Competency assessments are carried out by an experienced registered nurse who has recognised nursing knowledge and skills in the area of practice being assessed. This experienced registered nurse will either work with the nurse or will have observed his or her practice for the purpose of making an assessment.

We observed two different members of nursing staff giving people their medicines at lunchtime. Both staff spent a lot of time with each person while administering their medicines and gave medicines safely. We saw good practice with the administration of medicines to people living with dementia, in that timing of medicines had been adjusted to suit the people receiving them. For example, one person liked to sleep later so the time their medicines were administered was later. A nurse told us, "On this floor we have a clear overview of people's needs and we have adjusted the timings of their medicines to suit their needs."

We checked medicine storage rooms as part of the inspection. Medicines were stored securely in cupboards or trolleys in locked rooms. Medicines fridge temperatures were recorded daily and systems of receiving and destroying medicines were in place. We examined records and stock for controlled drugs and found everything was recorded properly.

We did identify some issues with medicines at this inspection. On the Tatton unit we looked at the medicine administration records (MARs) belonging to eight of 19 people living in the Tatton unit. We counted four medicines (randomly chosen) and found that the stock matched the home's records. However, when comparing one MAR chart we noted one person's medication for pain relief and digestive medication had not been ordered in a timely manner meaning the person had gone without their prescribed medication for two days. The nurse on duty was aware this medication had run out and confirmed the home had requested more stock from the pharmacy on the Monday, but agreed this had been overlooked the week before meaning the person had gone without this medication for two days.

At our last two inspections in June 2016 and November 2015 we found 'as required' medicines (PRN) had not always had protocols in place. At this inspection we found people living on the Arley unit had clear PRN protocols in place. On the Tatton unit we found no PRN protocols in place for two people. For example, one person required pain relief when required. It was not clear from the MARs when and why this person may require pain relief medication. We noted the home had a pain assessments chart in place, these were completed correctly on the Arley unit. However, the use of these charts on the Tatton unit was inconsistent and not regularly completed for people. Assessment of people's experience of pain is a crucial component in providing effective pain management. Pain should be measured using an assessment tool that identifies the quantity and/or quality of one or more of the dimensions of the patient's experience of pain.

Shortly after the inspection the provider notified us of further medicines errors from an audit completed after the inspection. Some of these errors included: on 20/09/2017 which identified a morning dose of lansoprazole had not been given on 16/09/2017. One person is prescribed cephalexin solution at night to reduce risk of urine infections. The provider confirmed from their medicines improvement plan steps will be taken to investigate any discrepancies and variances that are identified in order to ascertain why and if it indicates poor practice.

During this inspection we found concerns relating to the proper and safe management of medicines which was a continued breach of regulation 12 proper and safe management of medicines, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the feedback process of the inspection the area manager informed us the home have decided to act on the medicines shortfalls and promote one of the nurses within the home to manage the medicines on the Tatton and Arley units four days a week where their role will be supernumerary to ensure medicines systems are safely managed and assist the nurses working on this unit. We will review the progress of this role at our next inspection.

At the last inspection in June 2016 we found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found issues with the consistency of staffing levels on a day to day basis due to staff absence. At this inspection we found the provider had made the necessary improvements and was now ensuring sufficient staffing levels were in place.

On the day of inspection we arrived at the home at 7.45am. The staffing levels during the night consisted of two care workers on the Stamford unit; and two care workers and a nurse on both the Tatton and Arley units. Discussions with night care workers confirmed the current staffing levels were adequate.

We asked people and their relatives if they thought there were enough staff on duty to meet their needs. People told us, "Yes there is enough staff. I don't have to wait. I have my medicines on time, they are very good", "Staff are very good, I don't have to wait no" and "I think so, (enough staff)." One person's relative said, "My [family member's name] is better here, I feel she is safe. I believe her needs are met here. She is safe as she can be. When I come staff are around."

We asked the staff at Woodend if they thought there were sufficient staff to support the people and opinions were mixed. Comments from staff included, "I think the staffing levels are generally fine, but I know the Tatton unit can be difficult working on, so it's important they have enough care staff on", "I think staffing levels are fine when staff turn in for work, but the sickness levels in my opinion are not great" and "The staff on duty today are all permanent staff, now and again we will use agency but only if none of our own staff are available."

During the inspection we viewed the home's dependency tool, which had last been updated on 27 July 2017. It calculated the number of staff needed based upon the level of dependency of each person and the number of people on each floor of the home. The dependency tool had not been updated in over eight weeks; therefore we could not be certain how effective the information recorded was and whether this accurately reflected people's current dependency scores. We were informed this was the responsibility of the registered manager, but due to them leaving meant this piece of work had not been completed or picked up by another member of the management team.

We looked at day staff rotas on all three floors of the home for August and September 2017. We noted from the rotas areas where agency and bank staff were drafted in the cover staff sickness. On discussion with the management team staff sickness remained to be an issue at the home, but the clinical service manager felt shifts were covered with staff picking up overtime or the use of regular agency staff.

Throughout the course of our inspection we saw that people were attended to within acceptable timescales. The atmosphere on all floors during the inspection was calm and pleasant. We heard no one calling or shouting for help. Call bells, when activated, were attended to promptly and staff did not appear hurried or under pressure when undertaking their duties.

At the previous inspection we found accidents and incidents had been recorded by care workers in sufficient detail. However, the follow up investigation recorded by managers was often lacking. At this inspection we found improvements had been made and all incidents and accidents were reviewed by the home's manager and inputted onto a computerised system. Accidents and incidents were then pulled through onto a monthly quality report which provides analysis and trends for further scrutiny. A monthly summary of all incidents was produced, including any actions taken, for example referrals to the falls team, so the manager could monitor any patterns or repeated issues. Risk assessments were reviewed following an incident or fall. This meant the staff had an overview of accidents and incidents and steps were put in place to reduce the likelihood of them re-occurring.

We noted from the accidents and incidents records one person had a high number of falls within a short period of time. We viewed this person's care records and found the home had reviewed each fall and introduced a floor sensor in the person's bedroom to ensure staff responded to the person when they got out of their bed in an attempt to minimise falls and created a falls care plan. We viewed the falls care plan and found it covered areas for the staff to follow in an attempt to reduce the number of falls. We spoke to the admiral nurse at the home who confirmed the person's social worker and family were fully aware of their falls history and the home was actively pursuing new ideas to prevent the number of the falls, but in the process the home didn't want to limit the person's movement as they enjoyed walking. Admiral Nurses are specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia.

Risk assessments had been completed for any areas that were considered to be of concern. We saw risk assessments for malnutrition, skin integrity, medication, mobility and the risk of falls. Staff told us that risk assessments were reviewed monthly or following any incidents. The risk assessments we saw in care plans had been evaluated on a regular basis to ensure they remained relevant and up to date.

We checked the safeguarding records in place at Woodend Care Home. We noted that a tracking tool had been developed to provide an overview of safeguarding and care concerns that had been received; we noted these records had been placed in a folder for reference. Examination of individual safeguarding records confirmed the provider had taken appropriate action in response to incidents.

Prior to our inspection we contacted Trafford Healthwatch to ask them if they had any intelligence positive or negative on the home. We were informed of concerns one person's family made in relation to the care their family member was experiencing at the home. At the time we received this information CQC raised a safeguarding alert to Trafford safeguarding local authority and informed the provider of these concerns. Prior to the inspection the interim manager provided CQC with the home's response to the concerns and provided reassurance that the areas of concern were being managed by the home. During the inspection we viewed this person's care plan and found the home had taken the appropriate action to ensure this person was being safely supported.

Staff told us that they had completed training on safeguarding adults from abuse. Staff were able to describe different types of abuse, and the action they would take if they became aware of an actual or potential incident of abuse. Staff told us that they would report any concerns to the manager or a senior member of staff and were also confident about using the whistle blowing procedure. They were certain they would be listened to and that appropriate action would be taken. Comments from staff included, "The training here is pretty good and we did safeguarding during our induction", "I know about the whistleblowing procedure and if I had to I would use it without a doubt" and "If I suspected any type of abuse was happening, no matter what it was, I would report it straight away to a senior and the manager."

We checked the systems that were in place to protect people in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept for each unit in a 'fire file'. A contingency plan had also been implemented that provided details of how the home would continue to deliver the service in the event of an emergency. We viewed the last completed fire drills in April 2017 for day time staff. We noted there had been no night fire drills for night staff since June 2016. We discussed this further with the management team who assured us this would be arranged in the forthcoming weeks. We also saw that the home's fire risk assessment had been reviewed in December 2016; actions had been identified and we noted the action plan had been signed off as completed by the manager. This meant essential work had been completed in a timely manner ensuring people were not put at risk.

Records confirmed that monthly and weekly checks were carried out of emergency lighting, fire doors and fire extinguishers. Hot water temperature checks were taken weekly and recorded. We noted the six monthly passenger lifts and lifting equipment (LOLER) such as hoist were all up to date.

All areas of the service were clean and tidy. People and relatives told us they thought the home was clean. There was a cleaner present throughout the day of inspection and a team of laundry staff. We saw infection prevention and control policies and procedures were in place. Staff were seen wearing protective clothing such as disposable gloves and aprons when carrying out personal care duties. Hand-washing sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets. This meant people were protected from the risk of infection and cross contamination when receiving personal care.

We also reviewed information from the local NHS Trust's infection control lead; an infection control inspection had been carried out in July 2017. The infection control lead had drawn up an action plan for the service after issues had been identified and a compliance rating of 80% awarded.

Is the service effective?

Our findings

People spoke positively of the staff working at the home. Comments from people included: "Yes I choose what I want, I had my hair done yesterday and I'm always asked what I want", "Staff check with me first, they don't do just do things", "Staff know what they are doing", "I speak up and tell them what I want" and "I choose everything."

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 be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager maintained a record of people subject to a DoLS.

At the last inspection in June 2016 we found there was an inconsistent approach being followed by the home for people who lacked capacity to make decisions as we noted DoLS applications for three people had not been completed in a timely manner. This meant people who lacked capacity to consent to live at Woodend were being deprived of their liberty without authorisation. At this inspection we found improvements had been made.

There was now a clear process in place ensuring mental capacity forms were kept in people's care plans. These clearly assessed a person's capacity to make decisions. If a person was assessed as not having capacity, best interest decisions forms for each separate decision to be made were completed, for example consent to a person's care and treatment, safety in bed (use of bedrails or sensor pads) or use of a hoist. Where people had been assessed as not having capacity to consent to living at Woodend a DoLS application had been made to the relevant local authority. We saw the previous registered manager regularly contacted the local authorities for an update on the progress of the DoLS applications. Where DoLS had been authorised by the local authority a copy was filed centrally and in people's individual care files.

People's care plans contained consent forms. We found two care plans had been signed by the person's family member. It was clear from both care plans the family member had Power of Attorney (POA) for health and welfare. A POA is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare decisions and / or decisions about finances), on a person's behalf.

Staff had received MCA and DoLS training. Staff understood the importance of the MCA and told us how they supported people to make decisions in their daily lives. We noted the registered manager had appropriately sought authorisation for DoLS for some people living at the service and therefore protecting their human

rights. They showed a good understanding of how to support people in a way that did not restrict their freedom.

Examination of training records confirmed that staff had completed key training in subjects such as safeguarding, fire safety, moving and handling and food hygiene. We saw the care worker induction incorporated all aspects of the Care Certificate. Care workers also said they received annual updates of certain mandatory subjects. One care worker told us, "The training on offer has always been good."

We viewed the home's staff training compliance matrix. It showed the training which had been assigned to staff and what they had completed. According to the matrix for September 2017 attendance on courses such as moving and handling, infection control, and safeguarding was just below 60%. We discussed this area with the management team who explained all staff had completed the homes in house mandatory training as part of their induction, but confirmed the refresher dates was overdue. The home had a clear training programme in place that they were in the process of ensuring staff were assigned to key training courses.

During the inspection we identified two staff members approach when supporting people whose behaviours may challenge others not to be consistent. For example, on the first day we observed one person becoming agitated and shouting out, we observed two staff members attempting to support this person but they didn't engage with confidence. One staff member quickly left the lounge when the person's voice got louder. The second staff member soon followed the first member of staff by leaving the room. We discussed these observations with the admiral nurse who confirmed she was aware staff practice on this floor varied depending on their confidence levels. The admiral nurse has identified in-house managing behaviour that challenges and person first dementia second essentials. We noted these training dates had been scheduled for all staff to complete in September and October 2017.

At the last inspection in June 2016 we found supervision and annual appraisals for staff had improved but still need improving further to ensure all staff development and performance was regularly reviewed and discussed.

At this inspection we viewed the home's staff supervision tracker and could see the majority of the staff team had received supervisions in February and April 2017. Although staff received support through supervisions, these were sporadic and didn't follow the provider's policy of annual appraisal and supervision every two months. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop.

We discussed this area with the clinical service manager who commented that staff supervision and appraisals had taken a knock on all floors due to changes in the management. We reviewed the provider's improvement plan that was sent to us shortly after the inspection which highlighted this area would be reviewed by the management team going forward in their improvement plan. Discussions with staff about the level of support they received were mixed. Comments included, "Yes I do feel well supported here even though at the moment we do not have a permanent manager. The senior managers are always here for you", "I have been here just over 12 months and I have had supervision but it was a while ago, I think they should be more often" and "To be honest, staff supervisions are quite scant at the moment. I mean staff are getting them, but just not as often as they should."

We asked people what they thought of the food at Woodend and the feedback was positive. Comments included, "I know my own mind, I just tell them what and when", "The food is good, good choice", "The food is very nice" and "I like the food, we get to choose what we want the day before. If we don't like it they will

give us something else."

We carried out observations at lunch time in two dining rooms of the home (Stamford and Tatton units). We saw positive staff interactions with people. The provider employed three hostesses who worked on each floor to serve meals to the people which provided a nice touch to the dining experience for people. The dining room atmosphere was relaxed and not rushed. There were enough staff to assist people and we saw staff supported people who needed help to eat and drink. Staff were observed making meaningful conversation with people, and helped those who took their time and encouraged them to finish their meal. However, we found both dining rooms were not spacious enough to accommodate everyone. For example, on the Stamford unit we noted five people had their lunch served to them in the lounge on tables due to no space in the dining room. We discussed this observation with the area manager who informed us there is a plan of refurbishment for the home, but no date has yet been set for this. The people eating their lunch in the lounges appeared content and we were informed by the home the people in the lounge do get a choice to sit in the dining room to ensure they are not missing out on the dining experience.

Care workers helped people to make meal choices each day and would highlight if they had special dietary requirements, such as soft or fortified foods. The menu was based on a four-weekly cycle and people had two choices for each meal, although other options were always available, such as egg and chips or sandwiches. This meant that people had a choice of foods for each meal. The most recent local authority food hygiene inspection was in July 2017 and Woodend Care Home had been awarded a rating of 4 stars (out of a maximum of 5 stars).

Signage was used at the home to direct people to the nearest toilets and for the lounge/dining areas, kitchens and other rooms around the home. Each person's bedroom had a picture box on the wall outside which contained photographs of them as younger people plus other pictures and significant mementos. Each floor had a different coloured carpet and most were in plain colours or had muted patterns; walls were light coloured and bannister rails and doors were painted in dark colours to help them stand out. These observations showed us that the building environment was 'dementia friendly'. The area manager said that they hoped the building would be refurbished at some point the following year; they confirmed that any changes to furnishings and décor would be in line with current guidance on dementia-friendly environments. Discussion with the admiral nurse confirmed she wanted to adapt the environment further on the Tatton unit in an effort to make it more dementia friendly for people.

People told us they could see a GP if they needed to and their relatives agreed. The home had a relationship with a local GP who visited the home on Thursday's to review people's medical needs. Records were kept of food and fluid intake levels when they were at risk nutritionally and we found that they were completed consistently. People were weighed monthly and appropriate action was taken if people lost weight, for example a referral to the dietician or an appointment with a GP.

Is the service caring?

Our findings

We asked people if they thought the care staff were caring and the feedback was positive. People told us: "Staff are very kind to me", "My dignity is good, they [care staff] close the door to change me", "I feel listened to", "Lovely people no doubt there" and "Excellent, very good, I would say if they were not." Feedback from people's relatives was also positive: "Staff are kind and caring as I have seen", "I'm very happy with the care for mum, staff respond well to mum and they [care staff] do care" and "Tremendous staff here. My dad is very well cared for."

At the last inspection in June 2016 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had found staff handing over information about people using the service in front of others and this did not respect their dignity or confidentiality. At this inspection we found people's personal information was not being discussed in communal areas. We observed staff discreetly discussing care tasks and ensuring people's dignity was respected. However, on the second day of our inspection we noted the newly implemented supplementary files left on tables in the lounge on the Arley unit. We noted these supplementary files contained people's personal information on personal care, continence care, fluid intake and cream charts. This information should have been securely stored to ensure people's confidential information was not compromised. We discussed this area with the home's compliance and governance inspector who immediately removed all files from the lounge and stored them in a locked cupboard close to the nurse station. The compliance and governance inspector assured us this was not normal practice and staff will be reminded of the importance of ensuring people's supplementary files are securely stored.

The level of caring interactions varied on each unit throughout our two days at the home. We found the staff interactions on the Stamford and Arley units were kind and caring. Staff were observed to be patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled. For example, we observed one person becoming upset and we observed a staff member immediately picking up on this and sitting with the person while holding their hand and providing reassurance to them.

We found interactions on the Tatton unit were varied, and required improvement. On the first day of our inspection we observed staff were focused on tasks associated with caring for people, but did not take opportunities to interact with people. For example, we saw one person had become anxious and began to shout at people in close proximity. We observed two care workers approach the person, but didn't provide clear communication or reassurance to the person and quickly walked away leaving the person to continue to shout out. After 15 minutes we observed the admiral nurse attending to this person and sat with them to provide reassurance. As already mentioned in the effective domain of the report we observed the two staff lacking confidence and we found no clear direction of how staff should safely manage people's potential triggers for their behaviour. The admiral nurse confirmed during the inspection the provider is aware the care workers approach on the Tatton unit needs to improve and the home has a clear plan in place to support these changes, one comment from the admiral nurse included, "My role here is to identify things we can do better so I will be giving training to staff so they can deal with people who challenge better."

During the inspection we observed two people's finger nails ingrained with dirt and spectacles, which required cleaning. We viewed their care plans and bathing records and found the level of personal care had not always been clearly recorded. For example, one person's care plan stated the person could be `resistive` to personal care, however it was not clear how the staff should manage this person's personal care needs. We checked the care plan and daily notes for this person and could not find any details of the last time they had been given a bath or shower. Similarly with the second person, who according to their notes in the care plan liked to have a bath at least once a week, we could not find a date when a bath or shower had last been provided as part of personal care requirements. We discussed this area with the management team who provided us with a supplementary file that had been introduced four days before our inspection. Staff were now expected to document people's personal care once completed and these files would be reviewed by the managed team each month to ensure people were being supported with their personal care needs.

During this inspection we people's personal care needs had not always been well managed by the provider and this was also a potential risk of cross infection. This was a breach of regulation 9 (1) (2) (3), Person-centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted the home continued to follow the 'resident of the day' system, whereby one person on each floor had a specific day of the month when their care plans were reviewed. The 'resident of the day' system offers the resident the opportunity to engage with every member of the team and discuss what is important to them and what would make a difference to them. Family members, friends and advocates are encouraged to be present, if this is what the resident wants. This showed us that the participation of people and their relatives in care planning had continued to improve at the home.

People's privacy and dignity were respected. People were supported to go to the bathroom when they wanted. We saw staff were discreet when discussing people's personal care needs with them and ensured that personal support was provided in private.

We found the home had been accredited with the North West Six Steps end of life care programme. The Six Steps is a nationally recognised programme for supporting people and their families with making advanced decisions about the care they want at the end of their lives and their wishes after death. We noted from the training matrix two of the nurses employed at the home had completed this training.

We saw that all care files contained a section to record people's final wishes. This allowed the person to express what they wanted to happen in their final days. In the five files we viewed we noted this section had started, with some people having clear plans of their future wishes.

None of the people receiving personal care services at the time of our visit had specific needs or preferences arising from their religious or cultural background. The provider's assessment process would identify these needs if necessary. Equality and diversity training was included in the provider's basic training programme.

Is the service responsive?

Our findings

We looked at five care files for people who were living at Woodend. Each person had a comprehensive care and support plan based on their assessed needs. Care plans described people's individual care and support needs, decision making capabilities and things they enjoyed or disliked. Care plans were written in a person-centred way and contained detailed information for staff. Where one person had diabetes, guidance was in place for staff on how to manage this. Other people had information relating to their communication or behaviours as well as their life history, likes and dislikes recorded in 'My Day - My Life' booklet. Information recorded in the care plans meant staff would be able to identify and respond appropriately if a person's needs changed.

When people's needs changed their care plan was reviewed and updated to reflect their latest care requirements. Staff told us they always attended a handover before starting their shifts. They said handovers were always given by the registered nurse completing their shift. They said handover meetings were used to discuss any changes in people's needs or people who were unwell and may need increased monitoring.

In addition to daily records, each person also had a supplementary file, which was either kept in their room or stored close to the nurse's station, where other aspects of care were recorded. These included a record of the personal care that staff had assisted the person with, topical cream charts and body maps, position charts for those people who need help to turn over in bed and a pressure mattress log, whereby each mattress was checked regularly to ensure it was working properly. We checked five people's room charts and found that they had been completed and were up to date. This meant that people were receiving the care interventions they needed and staff ensured that accurate records were kept.

At the inspection in November 2015 we found a breach in the Regulations because people did not have access to meaningful activities. At the inspection in June 2016 we found the home was making the necessary improvements and feedback on activities had improved.

At this inspection we found the level of activities on offer varied on each unit. On the first day of our inspection we observed activities on the Stamford unit with three people engaging in a game of monopoly and one person being supported to play the home's piano. In the afternoon on the Tatton unit we observed people participating in flower arranging. People living on the ground floor (Stamford unit) commented that this activity was meant to be on for them, but we found this activity was moved to the Tatton unit when we queried with the management team what activities were on offer for people. During the first day we noted no activities on the Arley unit, and observed people sleeping while the TV was on in the background.

During the second day we noted two activities coordinators were on rota and we observed them working between the three floors providing one to one support with arts and crafts. The home employed two activities coordinators who worked varied shifts across the week. We found activities on the Tatton and Arley unit had not been planned and we observed people on both floors sleeping in the lounge and not being supported to engage in activities. Activities on offer on the Tatton and Arley unit lacked structure and were not person specific to people living with dementia. Shortly after the inspection we were provided with the

home's improvement plan which highlighted activities needed to be reviewed to ensure activities matched people's likes.

We asked people and their relatives what they thought of the activities on offer, comments received varied, "I feel the activities are okay, but today we were meant to be doing flower arranging I think it's been cancelled", "I would like more activities in the home" and "The girls who do the activities are doing a grand job."

We recommend the provider reviews the activities programme on offer, to ensure this is specific and meaningful to people living with dementia.

There was a system of acknowledging, investigating and responding to complaints in place at Woodend. Recent complaints and concerns were logged on a tracker so we could see what stage the investigation had reached and which member of the management staff was dealing with it. We saw complaints had been investigated and responded to appropriately.

Prior to our inspection we were informed by Trafford Healthwatch of a family member raising concerns about the care the family member received. As stated in the report we notified the local safeguarding team and informed the provider of these concerns. We found the interim manager had provided a response to the complainant shortly before the inspection addressing the concerns that were raised. We noted the interim manager also logged these concerns in the homes complaint file and provided the person's family a response to the concerns raised. We spoke to the family member who informed us they had found improvements in the home and was encouraged by the early positive changes the admiral nurse had made.

Is the service well-led?

Our findings

At the last inspection in June 2016 we found a new manager had started at Woodend in January 2016 who became the registered manager for the home on a permanent basis. We were then informed in January 2017 this manager was leaving the home to work for a different location for the provider and a new manager had been identified who was registered in March 2017. Shortly before the inspection CQC were informed by the area manager that the current registered manager had resigned from her post.

We were informed by the area manager the home was actively in the process of recruiting a new manager, but in the interim two managers from other locations would share the managerial responsibilities until this candidate had been recruited.

During the inspection a registered manager from another of the provider's location was available along with the provider's compliance and governance inspector who worked across the provider's locations. The provider had also drafted in the experience of an admiral nurse who was solely responsible to oversee the Tatton unit of the home, for what we were told would be a short period of time.

At our previous two inspections in November 2015 and June 2016 we found the staff morale at the home was poor. We concluded from our discussions with staff that some care workers felt a level of uncertainty and insecurity, particularly those that had worked at the home for longer, which was based upon their experience of numerous managers that had come and gone. At this inspection we found staff morale had still not improved and the recent changes in management again had not helped resolve staff morale. The home's improvement plan we received identified a plan of how to support staff by ensuring team meetings are held at least quarterly and consider a staff survey to help identify what the concerns/issues are and what actions could be planned to address them.

Comments received from staff were generally negative about the leadership at the home. Comments included, "There is always a manager on site so if we have any problems we can go to them", "I can't believe yet again we don't have a manager, this is very unsettling", "To be honest I just get on with it, it doesn't matter who the manager is", "We are told how the manager wants things to be done, then another manager comes in and changes it, very frustrating" and "[Staff member's name] is doing her best, but the management need to get someone in who will stick around and not leave when it gets tough."

At this inspection we saw that a system of audits was in place and governance systems had continued to be followed to ensure the quality assurance processes at the home. However, we found a number of audits in relation to 'first impression audits' had not been completed since February 2017. The level of infection control audits varied, with audits only being completed twice this year in July and more recently September 2017, these had previously been completed quarterly by the home. We found monthly medication audits were completed inconsistently with no evidence of monthly audits for May, July and August 2017.

As already captured in the report the provider sent us their improvement plan for the home shortly after the inspection. We found areas of shortfall identified during this inspection had been captured in the

improvement plan, with medicines, training, staff development, and activities highlighted by the provider and an action plan with clear timescales has been implemented.

We found the home still continued to ensure audits were completed to review people's weight and of any pressure ulcers people may have, plus regular reviews of any falls, medicines errors, safeguarding referrals to the local authority, deaths, unplanned hospital admissions, complaints, and accidents and incidents. All of these aspects were reported to the provider via an electronic system with an analysis of trends plus any other relevant information added by the registered manager.

We viewed the area manager's monthly home review (MHR), which looked at key areas of the home such as health and safety, and care planning. Once completed the area manager scores the home with an overall rating from their findings, which indicates the home's level of compliance as green, amber and red. We noted the last audit was completed on 31/09/2017 by the home's acting manager and not the area manager. The audit scored the home at 41% compliance, which indicated the home is not currently compliant. We found previous audits had been completed in June, May, April, February and January which had been completed by the area manager.

We saw a number of surveys and questionnaires were recently completed by people with an interest in the home. We found the surveys were monitored and action plans were developed from them. We noted some of people's comments were recorded on the home's notice boards. One person said the food sometimes on the menu wasn't the food that was served on the day. The provider's response was to pass this information to the catering team. We viewed the minutes of the last residents' meeting in August 2017, one comment from this meeting was that a person raised a concern staff don't know which floor they are working on until the day. The action from the minutes suggested this feedback would be reviewed. However, from the minutes it wasn't clear if this had happened yet.

In January 2015, the service was found to be inadequate and was placed in special measures. Whilst progress was noted in the following two inspections, with the service being rated as 'requires improvement' in August 2016 there has been a continued failure to deliver care in line with the regulations. We found the same or similar breaches in regulations where the provider had failed to act on these to improve the care and support people received. We have not seen sustained improvements to the service due to the lack of reliable and effective governance systems in place.

We concluded this was a breach of Regulation 17, (Good governance); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the notifications that we had received from the home for Deprivation of Liberty Safeguards application approvals, deaths, safeguarding incidents and serious injuries, all of which the service is legally required to report to CQC. They correlated with the records we saw at the home. This meant that the home was reporting to CQC in line with legal requirements. This meant the registered provider was complying with the requirements of the Regulations.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had not ensured people who use services were protected against the risks associated with unsafe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The registered person had failed to obtain the necessary information to safeguard people and demonstrate safe recruitment practice.