

Woodstock Care Home Limited

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Inspection report

The Green
Gressenhall
Dereham
Norfolk
NR20 4DT

Tel: 01362860861

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 12 January 2016.

Woodstock Care Home is a service that provides accommodation and personal care for up to 28 people. On the day of our inspection, there were 24 people living within the home, all of whom were living with dementia.

There was a registered manager employed at the home. 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 and associated Regulations about how the home is run.

People who lived at Woodstock Care Home felt safe and happy living there. Relatives were also happy with the standard of care that was being provided and everyone we spoke with recommended it as a place to live.

The equipment that people used had been well maintained and people received their medicines when they needed them. Risks to people's safety had been assessed and actions taken to reduce any risks that had been identified.

People were given a choice about how they wanted to live their lives and their decisions and preferences were respected. They were asked for their consent by the staff and had access to plenty of food and drink to meet their individual needs. Advice from other healthcare professionals was sought and acted upon when any concerns about people's health had been identified.

People were cared for by kind, caring and compassionate staff who listened to people, made them feel valued and treated them as individuals. There were enough well trained staff to provide people with the care they needed.

People and staff felt able to raise concerns without any fear of recrimination and they enjoyed working at Woodstock Care Home. The registered manager demonstrated good leadership and had promoted a culture where the person was seen as an individual.

Systems were in place to make sure that the care being provided was safe and of good quality. The registered manager was pro-active in trying to improve the quality of care that was being provided to the people who lived at Woodstock Care Home to enhance their wellbeing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had systems in place to reduce the risk of people experiencing abuse and poor care.

Risks to people's safety had been assessed and actions were taken to reduce the risk of people experiencing harm.

There were enough staff employed to keep people safe and to meet their needs.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

The staff were well trained and had the skills to provide people with effective care.

Staff acted in people's best interests when they could not consent to their own care.

People had access to a choice of food and drink and the amount they ate and drank was monitored to make sure it was adequate for their needs.

People were supported by the staff to maintain their health.

Is the service caring?

Good ●

The service was caring.

The staff were kind and compassionate and treated people with dignity and respect.

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

Is the service responsive?

Good ●

The service was responsive.

People's individual needs had been fully assessed and were being met.

People were supported to access activities to complement their hobbies and interests.

The provider had a system in place to investigate and deal with complaints.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture where people and staff could raise concerns which were listened to and dealt with.

The registered manager demonstrated good leadership.

There were systems in place to assess if the home was operating effectively and to improve the quality and safety of the care that people received.

The registered manager was innovative in their approach to improving the quality of care that people received to enhance their wellbeing.

Woodstock Care Home Limited

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 home under the Care Act 2014.

This inspection took place on 12 January 2016 and was unannounced. The inspection team consisted of two 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed other information that we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding and quality assurance teams.

During the inspection, we spoke with four people living at Woodstock Care Home, one visiting relative, two visiting friends, three care staff, the chef, the activities co-ordinator and the registered manager. Some people were not able to communicate their views to us and therefore, we observed how care and support was provided to some of these people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The records we looked at included five people's care records, five people's medicine records and other records relating to people's care, three staff recruitment files and staff training records. We also looked at

maintenance records in respect of the premises and equipment and records relating to how the provider monitored the quality of the service.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Woodstock Care Home. One person said, "I feel safe here." A relative told us, "I feel that [family member] is safe here. [Family member has had no falls or anything. They [the staff] place protective matting on the floor when I leave so [family member] wouldn't hurt them self if they fell out of bed."

Staff had received training in safeguarding adults and were able to demonstrate to us that they understood what constituted abuse. They were clear on the correct reporting procedures if they suspected that any form of abuse had taken place. This included who to report concerns to outside of the home if this was needed. We saw that any safeguarding concerns had been reported to the relevant authorities by the registered manager and fully investigated by them, with action taken as appropriate. We were therefore satisfied that the provider had systems in place to reduce the risk of people experiencing abuse.

Risks relating to people's safety had been assessed. These were in areas such as falls, helping people to move, pressure care, the use of bed rails, choking and not eating enough. There were clear actions documented within people's care records detailing what action staff needed to take to reduce the risk of them experiencing harm. We saw that staff were following these actions. For example, one person had been assessed as being at a high risk of choking. To reduce this risk, staff were to provide them with thickened drinks and a specialised diet, which we saw the person receive. We also observed that staff made sure that this person was sitting upright when they had their food and drink. Another person who had been assessed as being at high risk of falls from their bed had a bed that was low to the floor and a crash mat in place next to the bed. This was to reduce the risk of the person sustaining an injury should they fall from the bed. Risk assessments were reviewed regularly to make sure that the staff had up to date information on how to reduce risks to people's safety.

Any incidents or accidents that occurred were recorded and the potential causes investigated by the registered manager. Trends were identified and actions taken to reduce the risk of the person experiencing a similar accident again. For example, we saw that one person had experienced some falls at the same time of day. The registered manager had ascertained that at this time of the day, the person had become increasingly restless and had subsequently fallen. In response to this, the activity provision was increased for this person at this time of day which had reduced the number of falls they had experienced.

Risks in relation to the premises had also been assessed and regularly reviewed. We saw that fire doors were kept closed and that the emergency exits were well sign posted and kept clear. Testing of fire equipment and the fire alarm had taken place. Staff demonstrated to us that they knew what action to take in the event of an emergency such as a fire or finding someone unresponsive within their room. The equipment that people used such as hoists had been regularly serviced to make sure they were safe to use.

People told us that there were enough staff to meet their needs. This was echoed by the visiting relative and friends we spoke with. A visiting friend told us, "[Person] always has two people to help [person] when they need to be moved or turned".

We observed that there were enough staff to provide people with support when they needed it. When people requested assistance, the staff helped them promptly. The staff were not rushed and had time to spend with people.

The registered manager explained that staffing levels were based on the individual needs of the people who lived at Woodstock Care Home and were under constant review. Where staff called in sick or were on holiday, cover was either provided by existing staff or a bank of staff. The registered manager told us that there were no vacancies for full time staff but that they were continuing to recruit to the bank of staff.

The required checks had been completed when recruiting new staff to the home. These included obtaining references and checking with the Disclosure and Barring Service that the staff member was safe to work with people living in the home. This reduced the risk of employing staff who were unsuitable to work within care.

People told us that they received their medicines when they needed them. One person said, "I don't know what my medicines and tablets are for but they [the staff] always check that I take them." A relative agreed that their family member always received their medicines correctly.

People's medicines were managed safely. All of the medicine records that we checked indicated that people had received their medicines as requested by the person who had prescribed them. Medicines were stored securely so that they could not be tampered with or removed. The staff had received training in how to give people their medicines and their competency to do this safely had been regularly assessed. We observed a staff member giving some people their medicines. This was completed correctly and followed best practice guidance.

There was clear guidance in place for staff to help them give people their medicines safely. This included information about allergies people had, a photograph of them to help staff make sure they were giving the correct person their medicines and also on how and when to give people 'as and when required' medication. People's medicines were regularly reviewed by their GP who communicated any changes to the staff that was required to people's medicines.

Is the service effective?

Our findings

People told us they felt the staff were well trained. The staff told us they had received enough training to provide people with effective care. Training had been completed within a number of areas such as assisting people to move, infection control, first aid, dementia, the Mental Capacity Act 2005 and food hygiene. Some staff had also received training in other areas such as supporting older people with complex needs, diabetes care, pressure care and how to support people with bathing safely. The staff advised us that the registered manager and provider were both supportive when they requested further training to develop their knowledge and skills. They added that the registered manager emphasised to them the importance of training on a regular basis.

The training that was provided was delivered in both an e-learning and classroom format. The registered manager monitored the completion of staff training to make sure that it was up to date. The staff told us they regularly had their competency assessed to make sure they had understood the training they had received. This included observation of areas such as helping people to move, reducing the risk of infection and treating people with dignity and respect. Staff also had a 'knowledge check' where the registered manager asked staff to complete questions regarding the training they had completed. The staff told us that they found these useful and that they covered a wide variety of subjects including person-centred care and oral care. This demonstrated that the provider had processes in place to check that their staff were safe and competent to perform their roles following their training.

There was induction training for new staff where they spent time with an experienced member of staff. The registered manager made sure that new staff were competent to work with people on their own before they were allowed to do this. She confirmed to us that any new staff employed by the home would be completing the Care Certificate. This is a recognised training certificate that has been designed to provide staff working within health and social care with the skills and knowledge they need to provide a good standard of care.

The staff told us that there were some people who lived at the home who lacked capacity to consent to their care and treatment. This means that the provider has to comply with the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

The registered manager and the staff we spoke with had a good understanding of the MCA and DoLS. They were able to tell us how they supported people to make their own decisions and when they made decisions for people in their best interests. People's care records contained detailed information about what decisions people could make and those that required support from the staff. Where there was doubt that the person could make a specific decision themselves, in most cases an assessment of their capacity had been made.

For example, regarding whether people were able to vote or could provide feedback on their care. However, we saw that some people had sensor mats in place that would alert staff to their movements. There was no record available to evidence to us that people had either consented to this or that where their capacity to do so was in doubt, a capacity assessment had been conducted. The registered manager advised that this had not been completed and therefore agreed to remedy these issues immediately.

The registered manager had assessed people living at Woodstock Care Home individually to see if they were depriving them of the liberty. Where it was felt they were, applications had been made to the local authority for authorisation to deprive some people of their liberty in their best interests. The registered manager was currently waiting to hear from the local authority regarding this. In the interim, the least restrictive options were being taken when depriving people of their liberty in their best interests. Therefore, the provider had acted in accordance with relevant legal requirements.

We received mixed feedback from the people we spoke with regarding the quality of the food. When asked what they thought of the food, one person told us, "The food is alright, just like home and there's plenty of it" and a visiting relative stated, "The food seems pretty good. There is plenty of food." However, another person said, "Not very much."

We saw that people had two choices of main meal each day and a choice of different drinks including both hot and cold drinks. One person told us, "Drinks are brought round in the morning and in the afternoon." When people had eaten their meal we saw that they were asked if they wanted more. Also, if people did not like what was on the menu, they were offered an alternative. On the day of the inspection, two people had chosen jacket potatoes instead of the main meal. The food was freshly prepared by the chef who had a good understanding of people's individual likes and dislikes and was aware of those people who required a specialised diet. People who required assistance to eat their meals and to drink received this from the staff. There were snacks available such as fruit and cake for people throughout the day if they required them.

People who required a specialist diet received this and where there were concerns about a person not eating or drinking enough, they were monitored closely and actions were taken to improve their calorific and liquid intake. This included people who had their food fortified with extra calories such as adding butter or cream to their meals. The care staff we spoke with had a good understanding about people's food and drink requirements and the importance of monitoring those who were at risk of not eating or drinking enough. Other healthcare professionals were also consulted for advice such as a GP, speech and language therapist and dietician. When advice had been given by a healthcare professional on how to help the person with their eating and drinking, we saw that this was being followed by the staff.

People told us that they were supported by the staff with their specific healthcare needs. One person said, "They [the staff] would arrange for a doctor. They do all that kind of thing." We saw that the GP visited people regularly to reassess people's needs and worked with the staff to implement any changes that were required. A meeting was held with the GP and the local community matron every two months where the healthcare needs of each person who lived at Woodstock Care Home were discussed and changes were made where required. People also had access to other healthcare professionals such as occupational therapists, physiotherapists and chiropodists. We were therefore satisfied that the staff supported people with their healthcare needs.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person told us, "They [the staff] are very caring." Another person told us, "The staff are very nice." A relative said, "They [the staff] are all very good and very caring."

All of the staff, including the care staff, domestics and the chef were observed to support people in a kind and compassionate manner. Staff addressed people using their preferred names in an affectionate tone and displayed warmth towards people when they engaged with them. One staff member was seen holding a person's hand and providing them with comfort when they had become upset. Gentle reassurance was given which made the person smile. We saw people smiling with staff and looking happy and comfortable in their presence.

We observed one person knock their breakfast on the floor. The staff told them not to worry about this and cleared it up without making a fuss. The person was comforted and then brought some more breakfast.

Staff had time to spend with people, chatting to them about their day. During the lunchtime meal, staff assisted some people with their meals. This was done in an unrushed manner. People ate and drank at their own pace whilst the staff member sat next to them, telling them about their meal and engaging with the person. Gentle and friendly encouragement was given to people whilst they were eating their meals.

There was clear information within people's care records regarding techniques that staff could use to communicate with people who were unable to do this verbally. We saw staff using these techniques. Also, the activities and meals for that day were presented in both written and picture format to help communicate to people what was on offer for that day. Around the home, we saw that there was clear signage to help people orientate themselves around the building. There was a large clock and calendar in the communal areas to help people understand what the time of day and date was.

People were treated with dignity and respect. One person told us, "The staff treat me with respect, very much so." A relative said, "They treat [family member] with respect and they respect their dignity."

A 'dignity tree' had been painted on one of the walls of the entrance of the home. People who lived at the home, their relatives and the staff had written on the leaves of the tree what dignity meant to them. The staff told us that this helped them to understand people's individual ideas about dignity and privacy so they could adapt the way they supported people to suit their needs. One staff member was the 'dignity champion' for the home. They told us that their role was to promote dignity throughout the home.

People's independence was encouraged. The staff told us how they supported people to be as independent as possible in areas such as personal care and eating and drinking. Appropriate equipment was in place to support this. One person was regularly involved in setting the dining room table for meals and another person enjoyed painting some of the benches within the communal garden area. The maintenance person also involved one person in their work and took them out with them to the local hardware store when items

were required to maintain the home.

People told us that the staff knew them well and that they were aware of their likes and dislikes. One person told us, "They [the staff] know what I like and what I don't like." Another said, "Yes, the staff know me as a person." The staff we spoke with were knowledgeable about the people who lived in the home. This included their past history, their likes and dislikes, preferences and their individual personalities. They understood people's care needs and what they needed to do to meet these needs.

People and/or their family were involved in making decisions about the care that was received. One relative told us, "The staff do discuss [family member's] care with me." Before people moved into Woodstock Care Home, they were asked what care they wanted to receive. They were also involved in making decisions how their rooms were decorated. One person had requested that a picture of a Spanish dancer be on one of their walls and this was accommodated. One person also had their pet dog living with them to enhance their wellbeing. We saw evidence that the people living at Woodstock Care Home and their relatives were asked to participate in reviews of the care that they received.

Meetings had been held with the people who lived at the home and their relatives in the past to gain their feedback on the care received, although not recently. However, one was due to take place on the day after our inspection. The registered manager told us that she had written to people's relatives to advertise the fact they were holding this meeting in an attempt to encourage participation. This was because they had been poorly attended in the past. They had also introduced a monthly 'meet and greet' session to facilitate relative's involvement in their family members care.

People were given a choice about how they wanted to spend their time. People were also given a choice of when they wanted to eat their meals to suit their individual preference. We saw people arriving at different times for their breakfast and lunch. Staff were on hand to provide them with these meals when they wanted them. Staff told us that Woodstock Care Home was the person's own home and therefore they treated them as they would want to see their own family member treated.

Is the service responsive?

Our findings

All of the people we spoke with and their visiting friends and relatives told us that their/their family member or friends preferences were met and were respected. One person told us, "I choose what time to get up and what time to go to bed." Another person said, "I don't need much help so I go to bed and get up when I'm ready to." Staff also told us that they were able to meet people's individual preferences in respect of how they wanted to receive their care. They understood the importance of providing people with care that was based on their own individual needs and preferences and we observed this type of care being delivered to people. Some people liked to be up in the early hours of the morning whilst others liked to stay in bed until the middle of the morning. Some people liked to get dressed before eating their breakfast whilst others preferred to eat their breakfast whilst wearing their night clothes. People were able to have their meals at a time or place that suited them. The staff told us that 'the most important people' were the people living within the home.

Before people went to live at Woodstock Care Home, the registered manager visited them and carried out an assessment of their individual needs to make sure that these could be met. The information took into account the care that people wanted to receive, detailed information about their life history and some preferences about how they wanted their care to be given. There was information documented within people's care records about what actions staff needed to take to meet people's needs and preferences. This information was clear and regularly reviewed. The staff told us that the care records provided them with sufficient information to help them get to know people and how they liked to be cared for.

People's care needs were reviewed regularly by the staff and the information was communicated during staff handover meetings. The staff also had daily handover sheets that they kept with them during their shift. These handover sheets detailed important aspects of people's care such as their dietary requirements or how often they required to have their position changed. Any important information about people's health or any incidents that had occurred were then communicated each day to the registered manager. Where changes to people's needs were identified, action was taken to meet these changing needs. For example, we saw that some people had returned from hospital and required either a change in how their food and drink was prepared or support with their moving. Both of these changes had been accommodated. The staff also told us that there was a communication book where people's changing needs were noted. This helped them ensure that they gave people the care they needed.

The staff within the home were responsive to people's needs. One person had told them that they would like to have a fish and chip meal once per week. Therefore, the staff took them to the local fish and chip van that visited the village. One person liked to receive a certain magazine and this had been arranged for them. Another person's care record indicated that they liked to have the radio on in their room during the day and this was in place. We also saw that when one person sneezed, the staff quickly got them a tissue. They then started coughing so the staff member rubbed them on the back whilst offering them a drink. We observed that people's requests for assistance to move to another area of the home or with personal care were quickly responded to by the staff.

People told us that there were activities available for them to participate in if they wanted to enhance their wellbeing. One person told us, "I join in every activity that I can." Another person said, "I go to the lounge and in my room I read, I have TV, a radio and a DVD player."

There was an activities co-ordinator working at Woodstock Care Home whose role it was to support people to participate in activities that they enjoyed. The activities included reading through the daily newspapers, reminiscence, completing puzzles, board games, films, quizzes, knitting and taking afternoon tea. For those people who did not like to take part in the organised activities or who were being supported in their room, time was put aside so that the activities co-ordinator could spend time chatting to them on a one to one basis. In the afternoon, we saw some people participating in afternoon tea. The table and 'tea' was presented as you would expect to see in a restaurant or hotel. These people told us that they very much enjoyed taking part in this regular pastime. Outside entertainers also visited the home including the local choir and in the summer, people had visited the local pub. One person told us, "We are taken out in the better weather". People's birthdays were celebrated along with other events such as Guy Fawkes and Christmas.

There were a number of sensory items that people who were living with dementia could touch, look at and feel. This included different types of materials, dolls, toys and vases of flowers. We observed people walking around communal areas accessing some of these items which gave them comfort. There were also items around the home that could stimulate memories of the past. These included items such as long player records, pictures of past celebrities and inspiring quotes made by famous figures from the past.

The activity co-ordinator had received training in doll therapy. Doll therapy has been proven to ease anxiety and bring comfort to some people living with dementia. Research has also shown that it can give people who live with dementia a purposeful and rewarding activity. A number of people living within the home had a doll that they looked after. Prams were also available for people to place their dolls in and use if they wanted to. We observed these people looking content and happy when interacting with their doll.

The activities co-ordinator understood the importance of providing people with things to do that were meaningful to them to enhance their wellbeing. They explained how they often spent time with people who were living with advanced dementia talking with them and holding their hand. They said that they took every opportunity to engage with the people who lived at the home and we observed this to be the case. We saw the activities co-ordinator and the staff working in the home engaging with people throughout the day of the inspection. People were seen to laugh and enjoy their company. The staff told us that when the activities co-ordinator left for the day that they continued to carry on activities such as memory games with people.

People told us they did not have any complaints but that they felt confident to raise any issues with the staff if they were unhappy about anything. They also told us that they were confident that their complaints would be acted on. One person said, "I have no complaints but I would be happy to talk to the manager if I had."

The registered manager had received two complaints within the last 12 months. Records showed that these had been fully investigated and that feedback had been given to the person who raised the concern. We were therefore satisfied that people's complaints were investigated and responded to effectively.

Is the service well-led?

Our findings

All of the people we spoke with on the day of our inspection were happy living at Woodstock Care Home and told us that they would recommend it to others. One person said, "It's alright here, I like it here. I would recommend it." A relative told us, "Yes, definitely I would recommend it to others."

The people, relatives and friends we spoke with told us that the staff and registered manager were approachable and that they felt the home was managed well. They added that they regularly saw the registered manager around the home and could speak to her if they wanted to. One person told us that they saw the registered manager regularly.

The registered manager demonstrated good leadership. People, their relatives and the staff told us that they could raise any issues or suggestions on how to improve the care being given with the registered manager without fear of recriminations. They added that action was always taken in response to any concerns they raised. The staff told us that they were actively encouraged by the registered manager to raise ideas on how the quality of the care could be improved. One member of staff told us that the staff's ideas were always tried and that feedback was given to them regarding the outcome.

The registered manager was observed to regularly walk around the home, speaking to staff, the people who lived in the home and their relatives in a professional, kind and caring manner. She was passionate about providing people with compassionate care that enhanced their wellbeing and that was based on their individual needs. She had implemented a number of processes to make sure that the staff did this. The ethos of teamwork and of treating people who lived in the home as individuals had been instilled within the staff. We observed that the staff all worked well as a team to provide people with good care. The staff described themselves and the people living there as being, 'like another family.'

The staff team were well organised and demonstrated that they were aware of their individual roles and responsibilities. They told us that their morale was good, that they felt supported in their role, valued and that they were happy working at Woodstock Care Home, which they described as being very 'homely.'

The staff told us they were supported to obtain further qualifications within the health and social care sector and that they were recognised when they performed well. This was in respect to a financial incentive that had recently been introduced and acknowledgement through the 'Heart of Gold' programme. This recognised when a staff member went above and beyond their normal role to enhance the lives of the people living within the home. A number of staff had also received promotion within the home.

The registered manager and the staff had a number of ideas of how to improve the quality of life of those who were living there. Some of these ideas were in the process of being implemented. One such improvement was in relation to the environment. The purpose of the change was to assist people who were living with dementia to orientate themselves around the building more easily and to provide them with areas to enhance their wellbeing. This included some communal areas being redecorated and the doors to people's rooms being made to look like front doors. Also, memory boxes were placed outside of people's

rooms which contained old photographs of either themselves or people important to them or items of memorabilia that meant something to them.

A sensory garden was being constructed within the building where people could have calming items that they could touch and look at. The registered manager told us that these ideas had come from research they had done into how to improve the wellbeing of people living with dementia. They showed us the information that they had found which included recently published research evidence regarding the subject.

The registered manager had also recently arranged for a number of computer tablets to be purchased that were to be used by the people living at Woodstock Care Home. The registered manager was currently arranging some training for the staff before the use of these computer tablets was to be implemented.

The registered manager was innovative regarding how to source outside training for the staff who worked at Woodstock Care Home. They had made sure that they were kept aware of training that was being performed by local institutions such as the local university that were able to provide free training for the staff. One such course had been in dysphagia (difficulty in swallowing) and dementia. They were also in the process of arranging some training from a representative who provided the home with nutritional supplements.

The home had recently been accredited by Norfolk Health and Community Care in the six steps to success in providing high quality end of life care.

The registered manager and provider completed a number of regular audits to monitor the quality and safety of care that was provided. These were in areas such as medicines management, catering, infection control, people's care records, people's risk of not eating or drinking, pressure care and health and safety. Spot checks of staff care practice also took place both during the day and night. Where any concerns had been found, we saw that the registered manager had taken action to correct them. Any areas that had been identified as requiring improvement were logged and discussed each month with the operations manager who represented the provider. Robust processes had been put in place to make sure that the staff received the information they needed to provide people with safe and timely care.

The registered manager had also signed up for email alerts from the Medicines and Healthcare Regulatory Agency (MHRA). The MHRA create alerts regarding medicines or medical devices that may be unsafe. We saw evidence that the registered manager had taken action to keep people safe when alerts had been received concerning medicines within the home.

Links with the local community had been established. This included with the schools which the activities co-ordinator had plans to visit to request their assistance in the development of the sensory garden within the home. The vicar visited the home to meet people's spiritual needs if required and helped with performing bingo. A local dance club visited the home to provide a performance to the people living there and some people had attended a dance held in the village. The home also took part in the harvest festival and the scarecrow competition where people were involved in making a scarecrow for the home.

The information given to us by the registered manager prior to the inspection in the Provider Information Return was an accurate reflection of what care people received at Woodstock Care Home.