

# Your Healthcare Community Interest Company

## Amy Woodgate

### Inspection report

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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?	Outstanding ☆

# Summary of findings

## Overall summary

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

The service provides residential care and support for people who are living with dementia. Amy Woodgate can support up to 44 people, including two respite placements, across four units. Coombe Unit is a male only unit for up to four people. The Lodge provides support to up to 12 people who are assessed as being more independent. Richmond and Malden provide support to up to 14 people on each unit. At the time of our inspection the service was supporting 38 people.

A registered manager was in post. 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.

This inspection visit took place on 13 and 22 March 2018. Our first visit was unannounced.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People using the service and their relatives were very positive about the care and support provided at Amy Woodgate. They said staff treated people respectfully and in a kind and caring manner.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Individual care and support needs were fully assessed, documented and reviewed at regular intervals.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service. Staff we spoke with were confident that they provided a good service to people and said they would recommend Amy Woodgate to others. They had access to supervision and additional support when required.

A consistent established core team of staff provided continuity of care to the people staying there. Some relatives told us they would welcome more permanent staff on duty with the home relying less on agency staff.

People and their relatives or friends felt able to raise any concerns or complaints. There was a procedure in

place for people to follow if they wanted to raise any issues. Staff also said they felt comfortable in raising any concerns should they have any.

Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern.

People using the service and their relatives said how clean the home was kept.

The service was exceptionally well led. An experienced registered manager promoted high standards of care and person centred support for people using the service at Amy Woodgate. They monitored the quality of the service and made changes to improve the service provided when required. People who used the service, their relatives and staff found the registered manager and her staff to be approachable and responsive. Staff told us that they would welcome more engagement from senior organisational managers.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Outstanding ☆

The service remains Outstanding.

# Amy Woodgate

## 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.

Before the inspection we reviewed information we held about the service including a Provider Inspection Return (PIR) and any statutory notifications. Statutory notifications include information about important events which the provider is required to send us. A PIR is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

This comprehensive inspection took place on 13 and 22 March 2018, the first day of the inspection was unannounced. One inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with six people who used the service, one visitor, three relatives of people using the service, four staff members and the registered manager. We looked at three people's care and support records. We also looked at records relating to the management of the service including staff training and recruitment, medicine administration and quality assurance checks. We received written feedback from six relatives and two external health and social care professional following our visits.

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 due to their complex health needs.

# Is the service safe?

## Our findings

People using the service said they liked living at Amy Woodgate and felt safe there. One person said, "It's alright. I have no problems." Another person commented, "Oh yes, plenty of people around here." A third person told us, "Yes I'm looked after."

People's views were shared by relatives and friends of people we met while they were visiting the service. One relative said, "As safe as they would be living anywhere else." Another family member commented, "Yes I do feel [my relative] is safe...of course you can never be 100% worry free but I do feel that when I walk out the door [my relative] is being well looked after." A third relative told us, "It was of great concern to me that [my family member] found a placement where they would be safe, content, comfortable and respected. Amy Woodgate meets and exceeds this criteria."

The service sent out questionnaires to relatives in January 2018 and feedback included, "Amy Woodgate provides a safe, clean and caring environment", "We feel that [our relative] is being looked after extremely well" and "I want to move in."

People were protected from neglect, abuse and discrimination. Staff knew how to recognise signs of potential abuse and said they would report any concerns to senior staff on duty. One staff member told us, "Everyone is treated well here. Everyone is treated very respectfully." Another staff member said, "The manager's door is open all the time."

Staff were aware of risks to people's wellbeing and how to manage them. Risk assessments were completed to help people stay safe. For example, around the risk of falls or malnutrition. These were reviewed on a monthly basis or following any changes or incidents.

People told us there were usually enough staff on duty to meet their needs. Some relatives said they would welcome more permanent staff on duty with less reliance on agency staff. One relative commented, "I'm worried they [agency staff] don't know [my relative]." Another relative commented, "They are super busy sometimes...I would like to see more staff." We saw that there was a difference in the levels and quality of interaction and engagement with people using the service when observing the permanent and agency staff on shift. Staff spoken with also commented that it could be stressful working with newer agency staff who did not know the people using the service.

The registered manager told us that the service currently had 14 permanent full and part time vacancies for care staff and these shifts, both during the day and at night, were being covered by bank and agency staff. We were informed that the service was not currently permitted to recruit to these vacant posts and work was taking place to secure longer term agency contracts to help ensure the consistency of staff.

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file

contained evidence that criminal record checks had been carried out along with right to work checks where applicable and proof of identity.

Medicines were stored safely and securely with the majority of medicines supplied to the home in pharmacy blister packs. Staff received training around medicines administration and their competency to administer medicines was assessed. We found small discrepancies between the stock levels and records kept of two medicines supplied to the home in their original containers. Improved audits had commenced by the second day of inspection in order to address these minor identified shortfalls.

There were systems in place to help promote infection control. People using the service and their relatives said how clean the home was kept. One relative said, "Yes very clean. It always smells fresh and their room is lovely." A person using the service told us, "Yes they do keep it clean." A visitor commented, "The rooms are nice, it smells nice, they keep it clean. "

# Is the service effective?

## Our findings

The needs of people using the service were assessed before they came to stay at Amy Woodgate. The registered manager emphasised their priority in making sure the service could meet a person's needs whilst also fully considering the people already living at the home. Care records were well maintained and up to date. Personalised care plans addressed each person's needs and how these were to be met.

People using the service told us that staff were skilled and knowledgeable to support them effectively. We asked people if the staff were good at their jobs. Replies included, "So far yes. I don't see any problems", "Yes I think so" and "I think so."

A relative told us, "We are really happy. It's had the same core team of staff for years. They are very caring and very hands on." A visitor said, "The staff are fantastic. A place is only as good as the staff that work here. It's no good having a nice place if the staff are not good."

Feedback in questionnaires received from relatives in January 2018 included, "The staff are very good at managing their interactions with others", "All the staff at Amy Woodgate are amazing" and "I am always impressed with how calm the staff are with the residents."

New staff were supported to complete an induction programme which was tailored to the home. The service had implemented the Care Certificate as part of their training for new staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. One staff member told us, "I'm doing the Care Certificate. I had a full induction day and went through all the paperwork."

Staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding adults, moving and handling, food hygiene and fire safety. Staff told us that they had regular training and that courses were refreshed annually or as required. Some staff shared examples of training courses relevant to their roles and the more specialist needs of people they supported, for example, dementia care.

One staff member told us, "We do our annual refreshers and we are offered other courses." Another staff member said, "There is a lot of training available online."

Records showed that staff were also supported through regular supervision and appraisal sessions which considered their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the registered manager informally to discuss any issues they had.

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



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

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. We saw staff had received training around the MCA and DoLS and the staff we spoke with knew the importance of obtaining people's consent when supporting them.

One staff member told us, "It's all about what they want. It's their home and we adapt to them." Another staff member said, "People's independence is given. Everyone is treated well."

People's mental capacity was assessed. Where people were living with dementia, staff helped them make daily decisions about receiving care and support in the home, working in their best interests. For example, what they wanted to wear, if they wanted a shower or choosing food to eat. More complex decisions made in people's best interests such as administering medicines covertly were documented and records confirmed that relevant people such as family members and involved health professionals had been consulted when making the decision.

People using the service told us they enjoyed the food provided to them. Comments included, "Good", "It's good", "It's alright - depends what they have on – my favourite is fish and chips" and "Yes the foods alright. I just eat what they put in front of me." We saw people's individual weight was monitored. Care plans addressed nutrition with screening assessments completed to help safeguard people from the risk of malnutrition

We observed the lunchtime in two units on the first day of our inspection. People requiring assistance received it in an unhurried manner. People were free to go and come back to their meal later. We observed one person had forgotten they had lunch and they came back, selecting the same lunch from the hot trolley which they were served without any fuss or comment.

Where people refused what was offered they were asked if they wanted an alternative such as a sandwich or omelette. Staff were aware if people became distressed and were reassured. One person was helped to move to the lounge where it was quieter and they started to eat their meal there.

People were supported to keep healthy and had access to appropriate health care professionals when needed. People told us they were happy with the support they received in order to keep healthy. One person told us, "They get the doctor to me." A relative commented, "I am satisfied that on the occasions [my family member] has been unwell the staff have responded quickly and appropriately. Their medication is always well managed."

The home environment was comfortable, dementia friendly and suitable for people's physical needs. A person using the service told us, "My room is not far. I know where my bedroom is." A relative told us, "[My relative] knows her way around – it's a good environment." Another relative commented, "When a room became available that staff considered would be more suitable to [my relatives] needs they made great efforts in swapping rooms and decorating the new one for them."

# Is the service caring?

## Our findings

There was a strong and visible person-centred culture at Amy Woodgate. Staff we spoke with were motivated and we observed care and support that was compassionate and kind. Staff demonstrated a real empathy for the people they supported.

One staff member said, "You could not buy the experience of the staff here. They know the residents well." Another staff member told us, "I really love it. It's good here." Staff said they would recommend the service to their family and friends.

We observed staff using touch when they interacted with people, holding their hand or giving them a hug if they were upset. One person was very distressed and the staff member immediately gave them a hug and talked to them about their family and friends. The person was reassured by this approach which was also reflected in their care plan.

People and their relatives were consistently positive about the caring attitude of the staff. They said that staff always treated people with kindness. One person commented, "Oh yes course they do" when we asked them about this. A relative commented, "The staff all seem very caring, also caring with relatives." Another relative said, "They are all really caring. They are tactile, they give hugs." A third relative told us, "Amy Woodgate is, in my opinion, a lovely care home with wonderful staff who seem to really care about their residents."

People were treated with dignity and respect. A relative said, "On a daily basis they [staff] will always come up and bend down have eye level contact and have a proper friendly conversation." Another relative told us, "Lovely, they are respectful." Other relatives commented, "[The staff] are always professional, respectful and caring" and "[My relative] is treated with respect, dignity and love."

Feedback in questionnaires received from relatives in January 2018 included, "We are delighted with the love and care that our [relative] receives. The staff are kind and attentive", "The staff are exceptional people who do an exceptional job" and "I have found the care team to be kind, friendly and helpful."

An external healthcare professional commented, "As a healthcare worker it's the type of care home I'd like for a relative who has dementia to be in - it's more than a care home, it's a home." Another external healthcare professional told us, "My client had a one to one staff who was clearly able to look after someone with dementia. She was caring and polite."

People told us they were able to see family and friends. Relatives felt able to visit at any time and said they were made to feel welcome. One relative told us, "Yes open door policy...I go in all times of day, early morning, late evenings."

## Is the service responsive?

### Our findings

People's needs were met through the way the service was organised and delivered. One relative told us, "My relative has received the best care possible. The staff are amazing...nothing is too much trouble." Another relative said, "I have nothing but the highest praise for the level of care that [my relative] receives from the manager and her wonderful staff." A third relative commented, "I can honestly say that I feel blessed that [my family member] is being cared for at Amy Woodgate."

An external healthcare professional commented, "The registered manager will accept nothing less than what will meet the persons care needs and maintain their safety."

Care planning focused on the person, their preferences, abilities and how they preferred to manage their activities of daily living. Good detail was included that, along with their background and life history, helped staff see the person as an individual and get information about how they liked to be supported.

Staff kept records documenting how care and support was delivered on each day. This information was shared with the staff team to ensure continuity of care and that no important information was missed. Two external healthcare professionals told us that the home was responsive by being prepared for their visits and giving them the information they required about people using the service.

Relatives told us that the service communicated well with them and responded to any requests for information about their family member. One relative said, "They immediately respond to any queries I may have, they keep me informed of any circumstance that involves [my relative] and concerning the care home." Another relative commented, "We are always informed of anything medical or otherwise that occurs."

Each person had an allocated key worker who monitored their wellbeing and took particular responsibility for ensuring their care and support needs were being met. Feedback in questionnaires received from relatives in January 2018 included, "The key worker always lets me know how [my relative] is doing" and "When I visit, I see their key worker when they are on shift. "

A full-time staff member offered regular activities to people using the service. One relative commented, "Very good entertainment and activities are provided for the residents, with excellent themed events." Another relative told us, "They have a farm which visits regularly and trips out, more in summer, to have a pub lunch or similar. They also celebrate special events - Birthdays, Mother's Day, Christmas, and St Patrick's day. There is an art therapist that comes in."

We observed people interacting with a 'magic table' system as well as having sessions with a visiting therapist walking in the garden. A magic table is an interactive light system designed for people living with mid to late stage dementia. Photographs were displayed of events and parties that had recently taken place in the home.

Some relatives said they would welcome more activities. One relative commented, "They do have an activities staff co-ordinator who is very good but again there is only so much one person can do and organise". Another relative said, "There needs to be a bit more. I would like to see a schedule."

People's beliefs, religion and diverse backgrounds were respected. A regular Church service was held in the home and dietary changes made where required respecting culture and religion.

People using the service and their relatives felt confident that, if they complained, they would be taken seriously, and their complaint or concern would be listened to. One relative said, "The management are exceptional, they immediately respond to any queries I may have."

## Is the service well-led?

### Our findings

A longstanding and experienced registered manager was in post. 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.

People and their relatives told us that the service was consistently well-led. One relative told us, "It's one of the best homes I've seen. It's excellent – the manager and the carers." Another relative said, "She [the registered manager] really does care about her residents...there is a real culture in the home, which I think comes from her and feeds down from the other senior staff that an uncaring attitude will not be tolerated and that residents come first." A third relative commented that the registered manager and her senior staff were "Outstanding in ensuring the home is run well." A fourth relative told us, "Amy Woodgate is an excellently run care home for residents with dementia, because of the highly qualified and caring staff led by an outstanding leadership team headed by Dian Sampson."

The service had a positive person centred culture focused on the people using the service. Relatives spoken with talked about the homely feel and how their family members referred to Amy Woodgate as being their home. One relative told us, "You feel at home here." Another relative commented, "[The registered manager] tells staff you are in their home." A third relative said, "Whenever family members visit, they are greeted and treated as though they were visiting the relative in their own home."

Feedback in questionnaires received from relatives in January 2018 included, "Amy Woodgate has been a blessing to [my relative]. They forget they are in a care home", "There is real sense of community created by caring and committed management" and "The manager is exceptional and is always ready to sort out any problems that happen or just have a chat."

The registered manager set high standards, acting role modelling these for staff and always provided feedback to staff to ensure these were maintained. Staff told us that the registered manager knew the people using the service well. We saw the registered manager speaking with one person and it was clear that they knew each other well with a real affection evident. One staff member told us the registered manager "makes sure we all work to the same standards."

Staff were motivated and proud of the service. They were positive about the leadership of the registered manager and were confident of the high quality of care provided at Amy Woodgate. One staff member said, "It's excellent. Exceptional." Another staff member commented, "It's a brilliant home." A third staff member told us, "It's a good service. A good team here." They said the registered manager and senior staff were available and they felt respected, valued and supported.

One external healthcare professional commented, "Dian is clearly a wonderful manager who knows her residents well and strives to deliver person centred care whilst at all times maintaining their dignity. She very much believes that Amy Woodgate is their home and should be their home for life." Another external health

professional commented that on visiting, "The manager was very helpful and offered me all the information I needed to be able to perform a full assessment. I can only say how impressed I was with this particular care home."

Senior organisational managers visited regularly to audit the quality of the service. This included reviewing care plans, medicines management, safeguarding and complaints, staffing and health and safety checks. Any areas requiring improvement were reviewed at the next quality visit to ensure appropriate action was taken to address the concerns. Some staff told us they would welcome even more regular opportunities to engage with or get feedback from senior organisational managers. One staff member told us, "It would be nice if they [senior organisational staff] spent a bit more time here."

Any adverse incidents were logged on a computerised system monitored by the organisation. Any highlighted issues were then reviewed, discussed and action taken as required. We saw different examples where changes had been made following incidents or accidents to help make sure people using the service were kept safe. For example, one person had been identified as having more frequent falls and work was taking place to reduce these through increased monitoring and the use of different seating.

Trained staff used Dementia Care Mapping (DCM) to review and improve the support provided to people using the service. This is an established approach to achieving and embedding person centred care helping staff see the care from the point of view of the person living with dementia. Staff observed an individual over a short period and they could then make recommendations about how the support provided could be improved. For example, small props had recently been provided for one person to occupy their hands whilst sitting as a result of a mapping exercise. New staff had been encouraged to observe the mapping to help them see things from the person's point of view.

The service also continued to be accredited as an Eden Alternative service. The principles of the Eden Alternative project helped staff to empower people and to deliver timely, individualised care. Regular 'Eden' meetings were held with people using the service to involve them in the planning and delivery of the service at Amy Woodgate. This enabled their voice to be heard and individual requests accommodated. For example, a wish list had been drawn up with people including visiting another country, going to the zoo and going out for a pint. Staff worked creatively to make these wishes come true and many had been ticked off already.

The service had developed community links to benefit the people using the service. For example, a local nursery visited the home regularly to enable people to watch and interact with the children. This project had been a great success. Other links had been made with a local comprehensive school and students had visited people using the service. A visitor to the home told us they were regularly welcomed back for a meal and some company as their late partner had previously been resident there.

Work was additionally taking place for Amy Woodgate to gain accreditation as part of the Gold Standards Framework (GSF). The GSF is an evidence based approach to optimising care for people approaching the end of life. People who had previously been resident at Amy Woodgate were remembered through the lighting of a candle in the main reception with their photographs displayed. A memory tree and garden walk were also used to remember those who had passed away. A regular evening took place to remember people with their relatives and friends invited back to the home to take part.

The registered manager and other senior staff regularly attended local forums for care homes and took part in new initiatives such as the 'red bag' helping to keep people's belongings and important information with them if they went in to hospital.

