Community Care Solutions Limited

Woodlands

Inspection report

147 Kedleston Road
Derby
Derbyshire
DE22 1FT

Tel: 01332349625
Website: www.communitycaresolutions.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection visit took place on 8 and 12 September 2016. The visit was unannounced.

Woodlands is a residential home which provides care to people with learning difficulties. It is registered to provide care for up to six people. At the time of our inspection there were four people living at the home.

There was a registered manager 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 and associated Regulations about how the service is run.

Relatives we spoke with said they thought the home was safe for their family members. Staffing levels were sufficient to protect people's safety. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

People's risk assessments provided staff with information on how to support people safely but these were not always followed. People's prescribed medicines had been supplied to them to support their health needs.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs.

Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives. The provider had followed proper procedures to ensure decisions were made in people's best interests.

People had plenty to eat and drink and their choices and preferences were taken into account when providing food to them.

People's health care needs had been protected by referrals to health care professionals when necessary.

Relatives thought staff were caring and friendly to their family members. We saw many examples of staff

working with people in a friendly and caring way, although we witnessed a situation where this had not been the case.

People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs.

Activities were organised to provide stimulation for people and they took part in activities in the community if they chose.

Relatives told us they would tell staff if they had any concerns and were confident these would be followed up.

Relatives and staff were satisfied with how the service was run by the registered manager.

Management carried out audits and checks to ensure the home was running properly to meet people's needs, though not all essential issues had been audited.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People had risk assessments in place to protect their safety, though they were not always consistently followed. Staff recruitment checks were not fully in place to evidence that people were protected from unsuitable staff. Relatives told us that their family members were safe living in the service. Staff knew how to report any suspected abuse to their management, and how to contact safeguarding agencies if abuse occurred. Staffing levels were in place to protect people's safety. Medication had been supplied to people as prescribed.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had sufficient quantities of food to eat and drink and told us they liked the food served, though staff always needed to provide people with assessed diets. There was positive working with and referral to health services.

Is the service caring?

Good

The service was caring.

All the people we spoke with and their relatives told us that staff were friendly and caring and respected their rights. We found this, in the main, to be the case. We saw that people or their relatives had been involved in setting up care plans that reflected people's needs. People's religious practices were promoted and their lifestyle choices were respected.

Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to

people's needs. Care had been provided to respond to people's needs when needed. Activities based on people's preferences and choices were available to them. People told us that management listened to and acted on their comments and concerns. The complaints procedure needed amendment to a format which could be understood by people and to contain all essential information to make an effective complaint.

Is the service well-led?

Good

The service was well led.

People told us that management listened to them and put things right. Staff told us the registered manager provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Systems had been checked in order to provide a quality service though this system needed to be extended to ensure it was fully effective in always meeting people's needs.

Woodlands

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.

This inspection took place on 8 and 12 September 2016. The inspection was unannounced. The inspection team consisted of one inspector and one expert by experience who spoke with people to get their views about the service they received. The expert-by-experience was a person who has personal experience of caring for people with learning disabilities. As only two people had some ability to verbally communicate, we also observed life in the home to ascertain the quality of care provided by staff.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for social care, responsible for funding some of the people who used the service and asked them for their views about the service. No concerns were expressed about the current provision of personal care to people using the service.

Before the site visit, 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 what improvements they plan to make. The PIR was returned to us and set out how it aimed to provide quality care to the people living in the home.

During the inspection we spoke with two people who used the service, three relatives, the registered manager and three care workers.

We also looked in detail at the care and support provided to three people who used the service, including

their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Requires Improvement

Our findings

The three relatives we spoke with said they had no concerns over the safety of their family members. One relative said that they had never seen anything of concern when visiting. Another relative told us, "It's quite safe there." Relatives all thought that staff at Woodlands kept their family members safe.

When we asked how relatives knew if Woodlands was safe for their family members, one said their family member, "Would let me know if he was unhappy there." Another relative commented, "He's always happy to go back there." They said their family member, "Would be very vocal if he didn't like it there."

Relatives said that they were kept informed of any incidents or changes by the registered manager, which made them feel that people were kept safe.

We saw instances where staff kept people safe. For example, a person with diabetes had their blood sugar levels frequently checked to make sure that action was taken to lower these levels. The staff member carrying this out was aware of actions that needed to be taken to protect the person's health. Staff were also aware of supplying food which contained low sugar levels so as to safely protect the person's health .

We saw that people's care and support had been planned to ensure their safety and welfare. Care records contained individual risk assessments completed and regularly updated for risks. The staff we spoke with were aware of their responsibility to report any changes to people's needs and act on them.

For example, one person was assessed as having behaviour that challenged the service. The risk assessment included relevant information such as how to manage the behaviour if the person became distressed. Staff told us of the steps they needed to take to manage this behaviour and to reduce the risk of harm to the person and to other people. This showed that relevant information was available to staff, and staff knew how to keep people safe.

We saw that a staff member cut up a person's food, and supplied the person with a separate plate with only a small amount of food on so that they did not eat large portions of food at one time. This protected them from the risk of choking. A staff member was also aware of foods that could cause the person to choke, so these were avoided. These issues followed specialist advice we saw in the person's care plan. However, the specialist advice also stated that person should not be supplied with crumbly foods but we saw them having toast for breakfast, which was a potential choking risk.

The advice also stated that staff needed to ensure the person did not eat quickly. During lunchtime we saw staff putting food on a fork for the person. This ensured that the person could not eat quickly and cram their mouth with food. However, we also saw times where the person was not supervised and ate continuously which filled their mouth with food. The specialist advice also stated that person needed to have a beaker to help them drink fluids. However, at lunchtime we saw the person drinking from an ordinary cup. These issues were potential choking risks. The registered manager agreed when we raised this with him, and said they would ensure staff followed all specialist advice to make sure the person's safety was protected.

Staff gave us examples of how they would keep people safe. For example, to monitor water temperatures so people did not scald themselves on hot water. To check floors to make sure they were dry and people could not slip on them. Also making sure that people who did not have the mental capacity to protect their own safety could not walk out of the home on their own. We saw evidence that the registered manager had discussed safety issues with staff. For example, in staff meeting minutes, staff were reminded of being aware of trailing wires when using the vacuum cleaner to avoid people tripping on them.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, through tripping and falling. Health and safety audit checks showed that equipment had been checked, and fire records showed that there was a regular testing of equipment and fire alarms. Regular fire drills had taken place, fire equipment had been serviced, and systems had been regularly checked, such as fire extinguishers and fire bells. A health and safety check was in place covering relevant issues such as first aid, water hygiene and control of hazardous substances.

Staff recruitment practices, in the main, were in place. Staff records showed that before new members of staff were allowed to start work at the home, checks had been made with and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, for two staff there were no application forms or employment references in place. The registered manager said that these were kept at the head company office, though this system was due to be changed so that any relevant information was to be kept in the home, available for inspection. As we could not inspect this information, we were not completely assured that proper checks had been carried out to protect people from receiving care from unsuitable staff, who might pose a risk to their safety.

Relatives told us they thought there were always enough staff on duty to meet the safety needs of people living in the service. Staff we spoke with also thought there were sufficient staff on duty to ensure that people were safe . We observed that staff were available to keep people safe. The registered manager supplied us with a staffing needs assessment which indicated that there were enough staff to ensure people's safety.

A procedure was in place which indicated that when a safeguarding incident occurred, management and staff were directed to take appropriate action. Referrals had been made to the local authority and other relevant agencies with CQC being notified, as legally required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "I would not accept it if nothing was done. It would go further to someone like the police." The provider's safeguarding (protecting people from abuse) policy properly set out the role of the local authority in safeguarding investigations.

The whistleblowing procedure set out information for staff to follow if they did not feel confident that the management of the service would act appropriately to keep people safe. It stated, they could then contact relevant agencies directly such as the local authority or CQC. This meant that there was information available to staff so that action could be taken to ensure people's safety.

A person told us that staff gave them their medicine. We saw that a system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and administered by staff trained and assessed as being able to do this safely. Staff told us that medicines were delivered in good time by the pharmacist so that people did not run out of their medicine and they were always available for them to take.

We looked at the medication administration records (MAR) for people using the service. These showed that medicines had been supplied to people and staff had signed to confirm this. Two staff were involved in this process to ensure people received their medicine. One staff member gave the medicine to the person. The other staff member witnessed that this had been carried out safely. We checked the medicine stock and found this had been supplied to people, as prescribed. Fridge temperatures were tested to ensure that medicine was kept at the recommended temperature in line with best practice to ensure that it was effective.

Information about people's allergies was recorded to ensure medicine that could be a danger to people's health was not supplied to them. There were medicine audits undertaken so that any errors could be identified. These systems ensured that people were safely protected from the risk of not receiving their prescribed medicines.

Good

Our findings

When we asked relatives if they felt that the service effectively met people's needs, they said that they did. The relatives that we spoke to were complimentary of the staff at Woodlands. One relative commented positively on staff's knowledge, "They know her (their family member) so well, and what she likes." Another relative gave examples of how the staff effectively dealt with their family member's behaviours and anxieties.

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "Training is good. It covers everything we need." They also told us that if staff had prolonged periods off work then they had to carry out refresher training to ensure they had the skills to provide care to meet people's needs.

Staff training information showed that staff had training in relevant issues such as autism, medicines administration, health and safety and dealing with behaviour that challenged the service. There was an absence of evidence that staff had been provided with information about people's health conditions such as epilepsy and autism to ensure staff had the proper knowledge to be able to effectively meet people's needs. The registered manager said this training had been supplied to staff but had not been included on the staff training matrix. He said this would be rectified.

The registered manager provided evidence that new staff would be expected to complete the Care Certificate induction training, which covers essential personal care issues and is nationally recognised as providing comprehensive training. To achieve the certificate care workers must successfully complete 15 training modules by demonstrating that that they have the right skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager informed us that each new staff member received an induction and care certificate portfolio of learning. The portfolio of learning is a record of what each new staff member needs to know and understand for each standard in the Care Certificate. This is then signed off by a competent staff member who observed to ascertain that the staff member at the relevant knowledge.

We saw that staff had received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves . The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. Staff we spoke with were aware of their

responsibilities in relation to the MCA and DoLS.

At this inspection we found evidence of people's mental capacity being formally assessed to ensure that people's capacity had been taken account of. We saw evidence of proper applications being made to the relevant authority with regard to restricting people's ability to leave the home independently, in order to keep them safe. We asked staff about how they ensured people consented to the care they provided care to people. They said that they talked with people, and asked for their consent before supplying personal care. We also observed this to be the case when staff provided care to people. This showed us that staff understood that they needed to check with people as to whether or not they wanted to receive care from staff.

Two people we spoke with indicated that they liked the food. A relative told us, "I believe that they (the staff) get them to eat healthily." People we spoke with said they liked the food they were offered. We saw information in people's care plans about how they wanted to eat their meals. Staff had been aware of specialist guidance to assist people to eat appropriate food.

We were told by staff members that the menu is chosen at residents monthly meetings. Picture prompt cards are displayed enabling people to make a choice of what they wanted. We saw that there were alternatives to each meal if a person decided that they didn't want their original choice.

We observed a person having breakfast. They had toast but no spreads were supplied. When we asked staff about this they said that spreads were available and that the person liked them. However, the staff member still did not supply them. This meant the person had not been supplied with food which they liked, although they did not appear to be affected by not having this food. The registered manager said this would be rectified.

We also saw people having lunch. Staff assisted some people to eat and encouraged them. Some people had plate guards to help them keep the food on their plates which assisted them to eat effectively. Staff gave people a choice of meal. They also supplied people with drinks during the day and at mealtimes. This helped to keep people hydrated.

We saw in people's records that their health needs were met. Each person had their health action plan. This contained detail about a variety of relevant health appointments people that people had attended. For example, there was evidence of people having annual medical reviews and specialist medical appointments. Staff told us that a person had regular appointments with the GP to check on their epilepsy.

Staff told us that there was always staff support if people needed to go to see any health professionals and that the GP would be contacted if a person was not feeling well.

We looked at accident records which showed that medical agencies had been appropriately referred to when needed. There had been an accident in 2015 where a person fell and hurt their back. Staff contacted medical services and the person went to hospital for treatment. This showed that staff had acted quickly to ensure this person received effective healthcare.

These issues showed that people were provided with an effective service to meet their health needs.

Good

Our findings

Relatives we spoke with told us their family members were happy at Woodlands. One relative said, "We are 100% happy with the care she gets there." Another told us, "He's in a good place," and another relative said, "We couldn't wish for a better place."

Relatives said that their family members were treated with dignity and respect. They also commented that staff were compassionate, kind and caring. We found this to be the case. We observed that when staff were talking to people, they usually showed fondness for them and spoke with people in a non-patronising manner. However we also saw a person being told continuously to get on with eating their food instead of talking. This was not said in a respectful manner. The registered manager agreed and said this issue would be taken up with staff as they needed to show respect to people at all times.

One relative said that "The staff are great, really good." Another added, "They look after him and us too!"

We observed a staff member respecting the dignity of people by knocking on their doors before entering. We asked one relative about how her relative looked when they visited and we were told that the person always looked clean, tidy and smart.

Staff described how they protected people's dignity and privacy by closing curtains, doors, and encouraging people to do as much personal care as they could for themselves therefore encouraging people's independence. They gave examples of this such as people being able to dry themselves after bathing. Also that people had the opportunity to be involved in cleaning and doing their own laundry. We saw that someone who needed assistance with eating was given the opportunity of feeding themselves. Staff also informed us that they had taught a person to speak more words and the person was now able to speak about things important to them.

Relatives told us that staff always gave their family members choices. For example, of what people wanted to eat and what clothes they wanted to wear. We observed staff give people choices of food by showing them two choices of food. This issue was also reflected in the care plans we saw. There was evidence that people could go to bed and wake up when they wanted to. For example, one person wanted to get up later than others and this was respected. We observed this to be the case.

We saw that some people were supported in attending church. They told us this was their choice and they told us they enjoyed these services. Staff told us the service had built a good relationship with the church as

the church had provided food and an area for people to sit, where they could walk around if they wanted. This showed us that people's religious wishes were promoted.

Relatives said that there were no undue restrictions to visiting. They said they always felt very welcome by staff when doing so.

Throughout our inspection we noted that staff demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We saw that staff were interested in what people said to them. We saw many positive interactions when staff provided support to people, asking them what they wanted to do and what food they wanted, having ordinary everyday conversations and joking with people. We saw that staff provided support and verbal communication in a respectful and kind manner throughout our visit, apart from some instances at lunchtime which the registered manager said he was going to address.

The expectation that people's rights were promoted and respected had been set out in the literature of the service. This information was prominently displayed in the office. This emphasised respect for people, encouraging independence and respecting privacy. This orientated staff to provide a caring service.

We saw evidence in people's care plans that they had been consulted about how they wanted to live their lives. For example, they were asked what was going well in their lives and what else they wanted, such as someone said that they wanted to have pie and chips and we saw evidence that this had been provided. Residents meetings had been held where people could comment on issues important to them, such as what food they wanted to eat.

A relative told us of being involved in setting up their family member's care plan. There was evidence that people or their relatives were involved in planning for people's care. One relative commented that they felt involved in making decisions in his family member's best interests. Another relative said that the staff kept them informed of any changes in their family member's health and welfare. They said that they felt listened to in meetings and asked for their opinions about the persons best interests.

Staff told us that people were able to choose their own lifestyle such as when to get up and went to go to bed, choosing their own clothes, whether they want to take part in activities and being able to go out when they wanted. This information was also reflected in people's care plans. This showed that staff respected people's choices of lifestyle.

Good

Our findings

We saw that staff members had a good understanding of people. For example, about how they managed with behaviours that challenged the service. Staff told us this approach was successful due to their knowledge of the people's likes and dislikes, combined with empowering them to make positive behaviour choices, thus developing their coping skills for difficult situations. Staff described employing distraction tactics to try to avoid situations. For example, one staff member described an example of avoiding a difficult situation when on a trip with a person which had not gone to plan. They suggested a solution with the provider of the activity which enabled the person to fulfil their desire to have a boat trip and so prevent frustration and anxiety for the person.

We looked at care plans for two people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed.

We saw that care plans included detail about people and their preferred lifestyles. For example, about their personal histories, what they were good at, what they found it difficult to do and what activities they wanted to do. This gave staff information about how to support people and to help them to achieve what they wanted. When we spoke with staff about people's needs, they were familiar with them as were able to provide information about people's preferences and their likes and dislikes. There was also information about meeting people's communication needs in terms of assisting people with getting regular sight and hearing checks and how people needed to be supported to communicate, such as giving people photographs of food so they could choose what they wanted for their meals.

We saw that care plans were in place and were reviewed. A monthly key worker meeting was held between staff and people to see if the care plan was still relevant to people's needs. Some reviews did not contain details of whether people's needs had been met. A number of records had general phrases recorded such as 'outcome ongoing,' or there was no information recorded. For example, it had been recorded that one person wanted to have a new carpet and new curtains in their bedroom but in the 'actions required' section, this was blank so we could not see whether people's issues had been responded to. The registered manager said this issue would be followed up so that information was always in place to indicate the service had responded to people's needs.

Daily records recorded relevant issues to people's lives in detail so that relevant information was available to staff about people's needs and whether care plans needed to be amended. We looked at a care plan for a

person who had seizures. There was information in place for staff to assist the person when experiencing these episodes and the point at which the GP needed to be referred to in order to get treatment.

There was also information in place for staff on how to understand a person who did not communicate verbally so that staff were able to understand their mood and respond appropriately. This showed us that plans contained relevant information for staff as to how to respond to people's needs.

Staff thought there were enough staff to respond to people's care needs and that these were met within good time. This meant people did not have to wait for too long a time to have their needs met.

We looked at staff cover. There were two staff members on duty throughout the daytime and evening for the four people accommodated. One person needed constant support from a staff member and another person regularly sought attention from staff. Staff also had to carry out domestic and cleaning duties. This meant the two remaining people in the home could not, at times, have regular attention. Staff thought that this was not an issue in practice as one person was happy watching the TV. The registered manager reviewed the situation and sent us a staffing needs assessment which showed how people's needs were responded to in good time.

There was also evidence that people had key workers, directly responsible for their welfare, who had regular one-to-one meetings with people to check that people were happy in the home, that they had activities of their choice provided and whether there was anything else the person wanted to do. This meant there was a system in place to ensure that people's needs could be responded to.

Staff told us that the registered manager expected them to read care plans. It meant that they were able to tell us important information as to people's needs. They said that information about people's changing needs had always been communicated to them through handovers and recorded in the handover folder, which we saw.

There was information in people's care plans as to the activities that they liked doing such as going out to cafes and pubs and watching TV. There was evidence that people went to church. We saw that people were involved in a variety of activities, which they were interested in, such as going out and being in the home's garden.

Staff had knowledge of people's likes and dislikes so they were able to support them to maintain their hobbies and interests. For example, a staff member told us that a person had become anxious on an outing when their special interest of boats and water had not been able to be met. Staff then took the initiative and negotiated with park staff to provide an activity involving water which the person appreciated. There was evidence of other activities being provided which were important to the person, such as walks to a local park to feed the ducks and boat trips.

Another person wanted to go for daily walks. Due to their anxiety with other people, staff described to us what routes they needed to avoid at certain busy times to prevent these behaviours. This meant they had taken into account the person's individual needs when responding to their interests.

Staff told us that people at Woodlands had regular interaction within the community and good relationships with the local hairdresser, supermarket and shops.

We found people's bedrooms had been personalised with their things such as displays of family photos and photos of activities such as holidays and trips out. This responded to people's needs of having things around

them which were of interest and comfort to them.

Relatives told us they felt comfortable raising concerns and complaints with the registered manager. They said that although they have not yet had cause to complain, they felt "listened to" by the registered manager when they brought any issues to his attention. Relatives said they felt confident that they could approach the registered manager and issues would be dealt with. A person told us, "I've never had to complain." They said that if anything caused them to worry they would speak to staff. A relative told us that there were rarely any issues but when they had occasionally come up, staff had dealt with them quickly and effectively.

We looked at the complaints book. We saw that complaints in the past had been properly investigated and a response supplied to complainants. The registered manager stated that no complaints had been received for the previous 12 months. There was information in the complaints procedure that if a complaint had been made this would be properly investigated with proper action taken if any issues were identified. This information provided reassurance that the service responded to concerns and complaints.

However, we found that the provider's complaints procedure had not been supplied to people or their representatives. The procedure we saw was not available in different formats to support people to express concerns and complaints. This meant people or their representatives had not been fully encouraged to express concerns so they could be responded to. The procedure also did not direct people to complain to the complaints authority if they felt the provider had not adequately dealt with a complaint. Instead, the complainant was directed to the local government ombudsman, which missed out a stage in the process. The registered manager said this would be taken up with their line management to amend the procedure, so that people and their relatives were supplied with clear and detailed information.

Good

Our findings

Relatives told us that staff showed a genuine understanding of their family members needs and what was important to them. A relative said that they felt the registered manager was open and transparent in any dealings they had with him.

Staff commented that there was an open door policy with management and that they felt fully supported in carrying out their role. They said there had been regular staff meetings where issues could be discussed as a team to agree a consistent way of providing care to people. We saw that the registered manager kept the staff notice board up to date in the office with relevant information to help them carry out their jobs with up-to-date information.

A staff member we spoke with demonstrated the organisation's core values of dignity and respect by stating that people needed "To be treated how you would like to be treated."

We were told by a staff member that in the past she had concerns about poor care being provided by a colleague. They then used the whistleblowing procedure. They said that she felt safe in reporting this to the registered manager and that the concern had been effectively acted on in a discreet and confidential manner. All the staff we spoke with thought that if Woodlands was well led and they enjoyed working within the organisation.

During the visit we observed that the registered manager and staff members were knowledgeable about the people that use the service. The registered manager was able to describe the overall culture and attitude of the service as meeting people's needs and promoting their choices and welfare.

The staff members we spoke with said they were well supported by the registered manager. This view was reinforced by the low staff turnover we found, which is an important aspect of a well led service. A staff member told us, "If I need any advice I can go to the manager and I will get it." All the staff we spoke with told us they could approach the registered manager about any concerns they had. They felt their opinions would be properly listened to.

Staff members we spoke with told us that the registered manager always expected people to be treated with dignity and respect. They all told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Woodlands were always put first.

We saw evidence that regular residents meetings had taken place, which meant people were encouraged to express their views. The issues discussed were relevant to what people thought important, such as food choices. There was a process in place to inform people of how these issues had been followed up. However, there was no detail as to how issues had been taken forward was in evidence. The registered manager said this would be put into place.

Staff had been supported through staff meetings which contained relevant issues such as the care supplied to people, equipment needed to meet people's needs, and staff training. Staff confirmed that the registered manager took into account their views and opinions during the sessions. There was also evidence that the registered manager had taken up staff management issues to ensure staff had proper professional relationships with their colleagues and not debating disagreements with them in front of people living in the service. This showed the registered manager was taking measures to ensure that the service was running smoothly and in the interests of the people living in the service.

We saw that people had been asked their opinions of the service by way of completing satisfaction surveys. However, for one person who was assessed as not being able to communicate their wishes, the survey had been completed by a staff member. The registered manager said this would be reviewed to only state the views and wishes of those people who could communicate this information.

The registered manager understood their legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

We saw a system to ensure quality was monitored and assessed within the service. There were a number of quality assurance checks. This included issues such as a medicine check and a health and safety check which covered relevant issues such as first aid, accident reporting and staff training. Care plans were reviewed to ensure they were still relevant to people's needs. A check was in place which identified whether that more staff training was needed. There was a monthly checklist of whether relevant issues were in place, carried out by the registered manager. This included issues such as checking that residents meetings had taken place and that fire systems were tested. However, there was no audit in place to assess whether staffing levels were always sufficient to meet people's needs. The registered manager stated that this would be followed up and put into place .

By having quality assurance systems in place, this protected the health and welfare of people living in the service.