Woodlands Care GRP Ltd

Woodlands Atherton, Dementia Care Home and Services

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?	Good

Summary of findings

Overall summary

The inspection took place on 18 July 2018 and was unannounced. The last inspection took place under the service's previous registration and the service was rated good in all areas. Since then the service has re-registered under a new name.

Woodlands Atherton Dementia Care Home and Services is registered to provide residential care for up to 38 adults, but usually only accommodates 36 as there are two larger rooms which can be shared. On the day of the inspection there were 34 people residing in the home, one of whom was in hospital. In addition, there was one person undertaking an assessment day and another admission expected the following day. The home specialises in the care of adults with varying levels of dementia and complexity in needs.

The home is situated in a quiet residential area, located off the main Atherton to Bolton road. There is a large garden to the rear and car parking available at the front of the home. It is located close to local amenities.
There was a registered manager in place. 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 felt safe living at Woodlands. There was an appropriate safeguarding policy and all concerns were logged and responded to appropriately. Staff had regular safeguarding training and demonstrated a good understanding of safeguarding issues and reporting mechanisms.
The recruitment system was robust and staffing levels were sufficient to meet the needs of the people who used the service.

Individual and general risk assessments were in place and up to date. Health and safety training was undertaken by all staff and there was a monthly maintenance report and a number of monthly audits, for which most documentation was complete and up to date.

Medicines systems were robust. Infection control measures were in place and staff wore appropriate personal protective equipment, such as plastic gloves and aprons, when delivering personal care.

We looked at four care files, which included appropriate health and personal information. Staff had a thorough induction and training was on-going for all staff. Supervisions and appraisals were carried out regularly and there was an electronic system to monitor and alert managers to when supervisions were due.

Information, such as the service user guide and statement of purpose, could be produced in other languages or formats as required. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. There was a sign on the front door to say that information could be made accessible for everyone.

The environment was dementia friendly with appropriate signage. People said they enjoyed the food and the dining experience was positive, relaxed and enjoyable. The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People felt their privacy and dignity were respected. We observed care throughout the day and saw consistent, meaningful one to one interactions between staff and people who used the service. Independence was promoted and communication was good between the home staff and other professionals, agencies and families.

The service was committed to ensuring people were treated equally and paid attention to the diversity of the people who used the service. Documentation was securely stored and staff were aware of the confidentiality policy.

The care files included information about people's choices, preferences and interests. Care plan reviews were completed regularly and people were involved as required.

Throughout the day we saw staff never missed an opportunity to engage in meaningful occupations and interactions with people who used the service. Staff were constantly ensuring people were occupied with games and jigsaws, reading newspapers, playing musical instruments, crafts, hand and nail care, chats and reminiscence. The service had strong links to the local dementia buddy initiative, which provided community environments for people living with dementia.

End of life information was present in people's care files in the form of advanced care planning. End of life training was in place for staff. There was an appropriate complaints procedure and complaints and concerns were addressed appropriately. The service had received a number of compliments and thank you cards.

The registered manager was visible around the home and the management team were described as very approachable. Feedback was sought via relatives' meetings, informal chats and questionnaires. Staff had opportunities to voice their opinions and make suggestions via supervisions and appraisals, team meetings, suggestion box and team questionnaires.

Quality and safety audits were undertaken on a monthly basis and actions were put in place to address any issues raised. The registered manager and/or deputy manager attended a number of local meetings where good practice and new innovations were shared and they brought information back to the home to be disseminated to staff.

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.

People felt safe living at Woodlands. There was an appropriate safeguarding policy and all concerns were logged and responded to appropriately. Staff had safeguarding training and demonstrated a good understanding of the issues and reporting mechanisms.

The recruitment system was robust and staffing levels were sufficient to meet the needs of the people who used the service.

Individual and general risk assessments were in place and up to date.
Medicines systems were robust and infection control measures were in place.

Is the service effective?

Good

The service was effective.

Staff had a thorough induction and training was on-going for all staff. Supervisions and appraisals were carried out regularly and there was an electronic system to monitor and alert managers to when supervisions were due.

Information could be produced in other languages or formats as required.
The environment was dementia friendly with appropriate signage.

We looked at four care files, which included appropriate health and personal information. People said they enjoyed the food and the dining experience was positive, relaxed and enjoyable.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People felt their privacy and dignity were respected. We observed care throughout the day and saw consistent, meaningful one to one interactions between staff and people who used the service.

Independence was promoted and communication was good between the home staff and other professionals, agencies and families.

The service was committed to ensuring people were treated equally. Documentation was securely stored and staff were aware of the confidentiality policy.

Is the service responsive?

Good

The service was responsive.

The care files included information about people's choices, preferences and interests. Reviews were completed regularly and people were involved as required.

Staff ensured people had meaningful occupation and activities. The service had strong links to the local dementia buddy initiative, which provided community environments for people living with dementia.

End of life information was in people's care files in the form of advanced care planning. End of life training was in place for staff.

Complaints and concerns were addressed appropriately. The service had received a number of compliments and thank you cards.

Is the service well-led?

Good

The service was well-led.

The registered manager was visible around the home and the management team were described as very approachable.

Feedback was sought via relatives' meetings, informal chats and questionnaires. Staff had opportunities to voice their opinions via supervisions and appraisals, team meetings, suggestion box and team questionnaires.

Quality and safety audits were undertaken on a monthly basis and actions were put in place to address any issues raised.

Woodlands Atherton, Dementia Care Home and Services

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18 July 208 and was unannounced. The inspection was undertaken by one adult social care inspector and an inspection manager from the Care Quality Commission (CQC). We also had an expert by experience. An expert by experience is a person who has had experience in working with or caring for people who use this type of care service. The expert by experiences supporting this inspection had experience in caring for an older person living with dementia.

Prior to our inspection we contacted the local authority commissioning team and the safeguarding team. We also contacted the local Healthwatch service. Healthwatch England is the national consumer champion in health and care. This helped us to gain a balanced view of what people experienced accessing the service. We looked at notifications received by CQC. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection we spoke with the registered manager, the deputy manager, the trainer and four care staff. We spoke with seven people who used the service and ten relatives/friends who were visiting. We also spoke with four visiting health professionals to gain their views.

We looked at records including four care plans, seven staff personnel files, training records, health and

safety records, audits and meeting minutes. We observed care throughout the day and undertook a Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us understand the experience of people who cannot not talk with us.

Good

Is the service safe?

Our findings

All the people we spoke with felt that they or their relatives were safe living at Woodlands. Family members and friends told us they "Have a lot of trust in the carers"; "Can be relaxed that [relative] is here"; "Are very pleased with the home, [relative] is looked after very, very well".

Woodlands had three communal lounges, all on the ground floor. Cherry, the main lounge, was open plan to the main reception area. Maple was a slightly smaller lounge used for people who had more complex needs while Willow was the smallest lounge, reserved for those who needed an especially quiet environment. Willow had patio doors to a small secure courtyard, with seating and decoration, such as plants and wind chimes.
Doors to Maple and Willow were generally kept closed and access was by key code. During our visit there was at least one carer present in each lounge every time we passed through. One professional we spoke with told us, "Physical environment can be restrictive due to the size of some of the rooms, particularly for people who might want to pace or wander."

Access into or out of the main entrance door, also required a key code. Cherry Lounge was adjacent to the main staircase which was protected by a removable barrier strip for staff access. During our visit, we did observe one person removing the tape and starting to climb the stairs. They were quickly, but gently, persuaded back downstairs by a staff member.

There was an appropriate policy and procedure for safeguarding and guidance was available for staff. All concerns were logged and responded to appropriately. A monthly safeguarding audit was undertaken to analyse all the concerns and monitor any trends and themes. Staff had regular safeguarding training and those we spoke with demonstrated a good understanding of safeguarding issues and reporting mechanisms.

We looked at seven staff personnel files. Most of the files included an application form, job description, proof of identity, interview notes, terms and conditions, an offer letter and a disclosure and barring service (DBS) check. DBS checks help ensure people are suitable to work with vulnerable adults.

We saw one file included two references which were not signed or dated and were both written on the same note paper. We spoke with the deputy manager about this, who explained the unsuitability of the references had been highlighted and replacements would be sought.

We recommend the provider ensures references are thoroughly checked for authenticity and efficacy in future prior to someone commencing employment at the service.

On the day of the inspection there were enough staff to ensure people's needs were met. Each care file included a dependency tool, outlining the level of support required to meet people's needs. We looked at staffing rotas, which confirmed staffing levels were sufficient and increased hours had been introduced following discussions at team meetings. There was an 'on call' senior who could be contacted for advice

when required and a staff member who was the designated cover for each shift to cover sickness and absence. We saw staffing was flexible, for example, when a person who used the service was taken ill on the inspection day and a staff member accompanied them to the hospital. Staff who were on shift happily stayed later to cover.

People we spoke with felt that there were enough staff to meet their needs in a timely manner. No one expressed any concerns about having to wait to be attended to. A family member told us "There is always someone present". Other family members who visited during the weekend had not observed any significant difference in staffing levels outside standard working hours.

Individual and general risk assessments were in place and up to date. Do Not Attempt Resuscitation (DNAR) forms were in people's files if these had been agreed and completed. Accidents and incidents, including falls, were logged, followed up with actions and monitored for trends and patterns.

There was a falls champion who took responsibility for attending local meetings, disseminating information to other staff, providing some training and looking at learning from an analysis of falls within the home. This learning was shared with the sister home.

There was CCTV in communal areas to help keep people safe and there was a policy in place for this. The use of CCTV had been discussed with people's relatives and was outlined within the service user guide as well as signs being posted at the front door.

Health and safety training was undertaken by all staff. There was a monthly maintenance report and a number of monthly audits, for which most documentation was complete and up to date. There were some recent audits which had not been dated, but these were completed immediately.

The passenger lift and hoists were serviced regularly, gas and electrical certificates were in place, water temperatures and checks were undertaken as required. There was an appropriate fire risk assessment in place and fire equipment was regularly checked and serviced as required. Fire drills were carried out and a night fire practice had recently been undertaken for staff to help ensure night staff were aware of procedures. New staff received instruction regarding fire procedures and were to be included in the next fire drill. There were weekly fire alarm tests and records were complete and up to date.

Personal emergency evacuation plans (PEEPs) were present in people's care files. These outlined the level of assistance each individual would require in the event of an emergency evacuation and were updated regularly. There was a 'grab file' in each lounge which included PEEPs.

We looked at medicines systems which were robust. Medicines were administered by trained staff on each shift. Nutritional supplements were monitored by both the medicines administrator and care staff on duty. This system had been implemented to address issues about the medicines administrator having to stand and watch the supplement be taken, which could be very time consuming and impractical. This system was working well so far and was to be reviewed regularly to ensure it continued to be effective.

Medicines taken as and when required (PRN), covert medicines (medicines given in food or drink) and medicines to be taken before meals were clearly listed. A medicines diary had been trialled to help ensure clarity with regard to PRN medicines and this was working well. There was guidance for giving covert medicines, application of patches and PRN medicines to help ensure they were given safely. Clear directions were in place for the application of topical creams, including body maps. There was a homely remedies agreement form signed by people who wished to have these, or their relatives if appropriate.

We saw records of the medicines room and fridge temperatures. The records were complete and up to date and all temperatures were within the manufacturers' recommended levels. We saw medicines audits which were completed on a monthly basis and comments recorded of any issues identified.

All the people we spoke with considered medicines were administered correctly and in a timely manner. One commented, "Oh yes, all organised". One family member remarked that [relative] took their medication more readily at Woodlands than when being cared for at home. Another family member told us that their relative had been transferred to Woodlands from hospital with large antibiotic tablets they could not swallow. The family had been impressed at how quickly the staff got a replacement in liquid form.

Infection control measures were in place and staff wore appropriate personal protective equipment, such as plastic gloves and aprons, when delivering personal care. There was an infection control outbreak box which included mops, buckets, PPE, spill equipment and a front door sign. The service had an infection control file which contained information about how to deal with various outbreaks.

Good

Is the service effective?

Our findings

People we spoke with felt staff were competent to meet their or their relatives' needs. Family reported staff; "Are very good at getting familiar with residents as individuals"; "Understand who [relative] is as a person. A relative was impressed that staff were quickly able to identify when their relative was not themselves and contacted the GP who confirmed the person had an infection.

We looked at four care files, which included medication, medical history, hospital admissions and appointments, advanced care planning, sensory information, incidents, safeguarding, choices, preferences and goals, past history, nutrition and hydration needs, communication methods. There were appropriate referrals to other agencies. Each person had a hospital passport which included health and well-being information. This document helped people receive appropriate care and treatment if they were admitted to hospital.

Family members felt management and staff were proactive and effective at liaising with external healthcare professionals. One family member, when their relative had an issue with nutrition, said staff had, "Worked hard to get the appropriate professional involved".

A health care professional told us, "They [staff] contact us immediately when we are needed. They are very good at following advice and are willing to attend training". Another visiting professional said, "[Manager] provides additional education where needed. Staff knowledge is pretty good. I visit to see specific people and staff call for advice in a timely manner and recognise when advice is needed. This goes towards reducing admissions to hospital which is an important part of their collaborative work". A third commented, "I visit on a six-monthly basis or as required. Staff are really good at helping to get people to cooperate".

Staff had a thorough induction, with orientation to the service and Care Certificate training. The Care Certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. New employees shadowed a more experienced staff member until they were confident and deemed competent to undertake the role. One new staff member told us they had shadowed for two weeks and felt well equipped for their job after that.

We saw the training matrix which evidenced staff undertook regular training and refresher courses. We spoke with the in-house trainer, who demonstrated enthusiasm and commitment to delivering high quality, effective training, pitched at the correct level for staff to get the best out of.

Supervisions and appraisals were carried out regularly, at four, eight and 13 weeks and then followed a ten-week rolling programme. There was an electronic system to monitor and alert managers to when supervisions were due. Supervisions included discussions about any difficulties with the job, improvements and change, safeguardings, infection control, training and other general areas. Appraisals consisted of an assessment of staff's knowledge, skills and work performance

The environment was dementia friendly with communal lounges being brightly decorated with pictures,

bunting and ceiling mobiles. Small 'quiet areas' had been provided in various parts of the building, with seating for two to three people and decoration such as a fireplace or a dresser, with flowers, books and ornaments. These areas were used for people who needed a bit of quiet time, one-to-one or a quiet place to talk to family members. Areas of the corridors were also decorated with brick style wallpaper, from which artificial ivy and roses had been hung.

Bathrooms and toilet doors had and pictorial signage. Bedroom doors were identified with room numbers and the person's name, together with a photograph. However, the photographs were current and some people living with dementia may find it difficult to recognise themselves. We discussed with the registered manager that they may want to think about more recognisable photographs or pictures for doors.

Family members told us their relatives enjoyed the food at Woodlands. Comments included: "Likes the food"; "Loves the food". People who used the service said, "Its fine", and, "There is enough variety". A family member told us their relative had regained weight they had previously lost and they had observed staff encouraging [relative] to drink.

On the day of our visit we observed lunch in the dining room and in one of the lounges. The dining area was decorated in a 'cafe' style, the tables were set with coloured mats, coasters, cutlery and condiments. Music was playing in the room.

There was a choice of two hot dishes and alternatives for those who didn't want a hot dish. There was a choice of a hot pudding or a cold sweet. Staff were courteous and encouraging, asking people what they wanted to drink or for pudding, ensuring they were finished before removing their plates. A carer was genuinely pleased when one person had eaten well and gently encouraged them to finish. The atmosphere in the dining area was relaxed, with people eating at their own pace.

In the lounge we saw quiche, sandwiches and sausage rolls offered as alternatives to the hot dishes. People had a choice of where to sit and if they preferred, sat in easy chair with a suitable table provided. We saw really good interactions throughout the lunch. For example, we observed a staff member kneeling in front of one person who was distressed. The staff member was speaking calmly and explaining the situation. They were holding the person's hand and looking at them at eye level. The staff member stayed with the person until they had understood and calmed down.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There was documentation about people's mental capacity and any best interests decisions within their care files. DoLS information was also in the files and there was an overview that the manager could check to ensure they were aware when reviews and renewals were due.

Staff we spoke with demonstrated a clear understanding of the principles of the MCA and were aware of who was subject to a DoLS authorisation and what this meant. We saw that staff consistently asked permission before carrying out personal care or starting an activity.

Good

Is the service caring?

Our findings

All the people we spoke with, living at Woodlands, were complimentary about the staff. Comments included: "I like them all"; "Everyone is kind"; "The staff have gone above and beyond for me". During the visit we observed staff patiently and affectionately engaging with people in the communal areas. People were well-presented and looked relaxed and content.

A visiting professional told us, "Care is very good and staff go above and beyond to make sure people are cared for appropriately." Another professional said, "Staff are attentive. [Woodlands is] one of the better places". A third commented, "Patients seem happy, I have never seen anyone in wet clothes".

Family members all told us they were able to visit at any time, that they were made welcome and that they were always offered drinks and were welcome to stay for lunch. They spoke highly of the home and the staff. Comments included, "Brilliant"; "Do an amazing job"; "Really good home; staff are very good and have [relative's] best interest in mind"; "Staff are fantastic – can't fault them at all; "[Relative] enjoys it here"; "They are sensitive to [relative's] needs; "They are all au fait with [relative's] condition". One family member told us "[Relative] has bloomed since they came here, they're happier than when in hospital or being cared for at home".

All the family members we spoke with were satisfied that staff respected their relatives' privacy and dignity, always knocking on doors before entering, asking permission before undertaking personal care and, in one case, encouraging the relative to maintain continence which had been lost or not recognised when they were in hospital. We saw regular satisfaction questionnaires were sent out, including dignity questionnaires to ascertain people's views and feelings. Results of these questionnaires were positive.

We observed care throughout the day and saw consistent and meaningful one to one interactions between staff and people who used the service. Staff were responsive to people's individual needs and we saw one staff member giving a person several medicines, liquid, eye drops and tablets. This was done with patience and a full explanation. We overheard another staff member passing information to their team leader that one individual had not eaten all day, though they had taken drinks. This helped ensure people would receive the assistance and encouragement they needed. A staff member we spoke with told us, "I would still come to work even if I didn't have to. I couldn't ask for anywhere better". Another said, "If a family member had dementia I would like them to come here. It's loving, they really care".

Independence was promoted, we saw that people were encouraged to be mobile, using sticks or walking frames where necessary. One person, who was able to do so, was self-medicating, supported by staff checks.

All the family members we spoke with were happy with the communication at the home. They told us they were kept informed of any changes in their relatives' conditions. One family member told us, "They are very good at keeping you updated; communication between staff seems to be good as well, since they all seem to be up to date". Another said, "We're kept informed all the time, it's very reassuring". One friend told us they had, at their request, been contacted when abroad on holiday. A visiting professional commented, "The

way they [staff] speak to patients is lovely. They take their time and explain what they are doing even if someone has very severe dementia". Another professional said, "Staff are really attentive towards residents. It [the home] has a lovely feel. People have a lot of needs but staff know residents well and they are all treated as individuals".

The service had an appropriate policy and procedure in place regarding equality and diversity. They were committed to ensuring people were treated equally and paid attention to the diversity of the people who used the service. Religious and spiritual beliefs were supported as required, people's primary communication methods were documented and ways to accommodate these implemented. We saw a request to have a pet had been considered, risk assessed and fulfilled and efforts had been made to ensure a younger person had one to one support from a staff member of their age on a regular basis to help ensure they could access appropriate and stimulating activities.

Documentation was securely stored and staff were aware of the confidentiality policy. The service was aware of the new data protection regulations and had implemented a new policy to guide staff. They had also put on data protection training to help ensure all staff were aware of the issues.

Good

Is the service responsive?

Our findings

The care files included a 'This is Me' document which outlined people's backgrounds, food and drink, continence needs, preferences, communication needs, assistance required with personal care, hobbies and interests, night care and mobility. There was a changes form which set out all alterations to care plans. Staff were required to sign to say they had read these and would apply changes.

Care plan reviews were completed regularly and we saw people's relatives were invited to agree the frequency of reviews of care they wished to attend. All the family members we spoke with had been involved in their relatives' care plans. This included providing life histories and end-of-life wishes. Family members told us staff were very responsive to the needs and preferences of individuals, making sure that one person always had their rosary to hand at night and that another was able to keep a little 'tool set' with them that they liked to fiddle with.

In some care files, information was produced in easy read, pictorial format. Similarly, some of the questionnaires were produced in this way. Other information, such as the service user guide and statement of purpose, could be produced in other languages or formats as required. There was a sign on the front door to say that information could be made accessible for everyone.

Throughout the day we saw staff never missed an opportunity to engage in meaningful occupations and interactions with people who used the service. Each lounge had a number of little tables within reach of people sitting there. These held a variety of musical instruments, such as tambourines, triangles and castanets, together with soft toys, twiddle muffs, some reading material and other things to fiddle with. One person had a doll which they were nursing. Family members told us this person took comfort from the doll and that staff were careful to ensure it was always available for their relative. The overall effect was cosy and homely. Music was playing in the larger lounges while the TV was on in Willow.

Staff were constantly ensuring people were occupied with games and jigsaws, reading newspapers, playing musical instruments, crafts, hand and nail care, chats and reminiscence. There were pleasant and secure outdoor areas that some people were enjoying. A visiting professional told us, "[There is] always something going on and people are jolly." Family members told us that their relatives were involved in activities such as baking and making sandwiches as well as quizzes and games. One family member told us that because of short term memory loss, their relative would repeat things over and over again but that they were very good at quizzes and could participate readily. One person liked to be busy but needed 'proper work' so helped out with sweeping and other tasks. We saw this person was clearly enjoying 'helping' to clean up in one of the lounges.

The service had strong links to the local dementia buddy in Atherton, Leigh and Tyldesley which provided community environments for people living with dementia. Staff took people to have lunch or play bingo. They attended music melodies, swimming, bowling and shopping trips. Staff also took individuals who were mobile out for a walk in the surrounding area. Woodlands had an arrangement with local dog walkers, where volunteers walked the dogs but were accompanied by people living at Woodlands and a carer. In

addition, Woodlands had links with a local nursery where children visited the home and some people (with staff support) were able to go into the school for short periods. Woodlands also held social events with entertainment such as singers. A catholic priest came to Woodlands to give Holy Communion on a one-to-one basis to those who wanted it. The service had been successful in securing a transformation grant which helped pay for trips out.

End of life information was present in people's care files in the form of advanced care planning. End of life training was in place for staff. The service kept an end of life register which outlined, what was in place, for example, anticipatory drugs, DNAR form. This was reviewed with team leaders on a six-weekly basis or when changes occurred.

There was an appropriate complaints procedure which was outlined within the service user guide and on a poster at the entrance to the home. There had been one formal complaint in the last year, which had been addressed appropriately. No one we spoke to had had cause to make a formal complaint but all said they would be comfortable raising concerns with the staff or management.

Family members felt management were very proactive. One family member had, on one occasion, to point out that although their relative's garment had been washed, it was still badly stained. When they arrived at Woodlands the next day, the washing machine engineers were just leaving, having completed a repair. They discovered that staff had investigated, found a problem with the washing machine and got the maintenance engineers out straight away.

We saw compliments received by the service. Comments included; "You gave [person] a safe, caring home at a very vulnerable time in her life and I will always be extremely grateful to you for that"; "Many thanks for all your time help and patience in the care of [person]; "We can't thank you enough and will be forever grateful for all you did for our [relative]".

Good

Is the service well-led?

Our findings

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was visible around the home and well known by staff, people who used the service and relatives. Family members we spoke with said the manager and deputy manager were very approachable. One friend observed that although there had been some turnover of staff, there was a core of staff who had been at Woodlands for the two to three-year period they had been visiting and that "[Registered manager] is very good; keeps them on their toes". Friends and family members told us they thought Woodlands compared favourably to other care homes they had experience of: One person said, "Best I've ever seen", and that they, "Would recommend it to others". A visiting health professional said, "The care home has a good reputation locally and between other professionals". Another professional said, "This is one of the better care homes."

One staff member told us, "They [management] are all very helpful. I am well supported". Another member of staff, who was very new, told us, "Loving it. Will definitely be staying. My impression so far is that all the staff are really supportive and I am looking forward to getting started".

Family members told us they had attended or been invited to relatives' meetings and had received feedback questionnaires to complete. We saw minutes of these meetings where discussions included staffing, concerns, new initiatives and systems and activities.

People who used the service, and their relatives where appropriate, were encouraged to give feedback via day to day conversation, questionnaires, discussions with management or formal complaints. We saw a simple form designed to be easy for people living with dementia to respond to, with smiley or non-smiley faces as responses to questions around respect, fun, kindness and love, team work and Woodlands being/or not being a great place to live.

There were a number of ways for staff to have a voice and make suggestions, raise concerns or just discuss their work. This included regular supervisions and appraisals, team meetings, suggestion box and team questionnaires. There was a Facebook page on which staff could report any concerns direct to management. The registered manager had an open-door policy and staff were encouraged to speak with management about anything. We saw that management responded to suggestions, for example, installing a ceiling fan, a blind and extra computers as a response to issues raised by staff.

There was a publications file with all the latest professional magazines and newsletters. Information was disseminated to staff around any changes to guidance around good practice and legislation. The home also had a resource file which included information around changes with regard to areas such as dementia care.

Prior to our inspection we checked the information we held about the service. The registered manager had notified CQC of incidents, accidents and deaths as required. All safeguarding concerns had been reported to the local authority safeguarding team and investigated as required.

The registered manager and/or deputy manager attended infection control link meetings, local authority care home owner meetings, care conferences and any other relevant meetings. Good practice and new innovations were shared at these meetings and brought back to the home to be disseminated to staff. When any issues were brought to a meeting, such as poor practice or issues at other homes, these were used for training and discussion to aid better practice within the home.

There were monthly staff observations undertaken by management. These were to look at practice with areas such as personal care, assisting with food and medicines administration. Positive and negative feedback was given immediately and any issues brought to supervision and dealt with via training.

Quality and safety audits were undertaken on a monthly basis for hand hygiene, wheelchairs and equipment, first aid provisions, sensor mats and mattresses and kitchen environment. There was a monthly menu review and regular meal tasting and dining experience checks. There was a quality auditor who visited monthly to check the bedrooms and cleanliness. They also chatted to people who used the service about how they were feeling and completed observations with the team. The registered manager met with the auditor to discuss the reports and any required actions.

Weights were audited weekly or monthly for each person and there was a bathing/showering audit. All were followed with actions if issues had been identified. We saw good handover documentation, including well-being, falls, accidents, concerns, repairs and renewals. Safeguarding concerns, accidents, incidents and falls were audited regularly and analysed for trends and patterns, which were then addressed and learning was taken from all incidents. Documentation, such as care files were regularly audited and updated as required.