Care UK Community Partnerships Ltd

# Woodland Hall

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 8 February 2018 and was unannounced.

When we completed our previous inspection on 24 January 2017 we found concerns relating to person centred care and staffing. We found treatment or care provided did not reflect people's needs and people were not provided with stimulating activities. Staff were not provided with appropriate training, supervisions and appraisals, which meant they did not have the right skills and knowledge to meet people's needs. At this time these topic areas were included under the key question of effective, responsive and well-led. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework these topic areas are included under the key question of effective, responsive and well-led. Therefore, for this inspection, we have inspected these key questions and also the previous key questions of safe and caring to make sure all areas were inspected to validate the ratings.

The provider sent us an action plan in May 2017 and told us that they had addressed the shortfalls highlighted during our inspection in January 2017 and told us that they were no longer in breach with regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found during this inspection that the provider had taken appropriate actions and people's health care and social care needs had been assessed and formed part of the person's care plan. People who used the service were offered a variety of activities and the provider planned to provide activities during the evening and also at weekends. Staff had access to different training as part of their induction and regular refresher training was provided to ensure staff kept up their knowledge and skills of supporting people who used the service. Staff had also opportunities to meet the registered manager or their supervisor to discuss their development and performance, which they told us was valuable and helped them to understand people's needs better.

Woodland Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Woodland Hall accommodates 72 people across three separate units, each of which has separate adapted facilities. One of the units specialises in providing care to people living with dementia.

A new manager started in June 2017 and registered with the Care Quality Commission (CQC) in December 2017. A registered manager is a person who has registered with the CQC 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.

Staff at Woodland Hall told us that people's safety and security was taken seriously. Staff told us that they would report any allegations of abuse and the service had demonstrated over the past twelve months that

they notified the CQC of any allegations of abuse, which had been dealt with and responded to appropriately. Risk to people's health and wellbeing in relation to carrying out treatment or care had been assessed and appropriate risk management plans were put into place to minimise such risks. People who used the service, relatives and staff told us that there were sufficient staff deployed to meet people's needs. The service followed safe recruitment procedures and ensured that new prospective staff were assessed and vetted appropriately to ensure their suitability to work at Woodland Hall. People's medicines were managed appropriately and safe medicines administration procedure ensured people could be confident to receive the correct medicines on time. Woodland Hall followed appropriate infection control procedures and ensured people who used the service were protected from the spreading of infections and spreadable disease. Accidents and incidents were monitored and systems were in place to ensure lessons were learned to minimise the risk of similar incidents and accidents happening in the future.

People who used the service told us that they were satisfied with the meals provided. The provider carried appropriate nutritional assessments and ensured people who used the service were provided with appropriate nutrition and hydration. The service had excellent links with health care specialists and a new innovative reablement service supported people to be discharged when required and supported to gain greater independence. People who used the service lived in a well maintained and spacious home, which was conducive to their needs. The registered manager and staff understood their responsibilities in relation to obtaining consent under the Mental Capacity Act (MCA) 2005; and their actions to be taken if people lacked capacity to make their own decisions.

Staff were kind and compassionate towards people. We observed they had warm and caring relationships with them. The service was organised around people's needs by staff who knew each person, about their life and what mattered to them. People's views were actively sought, listened to and acted on.

People and relatives were consulted and involved in developing and reviewing care plans. Care records were regularly reviewed and updated as people's needs changed. Most people were assisted to maintain their interests and hobbies and to try new things, through a varied programme of activities. People and their relatives told us they were aware of how to express concerns or make complaints, and that any complaints they had made had been dealt with in a satisfactory manner. People were also given the opportunity to feedback their views of the service provided.

The feedback we received about the registered manager was positive. We were told the registered manager led the team with a pro-active and transparent style of management and that she went 'over and above' her duties and responsibilities. Woodland Hall carried out audits to ensure people received good quality care that enhanced their general well-being.

## 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. There were systems to make sure people were protected from abuse and avoidable harm.

Staff had a good understanding of how to recognise abuse and report any concerns.

There were enough staff to keep people safe.

People received their medicines when they needed them from staff who were competent to do so.

### Is the service effective?

Good

This service was effective. People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained and had the skills and knowledge to meet people's assessed needs, preferences and choices.

The service understood the requirements of the Mental Capacity Act (MCA) 2005, its Codes of Practice and Deprivation of Liberty Safeguards (DoLS), and put them into practice to protect people.

People were protected from discrimination and their human rights were protected.

### Is the service caring?

Good

The service was caring. People were supported by staff who were kind, respected their privacy, dignity and independence.

Independence was supported and encouraged.

People were treated with kindness and respect.

### Is the service responsive?

Good

The service was responsive. People were supported to engage in activities that they enjoyed.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their concerns. Staff understood when people were unhappy so that they could respond appropriately.

People and their families were involved in decisions about end of life care.

## Is the service well-led?

Good

The service was well led. The provider had systems in place to assess and monitor the quality of the service.

Relatives, people who used the service and staff felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

# Woodland Hall

**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 February 2018 and was unannounced.

The inspection was carried out by two adult social care inspectors, a specialist advisor in nursing and two experts by experience in dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who monitor the service provided by Woodland Hall.

During the inspection we spoke with 11 people and nine relatives about their views on the quality of the care and support being provided. We spoke with the registered manager, the regional director and the deputy manager. We spoke with nine staff members including an activity coordinator and the locum chef. We spoke with the hairdresser and one volunteer and observed one handover and one multi-disciplinary team (MDT) meeting.

We spent time observing care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care and the running of the home. These included nine care plans, 12 staff personnel files, 13 records relating to the administration and storage of medicines, minutes of meetings and records relating to quality monitoring within the home.

Good

# Is the service safe?

## Our findings

People who used the service and their relatives told us that their care and treatment was safe and that they had no concerns about staffing. For example one person told us, "On the whole yes, you can't be completely safe – well you can if you've been here long enough." One relative told us, I should think so, I mean he can't talk or walk but the staff are good." Another person told us, "Never at any time do I feel my life is in danger or that there is any abuse, or have any concerns of being harmed."

The service took safeguarding seriously. We had received regular safeguarding notifications prior to our inspection visit. It was clear that the registered manager and staff ensured people who used the service were protected from harm and abuse and appropriate safeguards and follow ups were carried out to reduce the risk of similar safeguarding incidents from happening in the future. The registered manager and staff were clear about how to report allegations of abuse and informed the local authority, Care Quality Commission (CQC) and police if required. This meant people who used the service were protected from abuse and avoidable harm because appropriate systems, processes and practices to safeguard people were in place. Care staff told us, "[Manager name] listens to us. She listens to any concerns and will always advocate on behalf of the residents and ensure they are safe."

Staff told us that they had received safeguarding training within the last three years. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "I would report any issues straight away to the senior or a manager."

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs such as; nutrition, falls, and skin care. This meant staff had clear guidelines to follow to mitigate risks. We observed that staff followed guidance provided in risk assessments. For example, one person presented behaviours that challenged the service and the guidance for supporting this person instructed staff to spent time with the person and give massage'. We saw during one incident when the person became challenging, that staff sat down with the person, talked to the person and reassured the person and gave the person a hand massage as stated in the behaviour risk assessment. Another risk assessment for a person at risk of developing pressure ulcers stated that the person must be repositioned every two hours. Repositioning charts viewed for this person confirmed that this had been carried out regularly. Staff told us, "We reposition the person two to three hourly to prevent pressure ulcers, we also make sure we change the person regularly and keep the person dry and apply creams and make sure the person has plenty of fluids to drink. This resulted in the person's pressure ulcers healing, but we need to continue to prevent it from happening again."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan (PEEP) was in place for people who used the service. PEEPs provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. An emergency grab box was located near the entrance

door, which contained basic but up to date information about people who used the service and equipment needed, such as torches, in case of an emergency. We asked staff if the service had an emergency grab box and they told us where we would find it.

We saw records of maintenance and monthly health and safety checks for the equipment used in the service to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperatures, room temperatures and cold water storage. This showed that the provider had in place appropriate maintenance systems to protect staff and the people who used the service against the risks of unsafe or unsuitable premises or equipment.

Regular fire alarm testing was carried out in the home and we saw the records along with; fire door checks, fire alarm testing, escape routes, fire extinguisher checks and emergency lighting testing.

We looked at the recruitment process. Staff files were well organised and included a checklist to confirm the required checks and documentation were in place. The checklist covered proof of identity, a job description, job contract and at least two references. Checks had also been undertaken to ensure that all the nurses who worked at the home had a current registration with the Nursing and Midwifery Council (NMC).

We spoke with the registered manager about staffing levels, they told us they were using a dependency model and explained how this was calculated on a monthly basis but that they brought extra staff in when needed. They explained how the dependency tool worked out how many staff were required to care for people based on the numbers of people using the service and their needs. People who used the service told us that most of the time enough staff were available to meet their needs. For example, one person said, ""We have enough staff most of the time, most of the time, generally speaking yes." Care staff also confirmed that enough staff were available and that the registered manager would listen and provide extra staff if people's needs required this. One care staff said, "[Managers name] has supported us to increase staffing for one person who displays [behaviours that challenge the service]."

People who used the service spoke positively about the administration of medicines. For example one person said, "Staff are nice, they give me my tablets to ease my pain." There were suitable arrangements in place to manage medicines safely. We checked medicines audits, medicines administration record (MAR) charts, and medicines supplies. Medicines, including controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), were stored securely. Temperatures of the storage areas were recorded regularly, and staff correctly recorded the maximum and minimum temperatures of the refrigerators. During the inspection (and observing past records), the fridge temperature was found to be in the appropriate range of 2-8°C.

People received their medicines as prescribed. We looked at 13 MAR charts and found no gaps in the recording of medicines administered, which provided assurance that people were receiving their medicines safely, consistently and as prescribed.

Medicines to be disposed were placed in appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by the pharmacy (as evidenced by the pharmacy returns book). Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities completed by two members of staff.

Some people were given medicines covertly; hidden in food or drink. We saw from records that the appropriate authorisation and input from professionals had been sought to enable them to have their

medicines covertly. There was evidence of a best interests meeting, mental capacity assessment and a medicines form which was signed by the GP and the pharmacist. An agreement for the administration of covert medicines was signed and reviewed on a regular basis. This assured us that people at this location were administered medicines covertly in an appropriate manner in accordance with legislation and recommended guidance.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of several recent audits carried out by the community pharmacist, and the provider. These included safe storage of medicines, room and fridge temperatures, Controlled Drugs and stock quantities of non-blister packed medicines on a daily basis.

Some medicines were prescribed to be taken when needed (PRN), for example for pain. We observed that people were able to obtain their PRN medicines at a time that was suitable for them. People's behaviours were not controlled by excessive or inappropriate use of medicines. For example, one person was on medicines to control their behaviours, the management plans identified frequency, minimum time interval does and maximum doses in 24 hours. We saw plans were in place to guide staff on what the medicines were for and how much to give, and we saw that administration was clearly recorded.

We found there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control and made use of protective clothing and equipment.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us this system and explained the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the home. They showed us how actions had been taken to develop solutions to potential risk.

Good

# Is the service effective?

## Our findings

We asked people if they felt that their needs had been met. One person said, "I get everything I need. Staff come when I call them and they look after me. I can ask them for everything I need."

Each person had their needs assessed before they moved into the service. This was to make sure the home was appropriate to meet the person's needs and expectations. The registered manager only accepted an admission if they felt they could meet the person's needs. The pre-admission assessment included the person as far as possible, healthcare professionals and relatives involved in their care. The registered manager said if they felt they could not offer a service they could signpost them to other homes that may be able to meet their needs.

During our last inspection in January 2017 the provider was in breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. Staff had not received training in meeting some aspects of people specific needs and care staff had not received regular one-to-one supervision to support them to carry out their roles and responsibilities.

During this inspection we found that Woodland Hall had dealt with the breach of regulations and improvements had been made. Woodland Hall had an induction training programme which new staff attended prior to commencing employment. This was based on the Care Certificate, which is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment. Most staff had completed their induction and we saw that new staff were enrolled on the programme. Staff confirmed that they had completed an induction programme at the beginning of their employment that included the opportunity to shadow more experienced staff until they felt confident.

There was a comprehensive training programme. Staff had completed essential training, which covered food hygiene first aid, safeguarding vulnerable adults, medicines competency, mental capacity and deprivation of liberty safeguards and manual handling. Staff also received training which was specific to people's individual needs, including, dementia awareness and pressure sore awareness. Staff spoke highly of the training available to them and how it improved their understanding of their role. Face to face revalidation training was also provided to ensure that nursing staff were supported to perform their roles. A nurse told us, "The managers are very supportive. My revalidation is July 2018 and I am receiving a lot of training to prepare me." Another staff told us, "We have E-learning, face to face training and at times the management send us for training with external organisations." A third staff member told us, "I have been given four days to complete mental health training with an external company."

Staff received regular supervision. An annual appraisal system was in place. We looked at a sample of records of supervision sessions which showed staff were able to discuss key areas of their employment. We saw that the records were detailed and individualised. Items discussed included recent issues involving people they supported, learning and development, work place matters and actions from previous meetings. One care staff said, "I receive regular supervision. Through supervision the manager is able to support and encourage us." Another care staff told us, "Appraisals are brilliant because they give opportunities to express

your needs. Through that I have been supported to complete medicines and mental health training." A third staff member told us, "The deputy manager is a qualified nurse. If I want professional advice I go to him and I go the manager for general management issues."

The inspection team observed the people who used the service having their lunch in all of the dining rooms. Tables were set up to accommodate smaller groups. We saw members of staff sit down at the table with the people who used the service for a chat while they were enjoying their lunch. We could see that there were enough staff available to support people and staff were encouraging and supporting people who needed assistance. The atmosphere in the dining area was relaxed and the people who used the service were enjoying their lunch chatting to staff and giving positive feedback. One person said, ''The food is very nice. I do have enough, and if I need snacks and drinks, this is provided."'

The dining rooms were very well presented with tables laid appropriately. We found people relaxed and enjoying social interaction with each other and with staff. Different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their food. People who did require assistance with their meal were offered encouragement and prompted sensitively. We found the kitchen was clean and staff had recorded food and appliance checks to maintain effective food safety management. People were all very complimentary about the food. One person said, "The food is fine. There is enough to go around. Snacks are available too." Another person said, "The food is very nice and there is plenty to go around."

From looking at peoples care plans we could see that the MUST assessments (malnutrition universal screening tool) were in place, completed and up to date. A 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. Food and fluid intake records were used when they were needed. Special diets were managed and we saw pureed and fortified food that had been attractively presented.
People who were less mobile and had their meals served in their rooms. People were seen to receive support which enabled them to receive good meal time experiences. The staff did not rush people, allowing them sufficient time to eat and enjoy their lunch. Meal times were staggered to enable staff to support people in a timely respectful manner. If people chose not to have their meals they were reassured their meals would be kept hot or alternative arrangement made for them.

Woodland Hall had built useful links with the local NHS continuing care team and Clinical Commissioning Group (CCG). Regular MDT meetings, which were attended by a geriatric consultant, district nurse, physiotherapist, occupation therapist and unit mangers, ensured that people admitted through one reablement package were discharged in a timely manner. A physiotherapist and occupational therapist employed by the CCG, was permanently placed at Woodland Hall. This ensured that people admitted on a reablement package received appropriate person-centred health care without too much disruption of their day to day life. We received positive feedback from one person who had stayed at Woodland Hall for a reablement package, following an operation. The person said, "Staff, management and doctors couldn't have been better. They helped me to regain my independence and sorted out my flat so I can live there again on my own."
People had access to external health professionals. Where people's health needs had changed, staff worked closely with other health professionals to ensure they received support to meet their needs. For example care records confirmed visits to the service from GPs when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Woodland Hall is a purpose built nursing home in the London Borough of Harrow. The service has five different units, which catered for people who required different treatment or care. For example, nursing

care, dementia care and physical disabilities. The service was well-maintained and was being redecorated during the week of this inspection. The service had purchased memory boxes, which were used for people with dementia. The home employed a maintenance worker who was responsible for monitoring repairs, undertaking Health & Safety checks and small repairs, such as changing toilet seats or changing lightbulbs.

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 authorisation 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. We saw in people's care records that appropriate DoLS authorisations had be sought from the relevant placing authority if required. Capacity assessments had been carried out to establish if people were able to make decisions on their own. We asked people if they were able to make decisions about their care, one person told us, "I can make any decision relating to my care and support needs, yes am involved."

We saw that staff had received training in the principles of the MCA 2005 and DoLS and were able to tell us, what processes they had to follow. One member of staff told us, "I had mental capacity training and I learned to always assume that people can make their own decisions."

Good

# Is the service caring?

## Our findings

We asked people who used the service if care staff were kind, caring and ensured they maintained their independence, dignity and privacy. People who used the service made the following comments or gave the following examples. "This morning [care staff name] came in and got me breakfast in bed, all done very quietly with no fuss"; "The carers are kind and respectful to me" "The care workers treat me very well with respect and dignity" and "Staff always let me do as much as I can manage and take their time. They are very patient. They show a lot of respect for my privacy, they always close the door and cover me up."

People who used the service and their relatives were supported and encouraged to express their views. This ensured the care delivered reflected their wishes. People who used the service and their relatives were involved in in developing care plans, which were personalised and contained in-depth information about how staff would support people's health care needs best. A person we spoke with told us, "The staff listen to me and will do the things I ask them I would need help with." Another person said, "Staff do whatever I ask them. They sit down with me and spend time to chat with me." One person told us how the staff supported them to deal with a personal healthcare problem when they asked for help.

Relatives were similarly positive and told us, "They [staff] listen to what I ask them to do; I believe I have a good rapport with them." We asked staff how they would find out about what people need. One member of staff told us, "I enjoy talking to residents and their families to find out what they want." We saw that care plans were regularly reviewed and updated when people's needs changed.

We observed that staff encouraged people to make decisions about what they liked, where they wanted to go or what they wanted to do. The activity co-ordinator told us that she sat down with people and asked them what they enjoyed to do. She told us, "We developed the activity plan in accordance to what people told us." One person told us, "I like the baking club on Wednesdays. It's always funny."

We observed that staff treated people with dignity and respect. For example at lunch time we saw that staff brought people a bowl to wash their hands if they were unable to go to the sink independently. One member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "I will ask people if it is ok to come into their rooms, close the doors and be respectful of their personal space when supporting them".

People told us that the home was meeting their spiritual and cultural needs. One person told us [pointing at a fellow person], "We are both Roman Catholic so we see the priest every two weeks. He came yesterday." Another person told us, "The main thing for me is vegetarian food and they cook it for me and my family bring also things like sweets."

We saw that people were able to spend time in their room so they had the privacy and could do what they wanted to do without being disturbed. One person told us, "I can go into my room whenever I want, close the door and they [staff] leave me alone." Staff we spoke with explained to us the importance of ensuring that people's rights to confidentiality were maintained. One staff member told us, "I will never talk in front of

other residents about other people living at Woodlands, it's not their business."

Relatives told us that they can visit whenever they wished to do so. We observed this during our visit. One relative said, "I can come and see my relative whenever I want." One person we spoke with told us, "My daughter comes weekly and can visit anytime she likes".

We saw relatives, people and staff enjoying each other's company and creating a homely atmosphere. One person told us, "Its lovely here and I love them [staff]." Another person receiving a hand massage from a member of staff told us, "I can't have enough of it, I love it." Staff told us how they supported people to be as independent as possible. A member of staff we spoke with said, "I would always empower people to do things for themselves."

Good

# Is the service responsive?

## Our findings

People who used the service told us that they had been involved in the planning of their care and that they were satisfied with the activities offered at Woodland Hall. People told us about the activities provided. Yes I can take part in activities, my ankles are very weak and I'm not fit, but I try and they [staff] help me." We also asked people what activities they liked and saw that these had been reflected in the activity plan displayed in Woodland Hall. One relative told us, "When mum moved in they asked me about her life and we discussed the care she needs."

During our previous inspection on 24 January 2017 we found concerns relating to person centred care and staffing. We found treatment or care provided did not reflect people's needs and people were not provided with stimulating activities. The provider was in breach with regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Person centred care. The provider sent us an action plan in March 2017 and told us that they would arrange reviews and complete life books for people and ensure greater involvement in the care planning process. They also said that they would review the provision of activities by undertaking surveys of people who used the service and supporting all staff to take part in the provision of activities.

During this inspection we saw that care plans were reviewed monthly and any changes such as weight loss were responded to appropriately. We saw that the team had good internal communication to ensure changes in people's care were communicated to all staff.
Staff were able to tell us what people's needs were and how they would best meet them, which matched with people's care plans. People told us that they got up and went to bed when they wanted. People also had access to a hairdresser regularly. The hairdresser told us, "Residents are always well dressed and have never complained to me about anything." This showed that the service was responsive to people's wishes and preferences with regards to their care.

Care records included information provided by family members and we saw that relatives and people who used the service had been involved in the review process of the care plans. The registered manager told us that the she was currently in the process of liaising with external agencies in providing more dementia specific care.

We saw that staff were responsive to people's individual care and support. A person we spoke with said, "I know where the call bell is and the staff come quite quickly when I press it." Another person told us, "Staff will take me to the lounge or for a walk in the garden, but it's too cold at the moment." A relative we spoke with told us that her family member could get up and go to bed whenever they wanted to. We observed staff responding to people's needs promptly when required.

We saw that all people living at the home had their own rooms and choose whether to stay in them or join others in the communal areas. Rooms were clean and personalised to suit people's preferences. A person we spoke with told us, "I have my own stuff in my bedroom and can also access the internet." Another person said, "I have my own belongings, and photos on the wall

There was a range of activities in the home and a daily activities programme developed by two full time activities co-ordinators., The registered manager told us that she also employed a senior activity co-ordinator who would be commencing employment in the near future. The registered manager said that the new activity co-ordinator will liaise with people, outside activity provision, local groups and review the current activity programme. Regular activities included sing along, soft play, table top game, music memory, baking club and 'daily sparkles'. Daily sparkles is a newspaper which provides news to people during the time when they were young and is used to open discussions with people and refresh any memories. We found that everyone living at the home was offered time for activities wherever possible, including one to one time.

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us how they might raise a complaint; "I would speak to the staff or the deputy manager." A relative told us, "I don't have any complaints but I would go to the nurse in charge, if there was anything I am not happy with." Another relative we spoke with informed us that they spoke to the nurse in charge recently about something they preferred to change and the next day they came to visit it had been resolved. The registered manager told us and records we looked at showed that complaints made had been dealt with and resolved. We found that the provider had a robust procedure in place which outlined a structured approach to dealing with complaints in the event of one being raised.

The home provided End of Life (EoL) care to some people who used the service. We saw that where possible the EoL care plan had been discussed and agreed by the person and their family. The EoL care plan had been reviewed monthly or more often if required. Anticipatory medicines were kept in the home with the agreement of the person's GP. People's religious wishes had been discussed and pain management had been discussed at least monthly. One person on EoL care told us, "Staff know me, the place is much better now; the new manager is more supportive. I am much happier." We also saw in people's care records that there was a focus on people being comfortable. For example one daily record stated, "[Name] free from pain and very comfortable today."

Good

# Is the service well-led?

## Our findings

People who used the service and staff spoke highly of the new registered manager. One person said, "This place has improved a lot since the new manager has started, there is a much better atmosphere." Another person told us, "Very good especially [name] she comes and talks to you. I am quite pleased." Care staff were equally positive about the new manager. One care staff told us, "The new manager is a very nice lady." Another care staff said, "Every morning [the new manager] comes to see us on the floor to check if everything is OK." Another staff said, "We are free to go and speak with her. I had a 1:1 yesterday. This was not supervision, but we can request to meet with her at any time" and a fourth care staff told us, "[The new manager]is very good. Since she's been here we have seen a lot of improvements."

We observed, and some staff told us, that there was good team work amongst the staff. Staff said, "We have the best and settled team here" and "I have worked in six places before, this is the best." The registered manager kept close links with other professionals to share ideas. The registered manager said they received training and had regular contact with the other managers within the organisation in the region. The provider had an external quality assurance team which undertook mock inspections and looked at other reports to see how improvement could be made.

Feedback was also requested by the registered manager from staff who worked at the home to see if they felt supported and if they could suggest any improvements. Responses from staff who completed this survey were positive. Visiting Health and social care professionals who were involved with the service were also asked to give their views. Feedback from this survey showed that positive comments were received about the quality of service provided for people living at the service with no improvements required.

The registered manager told us that she wanted to continue to introduce 'lead roles' within the home. These roles included a champion for dementia care, wound care, end of life, and infection control. Staff told us this empowered them and gave them a sense of ownership of important areas of care delivery.
The registered manager notified the CQC of incidents that occurred within the home that they were legally obliged to inform us about. They had always done this in a timely manner. This showed us that the registered manager had an understanding of the registered manager's role and responsibilities.

The registered manager showed us records of their on-going quality monitoring process. Monitoring included, but was not limited to: a monthly manager's audit; dignity in care; care documentation; fire safety; infection control, and medication. There was also a medicines audit undertaken by the dispensing pharmacist. Results of these audits showed that where improvement actions were needed, these were taken. The registered manager also completed analysis of incidents and accidents, falls and complaints. This information was used to look at the quality of the overall service provided and any 'trends' [patterns] in the data. Any trends found were then used to highlight areas requiring improvement. This demonstrated to us that the registered manager had systems in place to monitor the quality of the service provided at the home.