

South Gloucestershire Council

# Woodleaze EMI Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 11 and 15 February 2016 and was unannounced. There were no concerns at the last inspection in May 2013. Woodleaze provides accommodation for up to 28 older people. At the time of our visit there were 21 people living at the service.

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 2008 and associated Regulations about how the service is run.

We were introduced to people throughout our visits and they welcomed us. People were relaxed, comfortable and confident in their home. We received positive comments about people's views and experiences throughout our visits. Two relatives recently wrote in the homes survey, "We as a family are very happy with the care mum receives from all the managers and carers. Woodleaze is a wonderful care home" and "Mother is very happy here, everyone is very friendly and helpful, which is a great bonus in the home. Absolutely fantastic support".

Staff involved in this inspection demonstrated a genuine passion for the roles they performed and individual responsibilities. Visions and plans for the future were understood and shared across the staff team. They embraced new initiatives with the support of the registered manager and colleagues. They continued to look at the needs of people who used the service and ways to improve these so that people felt able to make positive changes.

People experienced a lifestyle that met their individual expectations, capacity and preferences. There was a strong sense of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated. People's health, well-being and safety were paramount.

The registered manager listened to people and staff to ensure there were enough staff to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service and used a risk based approach to help ensure that staffing levels and skill mix was effective.

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. There was an emphasis on teamwork and unison amongst all staff at all levels.

People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice. One person visiting told us, "The food is marvellous and very good quality. I have eaten meals here and it's as good as our local pub".

Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They

were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful. People were supported to maintain their personal interests and hobbies.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having capacity, records showed that their advocates or families and healthcare professionals were involved in making decisions.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised.

Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed to accurately reflect people's needs.

People, relative and staff feedback was a vital part of the quality assurance system either through annual surveys, 'residents' meetings, complaints or reviews. They were listened to and action was taken to make improvements to their quality of life. The registered manager monitored and audited the quality of care provided striving to meet the ever changing needs of people living in the home.

## 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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

### Is the service effective?

Good ●

The service was effective.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's

health and wellbeing was promoted and protected.

### Is the service caring?

Outstanding 

The service was caring.

The provider, registered manager and staff were fully committed to providing people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

### Is the service responsive?

Outstanding 

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

### Is the service well-led?

Outstanding 

The service was well-led.

The vision and values of the home were embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed.

People benefitted from staff who felt supported and were motivated to learn and develop, embracing the culture of the home to "be the best" they could.

The managers strove to maintain, sustain and further improve the experiences of people living in the home through quality assurance processes.

# Woodleaze EMI Residential Care Home

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected on 17 August 2014. At that time we found there were no breaches in regulations. This inspection took place on 11 and 15 February 2016 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had 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 improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

We contacted four health and social care professionals, including a community nurse, GP, occupational therapist and social worker. We were provided with a range of positive feedback which we have included in the body of the report.

During our visit we met everyone living at the home and two relatives. We spent time with the registered manager, duty managers and spoke with five staff. We looked at people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, audits and quality assurance reports.



# Is the service safe?

## Our findings

One of the common themes when people were asked what was important to them whilst living at the home was 'feeling safe, feeling wanted, being happy and having security'. People and their relatives said they felt safe and they were treated well by staff. Comments included, "My relative is looked after well, staff do everything they can to protect everyone", "It's safe and secure and that reassures me when I leave my relative" and, "I am very lucky, I feel very safe thank you". People had locked facilities in their rooms to keep their personal belongings safe and they were given the option to have a key to their rooms.

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. One relative wrote in this year's survey, "I feel very confident that mum is being cared for very well. She is happy and secure, which is all I could ask for". Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff had developed individualised strategies to help safeguard people from harm and promote wellbeing whilst supporting choice and independence. They had carefully considered how the behaviours for some people living with dementia could affect their safety and of those they lived with.

After careful assessment, triggers had been identified that escalated certain behaviours, alongside diversional measures to diffuse anxieties and people coming to harm. Preventative measures included, respecting preference for male staff when supporting personal care, respecting personal space, avoiding loud noise and ensuring someone was pain free. Individual diversional therapies provided staff with valuable information about how to calm a situation. One person found new situations stressful and they could become quite fraught and upset. This person used to type so when they become anxious staff would give the person something to type on the office computer keyboard. Another person's record stated that when they become emotionally distressed staff should take them to the office to talk about how they were feeling. This was because staff had identified that the person became less distressed when they felt they were talking to someone they thought was in authority or in charge.

Staff understood risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the action staff should take to reduce these.

People who had physical disabilities required specialist equipment to help keep them safe. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. This included, pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented.

People, relatives and staff confirmed there were sufficient numbers of staff on duty. One relative wrote in a recent survey, "The staffing seems to be very stable so mum has developed relationships and I'm able to get to know them and recognise them, which is great for continuity".

During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People were able to request support by using a call bell system in their rooms, staff were allocated so that there was always a staff member available in communal areas of the home.

The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments and when someone wanted to go out socially. The registered manager and duty managers were supernumerary on each shift and were readily available to offer support, guidance and hands on help should carers need assistance. The managers also covered vacant shifts rather than use agency staff. This promoted continuity of care, kept them up to date with people's needs and helped update/refresh their skills and knowledge.

Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines were managed safely and competently. There had been no errors involving medicines in the last 12 months. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager and duty managers also completed practical competency reviews with all staff to ensure best practice was being followed.

## Is the service effective?

### Our findings

The registered manager supported staff with training in order to keep them up to date with best practice, extend their skills and knowledge and in some cases their roles. Staff confirmed this and shared some of their personal achievements and plans for the future. One member of staff told us, "Personal skills are recognised and equally staff are supported and encouraged to step outside of our comfort zone and learn new things". Another staff member shared with us their interest in enhancing care for those people who were dying. Their aim was to become the home's champion in palliative care and end of life care. They wanted to improve people's quality and experience and to raise staff awareness. Training resources were being considered so that they could proceed.

In addition to mandatory courses, staff accessed additional topics to help them understand the conditions and illnesses of the people they cared for people. This included dementia and stroke awareness, epilepsy and visual and hearing impairments. Fact sheets were also available in people's care records explaining other conditions, these provided staff with information about signs, symptoms and treatments available.

New staff had an induction programme to complete when they started working for the service. The programme consisted of 15 modules to be completed within three months and was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. A mentor system was also in place where all new staff were linked with and shadowed by a senior staff member during shifts. This was to assist with continued training throughout the induction process.

Staff felt they were supported on a daily basis by the registered manager, duty managers and other colleagues. Additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed the people they cared for and any professional development and set themselves objectives. Group meetings were seen an additional support network, where they shared their knowledge, ideas, views and experiences. The registered manager and duty managers conducted practical observation sessions to help staff to develop their practical skills, for example, medicine rounds.

All staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). These subjects were also covered at the 'residents and relatives' meeting so that they also understood their basic principles and how this could affect them and their loved ones. The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Staff understood its principles and how to implement this for those people who did not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People's legal rights were respected and restrictions were kept to a minimum using the least restrictive option. Where applications had been authorised to restrict people of their liberty under the Deprivation of Liberty Safeguards (DoLS) it was to keep them safe from possible harm. There was a clear account about why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and or independent advocates. There were systems in place to alert staff as to when DoLS would expire and need to be re-applied for. There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home and gardens, socialising together and with staff and visitors. They chose to spend time in the lounges, various seating areas, the dining room and their own rooms.

We met with the cook who told us, "We want people to be happy and well. Food is key, it's essential, I love everything about my job, cooking, baking and presentation". They saw themselves as part of 'one big family, a team all working together'. Staff informed the cook of special dietary requirements, allergies and if someone was losing weight. They had completed a recent course and spoke with us about nutritious values, health benefits of food and fortifying meals where necessary. Consideration was given to portion size so that 'people were not put off their meals before they started'. Small, medium and large plates were available dependent on personal preference.

People told us they liked the food and they made choices about what they had to eat. One visitor told us, "Whenever I have seen meals being served, the food looks appealing and I always see plenty of drinks around for people". A relative recently wrote in a survey, "The food is lovely and home-cooked and fresh, I am always made welcome to join mum for meals if I am with her at mealtimes, which she loves". In addition to surveys and 'resident' meetings, the cook visited people during each month to discuss new menu options, new preferences and views about the meals on the current menus. We looked at some of the comments people had shared during the cook's visits. They included, "The cooks are very good and they deserve a promotion", "The beef stew was very tasty" and "I didn't like the choice the other day so I chose eggs on toast, I ate the lot!"

In addition to the routine drinks and snack rounds, fresh self-serve cold drinks were available throughout the day. A kitchenette enabled people to help themselves to hot beverages, snacks and fruit. Mealtimes were flexible wherever possible and people were supported if they wished to receive meals in their rooms. The large dining room was popular with people and they enjoyed the social atmosphere of dining together. Staff on duty also joined people at mealtimes and everyone thought this was a 'good thing'. Where people required assistance, this was provided in a peaceful, calm, respectful way, at their own pace, sitting at the same level, with clothes protected where requested.

The service used a five step screening tool to determine if people were at risk of malnutrition or obesity. The tool provided management guidelines to assist with developing a care plan for those at risk. Plans provided specific detail about the level of support people required at mealtimes and independence was encouraged wherever possible. People's fluid input and output was recorded if required so that any poor intake would be identified and monitored. Body weights were taken monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and weight changes.

All staff recognised the importance of seeking expert advice from community health and social care professionals. People's health and wellbeing was promoted and protected. One healthcare professional who regularly visited the home stated, "If carers have any concerns at all they will telephone us or request a visit. Staff always follow our recommendations relating to resident's health needs". The home ensured that

everyone had prompt and effective access to primary care including, preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported to register with GP's and dentists of their own choice. The home worked in partnership with the hospital discharge community social workers, community nurses and hospice palliative care nurses. Opticians and dentists were accessed to provide regular check-ups and treatment where necessary.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports, staff meetings and written daily records. Keyworkers wrote a monthly account with the people they supported. These accounts also provided a good level of detail for all staff to read, they told a story and informed staff about what had happened during the month.

## Is the service caring?

### Our findings

Staff were thoughtful, kind and caring. They wanted people to be happy and receive support that was focused on them as individuals. One staff member told us, "I would love my mum to live here, the care staff are brilliant, I watch how they spend one to one time with people and the way they connect". People and their families were complimentary about staff and the care they gave. Comments included, "All staff are devoted", "I can't help but notice one member of staff who always stands out. It's not just that they are caring, they are loving too" and "It's the things staff do and the way they do it, it's a special quality and they have it".

Health care professionals contacted us about their views of the home, the staff and the service people received. They told us, "My parent had dementia and I would have been more than happy if they had lived somewhere like Woodleaze", "Staff provide a good level of care to residents. I have only ever heard positive feedback from family members. I have had no concerns regarding the home" and "I always find the staff very helpful and willing to stay with residents if they get upset when I visit. They will find another member of staff who gets on better with that resident if they don't settle".

The service promoted keyworker roles to encourage an enhanced personalised approach. The keyworker role provides a link between the service, the person and their family and focuses on liaising with different professionals or disciplines in order to ensure the services work in a coordinated way. Staff were very descriptive about the people they supported and their knowledge of their needs both physically and emotionally was good. The registered manager explained how it was essential to match the right member of staff with the right person to ensure the keyworker role was meaningful. They considered personal preferences and interests, age, personalities and experience and partnering was reviewed to ensure they remained effective. One male staff member had been paired with a gentleman because they both shared an interest in football and they supported Bristol Rovers. Following the club together had fostered a positive relationship between them, creating debates/discussions and opportunities to watch the games together. One relative wrote in a recent survey, "I am very impressed with the patience and care given by the staff at Woodleaze. The staff are excellent. Mum's keyworker is very good with her. She gets on very well with all the staff which is very important to me".

The registered manager and staff recognised that people needed a purpose and wanted to continue with things that were important to them so that their lives remained meaningful. Care plans included a personal profile, entitled, 'This is me', as promoted by the Alzheimer's Society. This record provided information about personal preferences, likes and dislikes, what helped them relax, kept them happy and things that were important to them. Important things included, having company, making friends, religion, respecting privacy at certain times of the day and retaining a certain level of independence. One lady used to be a post lady and liked walking; she enjoyed accompanying staff when posting letters. Evenings to the pub were arranged to support male 'residents' for whom going to the pub to play Pool and darts had been a usual event prior to living in the home. Another person who had always been a keen gardener felt it was their responsibility to water the plants, staff supported them to do this and it enabled them to maintain an interest that was really important to them.

Each month people met with their keyworkers for 'mini reviews'. This was a time to catch up on news, to reflect about what went well and not so well, assess how people were feeling and what plans they had for the coming month. We looked at the records for three reviews that had taken place. They reflected how much people enjoyed the one to one interaction with staff and it helped ensure that people continued to be supported effectively. One person had recorded, "I am feeling really great and happy, it's my birthday next week and I am looking forward to a party and a scotch on the rocks". One relative said the reviews were appreciated and highlighted where any changes were required.

Throughout our visits staff supported people with kindness and compassion. Their approach to people was respectful and patient. It was evident that over time staff had fostered positive relationships with people that were based on trust and individuality. They provided us with a good level of detail about people's lives prior to moving in. This included family support and existing relationships.

Every effort was made to enhance this knowledge so that their life experiences were meaningful and relationships remained important. Those relationships were sustained and encouraged in various ways. People were supported to attend weddings, funerals and other important events. One family sent emails to their relative in the home because they were away travelling for a year. Another relative recently expressed difficulty taking both their parents out on their own for lunch. The registered manager ensured an extra staff member was rostered to accompany the relative so that this could continue. Communication with family was different for each person. Some sent letters, presents and cards to celebrate special occasions. One relative rang to speak to his wife every day at 6.30pm and staff were always ready to support this. A room was available for family to stay overnight if their relative was unwell.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to small quiet lounges throughout the home used for family gatherings. Relatives were supported to enjoy meals with their loved ones; recently seven family members came for lunch. People and their guests had access to kitchenette facilities to prepare drinks and snacks. One relative told us, "I enjoy coming here; I am always made to feel welcome and the atmosphere cheers me up". Families also enjoyed and participated in organised trips.

Staff kept families and friends connected and involved by producing a bi-monthly newsletter. This was especially helpful for those who were unable to visit regularly. The newsletter provided information about significant events, future plans for the coming months, arranged trips and activities and welcome wishes for new "residents" and staff.

Staff were proud of their approach towards people, they always made time for people and had good listening skills. We saw various examples where dignity and respect was promoted. When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help people with sensitive needs for example assistance at mealtimes and when using toilet facilities. Relatives wrote in recent surveys, "Dignity is very important when you have personal needs. The carers that look after mother are extremely good at dealing with this" and "My mother is very well cared for. I've never seen her looking anything less than clean and tidy".

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, and foot spas, helping people to fasten their jewellery and weekly visits to the home's hair salon.

## Is the service responsive?

### Our findings

The registered manager or duty managers completed a thorough assessment of those people who were considering moving into the service. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and prospective "resident" to make a decision as to whether the service was suitable and their needs could be met.

The homes approach to care was person centred and holistic. The care plans were informative and interesting. They reflected that people had been fully involved in developing their plans and people confirmed this. The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support.

Personal profiles were developed over time, whilst staff were getting to know people. These contained valuable information in order to help ensure people were empowered to have choice and control over their lives. One person living with dementia had been asked what was important to them, to which they replied, 'to carry on working and keeping busy'. Staff respected this and discussions were held with the person and their family about how this could be achieved. In this instance the person chose to be involved in household chores, including laying and clearing tables, light cleaning and polishing, folding laundry and washing and wiping up.

Each person was asked to describe their ideal 'typical day'. They were supported to and encouraged to vary a typical day, for example, by doing things differently on a weekend. The person who enjoyed household chores perceived this as being employed and worked alongside the domestic staff. On a typical day they chose to get up between 7 and 8am, because they had to 'go to work'. On a Wednesday and weekends they chose to have a lie in until 9am as those were perceived as their days off.

Family involvement with care reviews and updates was determined by people's personal wishes wherever possible. Options included one to one or a small group meeting, telephone calls, email or in writing. One person liked to go through their care records with their daughter when they visited. Staff explained this created conversation, stimulation and reminiscence for the person in addition to keeping the family member informed. One staff member told us they had enjoyed being part of and contributing to the care reviews, they felt it helped build stronger relationships and showed that they had people's best interests at the heart of everything they did.

We saw several examples where family input at care reviews had a significant, positive impact so that people's experiences living in the home were enhanced and enjoyable. One person had been very quiet, withdrawn and reluctant to participate in conversation. The family spoke with staff about their relative's previous interest in nature and prehistoric life. Staff brought in books about this topic and found that this helped the person to open up and join in conversations with staff. The person enjoyed looking at the books with staff, explaining the pictures and what they were and talking about their previous role as a lecturer. Another person was at risk of becoming socially isolated, there was little engagement and they became

upset if someone went to sit by them or spoke with them. The family told staff about their previous love of trains, they had built a model version and this was on display at a local railway museum. The registered manager sourced a model railway set and found that the person started to take an interest in this and subsequently started to join in other activities and used skills they would have had prior to living in the home. One example included changing a fuse in a plug whilst supervised by a staff member.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to the person in charge. We saw examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. The registered manager spoke with us about one person whose behaviours had escalated and was a risk to others. The staff responded quickly to ensure the person had swift, appropriate support from their GP and a community mental health nurse. They acted in the persons best interests to help ensure they were safe and receiving the care and support they required. One to one support had been provided until the person was feeling better. This had protected them and the others who used the service.

People were offered a range of activities and these were displayed on noticeboards. There was a varied choice including arts and crafts, games, reminiscence, cooking and gardening. Throughout the home there were bright, busy displays, photographs and memorabilia. These were perfect for creating conversations and sharing experiences and memories. Individual interests were also supported including, musical tastes, current affairs, jigsaws, beauty treatments, sports and model railways. Trips had been enjoyed by larger groups and people had enjoyed more frequent local trips in smaller groups or on a one to one. One community health care professional told us, "People appear to have a good social life. I often see residents out with carers".

Everything was celebrated in the home from hot cross bun day to Christmas day. Parties were organised to celebrate national events such as the Queens 90th birthday, Ascot and Wimbledon. Themed days around food were also arranged to explore recipes popular in other countries and tasting sessions were enjoyed.

The service supported and promoted raising the profile of the home and being part of the local community. Local school children, brownies and church members visited the home either to perform or to spend time with people individually. Some preferred to visit church and attend services. People also attended the local rotary club events and a community Dementia Action Group at the local sports centre. One new link had commenced with local university students who were studying with a view of pursuing a vocation in health or social care.

The service had a complaints and comments policy in place. People and their families were given a copy of the procedure and policy on admission and it was always discussed at meetings to remind people what to do. People who required assistance to make a comment or complaint were supported by staff. People said they were able to raise any concerns and were confident their concerns would be acted on. The minutes of the last meeting stated, "We try to do our best to get things right, if something is wrong we need to ensure we get it right in the future". There had been one formal complaint in the last year from a relative. This had been approached sensitively, and thoroughly investigated and resolved successfully by the registered manager.

The registered manager and staff encouraged everyone to share where improvements could be made and to talk about any concerns or anxieties. These were always dealt with promptly. Staff felt this approach prevented concerns that people had raised, escalating to formal complaints. We looked at some examples where prompt action had been taken following comments received from relatives. One person had said it was a shame the home didn't have a keyboard because they would have been happy to play to 'residents'.

The registered manager bought a keyboard as a result of this and people enjoyed these impromptu sessions. Another person wanted to bring their own piano to the home and this was supported. The family asked for a sign to be put on piano to remind people not to put their cups on the piano as they were worried about spillages. The family were listened to and a sign was put in place.

Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

## Is the service well-led?

### Our findings

The registered manager and duty managers demonstrated effective leadership skills within their role. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was evident. Relatives recently commented in their surveys, "The managers are always approachable and very helpful. They also keep us fully informed", "The managers all seem to be very involved and down to earth and are easily approached, which is very helpful" and "Woodleaze is a very well-run home. Management and staff are very good and this is a great blessing to me".

The registered manager and duty managers led by example. Although they were supernumerary on each shift they were readily available to offer support, guidance and hands on help should carers need assistance. The managers also covered vacant shifts, when other staff members were not available rather than using agency staff. This promoted continuity of care, kept them up to date with people's needs and helped update/refresh their skills and knowledge.

Staff were "positive and proud" about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained. Staff spoke highly of the registered manager and duty managers and said they felt 'important and appreciated'. One staff member said, "The leadership has continued to improve, there is a consistent approach which has increased confidence in the service for residents, relatives and staff".

The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. One staff member was a good communicator, who particularly liked to converse and engage with people. They were good at relieving any feelings of anxiety or distress. Another staff member was good at motivating people and colleagues and getting them involved and on board with new ideas. This approach had helped identify staff who wanted to extend their roles and responsibilities in order to further enhance the service they provided.

Staff members had taken individual lead roles and become champions (experts) in health and safety, infection control, mental capacity, dignity and medicines management. As mentioned previously in the report one staff member had asked to become a champion in palliative and end of life care. The roles had helped ensure the service was up to date with current best practice and legislation. They attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care. They also delivered learning sets for staff about these particular subjects, improved auditing to ensure better quality and safety and arranged event days for people and their families to raise awareness.

The registered manager was knowledgeable about the people in their care and the policies and procedures of the service. They were confident to share with us the achievements over the last year and their views, aims and objectives for the coming year. One successful new initiative had been where people had become involved in the selection and recruitment of new staff. The staff told us how 'residents' had been part of the interview panels. The staff turnover had been low in the home however where new staff had been recruited

feedback from people had been positive about 'resident' involvement.

The PIR provided us with information about improvements and plans in the next 12 months. The registered manager told us people were not helping themselves to the fruit that was placed around the home. Staff had considered ways to encourage/remind people that fruit was available. One idea was to make the fruit into mini fresh fruit salads which would be offered to people throughout the day. As part of a healthy eating initiative and following great success in growing salad vegetables, people and staff were looking forward to growing a medley of winter vegetables.

Other plans for the future were to further enhance the existing personalised approach to care. They had a clear view on how this would be achieved through Dementia Care Mapping (DCM) and what it meant for people and staff. DCM is an established approach to achieving and embedding person-centered care for people with dementia and is recognised by the National Institute for Health and Clinical Excellence.

The registered manager showed us a comprehensive audit they had completed on the whole service based on the CQC Key Lines of Enquiry. In it they wrote, "We love innovation and ideas that are positive for our service. Often through meetings or supervision staff will raise an idea that will improve the service. We acknowledge and praise good ideas and will put them into practice". This year the domestic team wanted to improve a garden courtyard area and shared ideas they had with people, their families and other staff members. Everyone was very positive about the suggestions and many offered to help and be involved. The newly completed courtyard had been transformed into a bright, colourful beach theme. People and their families enjoyed spending time there. One person told us it had reminded them of special memories and created conversations about holidays they used to enjoy. The registered manager felt the project had demonstrated that staff had 'great motivation in following through with their ideas and had encouraged them to think of new ones'. It was evident staff spoke freely and were encouraged to influence change.

The registered manager promoted and encouraged open communication amongst everyone that used the service. There were good relationships between people, relatives and staff, and this supported good communication on a day to day basis. Other methods of communication included meetings for people, their relatives and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. It was clear through discussions with people, staff and looking at the minutes that the meetings were effective, meaningful and enjoyed. We saw various examples whereby requests from people had been listened to and actioned. Two most recent examples were where people had expressed an interest in table tennis and one person had shared their enthusiasm about a previous hobby in model railways. As a result of this the registered manager purchased a table tennis table and a miniature model train set.

The provider's quality assurance system included asking people and relatives about their experience of the service by sending surveys. The questions asked what people thought of the quality of food, their care, the staff, the premises, the management and their daily living experience. The information and comments were analysed and collated by an independent company. This year the results reported 99.2 % satisfaction score. Staff also completed an annual survey. The information had been collated and gave percentages of the overall satisfaction scores for staff. Staff satisfaction and achievement scored 95%, supervision scored 97%. Training overall scored 96% and delivery of care overall scored 97%.

The registered manager and duty managers reviewed complaints, incidents and accidents. This was so they could analyse and identify any trends and risks to prevent re-occurrences and to improve quality.

Audits were carried out in the service including health and safety, infection control, environment, care

documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. Provider visits took place every month to conduct quality assurance reviews. The audits were based on the CQC Key Lines of Enquiry. The record of the visits evidenced that the provider had spoken with people living at the home, staff and visitors. They had looked at records, and conducted observations and spot checks. At the end of each visit they provided feedback to the manager and provided any compliments, recommendations for improvements.