Norwood

Woodcock Dell Avenue

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection of Woodcock Dell Avenue took place on the 1st August 2016. At our last inspection on 10 February 2014 the service met the regulations inspected.

Woodcock Dell Avenue is registered to provide accommodation and personal care for eight people. The home provides care and support for people who have moderate or profound learning disabilities and may also have a physical disability. The service is operated by Norwood a Jewish organisation providing care predominantly to people of the Jewish faith. On the day of our visit there were seven people living in the home and one person was in hospital.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission [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.

People were cared for by staff who knew them well. People were treated with respect and staff engaged with people in a friendly and courteous manner. Throughout our visit we observed caring and supportive relationships between staff and people using the service. Staff respected people's privacy and dignity and understood the importance of confidentiality. People were supported to choose and take part in a range of activities of their choice.

There were procedures for safeguarding people. Staff knew how to safeguard the people they supported and cared for.

Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times. People's individual needs and risks were identified and managed as part of their plan of care and support to minimise the likelihood of harm. Accidents and incidents were addressed appropriately.

People were supported by staff to be as independent as possible and were provided with the support they needed to maintain and develop links with their family and others important to them.

People were supported to maintain good health. They had access to a wide range of appropriate healthcare services that monitored their health and provided people with appropriate support, treatment and specialist advice when needed. People were supported and encouraged to choose what they wanted to eat and drink.

Staff were appropriately recruited and supported to provide people with individualised care and support. Staff received a range of training to enable them to be skilled and competent to carry out their roles and responsibilities. Staff told us they enjoyed working in the home and received the support and training they needed to carry out their roles and responsibilities.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were encouraged and supported to make decisions for themselves whenever possible. Staff knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care, treatment and/or other aspects of their lives.

There were systems in place to regularly assess, monitor and improve the quality of the services provided for people. These included unannounced spot checks of the service carried out by management staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew how to recognise and respond to abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered to people safely.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Is the service effective?

Good

The service was effective. People were cared for by staff who received appropriate training and support to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Good

The service was caring. Staff were approachable and provided people with the care and support they needed. Staff respected people and encouraged and supported them to make choices and be involved as much as possible in decisions about their care.

Staff understood people's individual needs and respected their

right to privacy. Staff had a good understanding of the importance of confidentiality.

People's well-being and their relationships with those important to them were promoted and supported.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their individual needs.

People were supported to take part in a range of recreational activities.

People's relatives knew how to make a complaint and were confident it would be addressed appropriately. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good

The service was well led. People's relatives and others who had contact with the service spoke positively about the registered manager and the way the home was run.

People's relatives and staff informed us the registered manager was approachable, listened to them and kept them updated about the service and of any changes.

Relatives of people told us that communication with the registered manager was very good and they felt very involved in the service. They were confident that if they had any issues about the service these would be addressed appropriately.

There were a range of processes in place to monitor and improve the quality of the service.

Woodcock Dell Avenue

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.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we held about the service. This information included notifications sent to the Care Quality Commission [CQC] and all other contact that we had with the home since the previous inspection. We also looked at the Provider Information Return [PIR] which the registered manager had completed before the inspection. The PIR 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. The PIR was discussed with the registered manager during the inspection.

People using the service had complex needs and most people were unable to tell us about their experience of living in the home so to help us gain an understanding of this we spent a significant part of the inspection observing how people were supported by staff.

During the inspection we spoke with the registered manager, assistant manager, two care workers and two people's relatives. Following the inspection we obtained feedback about the service from speaking with a person's relative and written feedback from four people's relatives and six health and social care professionals.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of three people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

A person using the service told us that they felt safe living in the home. Relatives of people told us they felt people were safe and said they did not worry about people's day to day safety. They told us they would inform staff if they had concerns about people's well-being. Comments from relatives included "[person] is safe," and "The environment at woodcock Dell means that [Person] lives in a family and safe setting."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. Care workers were aware of whistleblowing procedures and were able to describe different kinds of abuse. They told us they would immediately report any concerns or suspicions of abuse to the registered manager and were confident that any safeguarding concerns would be addressed appropriately by them. They knew they could report abuse to the local safeguarding team, CQC and the police. Care workers informed us they had received training about safeguarding people and training records confirmed this.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. Care workers told us they felt there were enough staff on duty to meet people's needs and that staffing levels were adjusted to make sure people received the support they needed to attend health appointments and to take part in a range of activities. We found sufficient staff were deployed during the inspection to provide people with the care and support they needed. Care workers had time to spend one to one time with people and were available when people needed assistance. A person's relative told us they thought there were enough staff on duty each shift. However another person's relative told us they felt there had recently been less staff on duty. A relative commented "Woodcock Dell has given [Person] continuity as there is a low turnover of staff," however, another person's relative when referring to staff told us they had recently seen "a lot of new faces." The registered manager told us there had recently been some new staff employed.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. Risk assessments were personalised and had been reviewed and updated regularly. Risk assessments included risk management plans for a selection of areas including; bathing, personal care, eating and drinking, choking, use of transport, use of kitchen and falling. Records showed that risk control measures were in place to keep a person who had a particular medical need safe. The risk control measures included not leaving the person alone when they used the bathroom facilities. Accidents and incidents were recorded and addressed appropriately.

There were various health and safety checks and risk assessments carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected. These included regular checks of the hot water temperature, fire safety, gas and electric systems.

A fire emergency plan including evacuation procedure was displayed. Each person had a personal

emergency evacuation plan [PEEP]. An up to date fire safety risk assessment and emergency plan was in place. Fire drills took place regularly.

People received a range of support with the management of their finances. The individual support people needed with their finances was described in each person's care plan and regularly reviewed. Staff had signed they had read the guidance for supporting people with their money. We checked three people's monies and saw appropriate records were maintained of people's income and expenditure. The registered manager told us and records showed that she frequently checked the handling and management of people's monies which were also regularly checked by auditors that were not employed in the home which reduced the risk of financial abuse.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. Records of medicines received by the home and returned to the pharmacist were maintained. People had a specific care plan relating to the management and administration of their medicines. However, we noticed that the recorded guidance regarding a medicine to be taken when needed [prn] differed slightly from another record in a person's care file. The registered manager promptly addressed the issue and told us she would ensure checks were carried out of every person's prn medicines guidance to make sure there were no inconsistencies so people were safe and always received their medicines as prescribed. The three medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed. A person using the service knew about the medicines they were prescribed and confirmed they received them on time every day.

Care workers administering medicines told us they had received medicines training and assessment of their competency to administer medicines. Records confirmed this. We found there were accessible information leaflets about people's medicines and staff also had access to an up to date pharmaceutical reference book and computer where they could look up medicines they were not familiar with. We observed care workers administering medicines to people in a considerate and safe manner.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons, and liquid hand cleanser was available to staff. Housekeeping duties were carried out by a part time cleaner and care workers, who recorded when tasks had been completed. Staff encouraged and supported people to wash their hands prior to mealtimes and after using the bathroom facilities to reduce the risk of infection.

Good

Is the service effective?

Our findings

Care workers were seen to respond to people's individual needs in manner that indicated they had a good understanding of people's varied and complex needs. A person using the service told us they were happy with the care and support they received from staff, who they said were kind to them. Care workers spoke in a positive manner about their experiences of working in the home caring and supporting people. They were very knowledgeable about the needs of the people using the service and told us about the care they assisted people with. Relatives provided us with positive feedback about the staff who they thought understood people's needs well. One person's relative commented "[Person] is well looked after."

Care workers told us they received the training they needed to provide people with effective care and support. They informed us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. They informed us the induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed and had included learning about the beliefs, practices and values of the Jewish faith which underpinned the ethos of the service. The registered manager and records showed that the provider was currently using the Care Certificate induction which is the benchmark set in April 2015 for the induction of new care workers. The registered manager told us new care workers completed this induction as well as the current 'in-house' induction.

Records showed and staff told us they had received relevant training to carry out their responsibilities in providing people with the care and support they needed. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; moving and handling, first aid, safeguarding adults, health and safety fire safety, infection control and food safety. Staff had also received training in other relevant areas including; communication, epilepsy, medicines, diabetes, management of Percutaneous endoscopic gastrostomy [PEG] feeding [being fed via a tube located in a person's stomach] and in behaviour that challenged the service. A care worker was very knowledgeable about the guidance to follow regarding PEG feeding.

Care workers were positive about the training they received, and confirmed they regularly had refresher training in several essential areas including; medicines and safeguarding adults. Care workers had completed vocational qualifications in health and social care which were relevant to their roles. Certificates we looked at confirmed this. Relatives of people told us they felt care workers and senior staff were competent and knew people well.

Care workers told us they felt well supported by the registered manager. They informed us and records showed that staff regularly had the opportunity to meet with the registered manager and other senior staff during individual and group meetings to discuss their progress and the needs of people using the service. Records showed a range of matters to do with the service were discussed during staff supervision and staff meetings which included; team building, safeguarding adults, policies record keeping and the needs of people using the service. Records showed supervision meetings were flexible and took place promptly when there were issues to do with care workers' performance. We found staff had received regular appraisal of

their performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Care workers and the registered manager knew about the requirements of MCA and DoLS. Care workers knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Records showed that some people using the service were subject to a DoLS authorisation at the time of our visit and applications for DoLS had been made for other people. We saw that people could access the garden if they wished as the doors were not locked.

People's care plans showed they and when appropriate their family were supported to be involved in decisions about people's care and treatment. Care workers knew that if people were unable to make a decision about their treatment or other aspect of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. Relatives told us they were fully involved in supporting people with making a range of decisions to do with people's care and treatment. Records showed that a person's relative, staff and health professionals had been involved in making a decision in the person's best interest about their care and treatment.

Care workers were knowledgeable about the importance of obtaining people's consent when supporting people with their care and in other areas of their lives. We observed care workers involving people in day to day decisions and that their decisions were respected. A range of communication tools including objects such as balloons, pictures and tactile toys and pictures were used by staff to assist people in making a range of day to day choices and decisions. We saw staff respected people's decisions when they indicated by gestures and/or behaviour the choice they had made and when they decided that they did not want to do something such as a particular activity.

People were supported to maintain good health and were referred to relevant health professionals when they were unwell and/or needed specialist care and treatment. People had 'hospital passports' which contained the information that hospital staff required to help them provide people with the care and treatment they needed. People received health checks and had access to a range of health professionals including; GPs, chiropodists, dentists, and opticians to make sure they received effective healthcare and treatment. Records showed health and social care professionals had visited the home to see people using the service. Records showed that staff had responded appropriately by arranging appointments with a doctor when they observed people showing symptoms of being unwell. A person's relative told us they were always contacted by staff when a person had attended a health appointment. A social care professional told us "The home responds well and supports clients to maintain optimum health and when required supports them with hospital admissions and health interventions."

We found people's nutritional needs and preferences were recorded in their care plan and accommodated for. Care workers had knowledge and understanding of people's individual nutritional needs including particular dietary needs, food allergies and personal food preferences. Records showed that meals catered for people's varied preferences and cultural needs. A kosher diet was provided for people and arrangements were in place to make sure that this was observed by the service. Information about healthy eating was available. A range of fresh fruit was accessible for people. Snacks were available at any time and people

were offered a variety of drinks throughout the day.

We saw people were offered a choice of meals and their choices were provided. We saw that a person indicated they did not want a meal from the menu so the care worker offered the person an alternative meal which the person then ate. The meals of the day were displayed in pictures so people who could not read were able to know what the menu was for the day. Guidance about offering people alternative meals was in place. Pictures of food were available to support people with choosing meals. A person told us they had chosen their breakfast and told us they liked the meals.

People were provided with the support they needed with their meals by care workers who provided this assistance in a positive and sensitive manner. Staff sat and ate with the residents and encouraged them to eat. Equipment including plate guards and cutlery aids were used by people to support them to eat independently. Pureed meals were presented in an attractive manner. The food people ate was recorded to check that people received the nutrition they needed and people's weight was monitored closely. Care workers knew to report significant changes in people's weight to other staff including the registered manager and to make an appointment with a GP if needed. A healthcare professional confirmed that staff followed guidance and advice to ensure a person's nutritional needs were met by the service.

A person using the service told us they were happy with their bedroom, which we saw was personalised and had room for various pieces of equipment the person required for mobilising. The environment of the home was suitable for people's varied mobility needs including those who were wheelchair users. The service has a passenger lift so people unable to use stairs could access communal rooms and their bedrooms located on the first floor. Handrails were situated throughout the home to assist people to move freely within all communal areas of the home. We spoke with the registered manager about signage in the home. Although there were pictures that indicated the use of rooms these were sometimes small and displayed not at a height which could be seen by a wheelchair user such as the signage on the dining room door. The registered manager told us she would look into this. She also told us there were plans to improve and develop the dining and kitchen facilities.

Records showed that maintenance issues were addressed promptly.

Good

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. The registered manager, assistant manager and care workers spoke with people in a friendly and respectful way. Comments from relatives included "The staff are always very good," "Staff are friendly" and "It is a reflection of the strong management that the staff chosen are always kind, caring and competent."

Care workers told us they knew people well and had a very good relationship with them. A care worker commented "I care, you can't care too much." Some care workers had known the people using the service for many years. From observation and talking with staff we found that staff clearly knew people really well and showed from their engagement with them they had a good rapport with people and understood their varied and complex needs. People's care plans included a profile about each person to help staff understand their individual needs. People and visitors were informed about which staff were on duty as their pictures were displayed on a notice board.

Care workers told us about how they encouraged and supported people to be fully involved in their care and other aspects of their lives. A person confirmed they were involved in decisions about their care and was happy with the care they received. During the inspection we heard and saw care workers offer people choices and respected the decisions people made. For example a care worker asked people what they wanted to eat for breakfast and showed them a range of different foods to help them choose what they wanted to eat. During the inspection care workers encouraged and praised people.

Care workers told us people's independence and the development of their skills were supported by encouraging and supporting people to be involved in household tasks such as taking their cup and/or plate to the kitchen after use and helping to water garden plants. The registered manager told us that some people had the opportunity to use various kinds of technology to assist them in changing television and music channels and one person was learning how to use some environmental technology to assist them in opening their bedroom blinds. Daily records showed that people were supported to be involved as much as possible in their personal care, for example a person's daily records showed they had participated in brushing their teeth, washing themselves and choosing their clothes.

Care workers understood people's right to privacy and we saw they treated people with dignity. We saw care workers engage with people in a sensitive manner when assisting them with their care needs, and they frequently asked people how they were feeling. Care workers had a good understanding of the importance of confidentiality. Care workers knew not to speak about people other than to staff and others involved in the person's care and treatment. Care workers knocked on people's bedroom doors and supported people who chose to spend time by themselves. For example one person chose to eat their meal alone and this was supported by care workers.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. Relatives of people and records showed people had contact with family members. A relative told us a person using the service was supported by staff to attend family celebrations located away

from the service. Some people received regular visits from family members and people regularly used an electronic device to have video contact with their relatives. Care workers told us there was good communication with people's families. .A care worker told us about their key worker role in supporting a person using the service which included making health appointments, reviewing the person's care plan and supporting the person to maintain and develop their relationship with their family. A care worker told us about how fond they were of their key person using the service and said they "make me happy." A person's relative told us "[Person's] key worker and other staff have developed a strong bond with [Person] and we see this in the way they interact." A person using the service told us they knew the name of their keyworker and said they were "very nice." People and care workers told us and records showed that people regularly attended day resource centres where they had the opportunity to meet up with other people using services.

Care workers and people using the service confirmed Jewish religious festivals and the weekly Sabbath were celebrated in the home and Jewish dietary law was followed. People's birthdays were also celebrated by the service. A care worker told us a person using the service regularly attended a place of worship whilst another person preferred to be supported to celebrate religious festivals celebrated within the home. A person using the service confirmed that they had the opportunity to see a Rabbi who regularly visited the home.

Care workers had a good understanding of equality and diversity, and told us about the importance of respecting people's individual beliefs and needs. They said that equality and diversity meant; "Everyone should be treated as equal whether disabled or no," and "Treat people as you want to be treated."

Good

Is the service responsive?

Our findings

People's needs were assessed with their participation and when applicable their family involvement, prior to them moving into the home. A person's relative confirmed they had participated in the initial assessment and during later reviews of a person's needs. Records showed a person using the service had participated in a transition programme of visits to the service prior to moving in to help the person, their relatives and staff to make a decision as to whether the service could meet the person's needs. A person's relative told us "We are very pleased with the placement. I am very happy and feel very much involved."

Care plans identified the support people needed with their care and other aspects of their lives. Records showed that staff had read people's care plans. The registered manager told us the format of people's care plans was in the process of being changed to be more person centred and more accessible to staff and people. The three care plans we looked at contained detailed information about each person's health, support and care needs, what was important to them, their preferences, abilities and religious and cultural needs. Care workers we spoke with were knowledgeable about the guidance they needed to follow to meet people's individual needs such as particular medical needs. A person's relative told us staff were aware of a person's specific medical condition and knew what to do to keep the person safe.

People's care plans had been reviewed regularly by people, family members, staff and with health and social care professionals. People's relatives confirmed they attended meetings about people's care and were kept informed of people's progress and of any changes in needs. Records showed that care plans were updated when people's needs altered such as when there were changes in people's behaviour or health. We saw that care plans had information about the care and support people needed and how this should be provided. For example, we saw that there was a specific care plan for the management of one person's particular medical need which showed there had been involvement from health professionals in the development of guidance within the person's care plan. Another person's care plan included specific eating and drinking guidance from a speech and language therapist. This guidance had been signed as read by staff. A health professional told us "All advice and guidelines are followed consistently and communication/sharing of important information within the home appear to be good."

Care workers told us and records showed people's needs were monitored on a day to day basis and during the night. Care workers informed us they had a 'handover' at the start and end of each shift when they shared information about each person's current needs and progress. A 'handover' took place during the inspection. Care records were completed during each shift and included details about the activities people took part in and any changes in people's health, mood and care needs so staff had up to date information about people's current needs.

From observation of care workers' engagement with people and from talking with them we found care workers had a good understanding of people's varied needs including their individual communication needs. People's communication needs were written in their care plan. Care workers told us they had got to know each person's individual communication needs including their specific gestures, facial expressions and behaviour by reading people's care plans, observing other staff interact with people and by speaking

with people, staff, and people's relatives. We saw a care worker respond promptly when a person made a gesture which the care worker told us meant the person wanted a drink. Care workers told us people using the service understood what they said to them and that communication tools such as objects of reference, pictures and electronic devices such as computers and tablets were used to assist people who could not speak to communicate to the best of their abilities. These objects were accessible and some were used by care workers during the inspection. Records showed a person had their own electronic tablet and used it to communicate with a family member. A care worker told us "Everyone communicates in different ways. [Person] loves their food and will knock on the table when they want something to eat, [another person] will touch a carer when they want something. We show [Person] an [object of reference] when we ask them if they want to use the toilet. Person then understands and lets us know if they do."

People were offered a range of social activities in-house or in the community. People's activity preferences were recorded in their care plan and each person had an individual activity plan. Care workers told us about the support people received to make sure they had the opportunity to take part in a range of activities including outings, shopping, meals out, singing and going to the cinema. During the inspection, people attended a day centre, went out in the community with staff, watched television, played with a ball, looked at pictures and made sounds on an electronic tablet and a person participated in a one-to-one computer session. Staff also spent time participating in one-to-one activities with people. Records showed people also took part in regular music and aromatherapy sessions. The registered manager told us the provider employed an interaction practitioner who worked with all the people using the service, carrying out a range of sessions using sensory aids and objects to involve people and stimulate their sensory needs. The registered manager told us a recent hairdressing session had included the use of wigs and other objects such as scissors to describe the occupation. The service has access to vehicles which provided people with the transport they needed to enable them to access a range of community facilities and to take part on day trips.

The service had a complaints policy and procedure for responding to and managing complaints. A pictorial complaints book was also available for people. People's relatives informed us they found staff approachable, they had no complaints about the service and would report any complaints they had to the registered manager. Relatives told us "We raise any thoughts or concerns directly with the home manager and have always been listened to," "I have never had to complain," and "Any concern or request we have is dealt with immediately and politely." Another relative told us they regularly met with the registered manager to discuss a person's care and the service provided. Care workers knew they needed to take all complaints seriously and report them to the registered manager. Records showed there had been several compliments about the service and no recent complaints.

The service had recently started producing regular newsletters about the service which included news about people and activities they had participated in, staff changes and a range of other information about the service. These were in pictorial and written format and available to all who have contact with the home. People's relatives were positive about these newsletters. A care worker told us a person using the service was involved in the development of the newsletter.

Good

Is the service well-led?

Our findings

People's relatives spoke in a positive manner about the home and the way it was managed. They told us they would recommend the service. Comments from relatives included; "I can't speak too highly about the service," "They listen, they involve us, it is a joint collaboration," "Woodcock Dell is absolutely fabulous and [Person] is looked after to the highest standard," "[The service] is a warm, safe, happy, caring, spotlessly clean, stimulating environment that is a real home not an institution," "In my opinion [registered manager] and her team at Woodcock Dell are at the top of the league by whatever yardsticks you care to name," and it is '"Very well run."

The service has a clear management structure, which consists of an experienced registered manager who had been in post for several years and works full time in the home. The registered manager directs the management of the service with support from two assistant managers. Each shift a care worker takes on the role of shift leader to make sure people receive the care they need and that other tasks are completed. A business manager visits the home regularly and provides operational support to the registered manager. Records showed a senior member of staff was on call at all times. Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the registered manager. Where incidents had occurred, detailed records had been completed and retained at the service.

Care workers told us the registered manager was approachable, listened to them and was always available to provide advice and support. A care worker told us "I can request one-to-one supervision at any time," and "I am happy working here." We heard and saw the registered manager and assistant managers engage in a positive manner with people using the service.

Staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. Care workers told us they were kept well informed and were confident the registered manager would listen to them and address any matters they raised about the service. Records showed best practice and other matters were discussed during team meetings. These included; health and safety, fire safety, evacuation procedure, training, safeguarding adults, accidents and incidents, risk assessments and Jewish culture. A care worker said that staff "work well together". They told us "People are sensitive and will pick up if staff are not happy."

The registered manager told us people's relatives had told her they preferred to provide on-going feedback via face to face contact during care plan review meetings and by email and telephone rather than complete feedback surveys. Records confirmed there was frequent contact between the service and people's relatives. However, the registered manager told us she would in the near future provide people's relatives and staff with the opportunity to complete a feedback questionnaire if they wished to do so. A person's relative told us "Woodcock Dell is very open to our feedback and often seeks our views and ideas." The relative provided us with an example of how the service had responded positively to their feedback to do with the care of a person using the service." People using the service had the opportunity to meet regularly with their key worker who used communication tools and strategies to support each person to be as involved as possible in the service including decisions and plans to do with their day to day lives.

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the organisation had a culture of openness and partnership working. Records and feedback from health and social care professionals indicated that the service worked closely with them and followed their advice and guidance to provide people with the service that they needed. Feedback we received from health and social care professionals was very positive about the service.

Policies and procedures were up to date. Care workers knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required. The service had an up to date statement of purpose and people and their relatives had access to a service user guide that included a range of information about the service.

Staff carried out a range of checks to monitor the quality of the service. These included quality assurance checks carried out by head office staff including financial audits, risk assessments, staff training, health and safety and accidents and incidents. The registered manager told us care workers had a range of monitoring roles and responsibilities in a range of areas of the service. These included reviewing people's care plans, completing fire safety checks, visual checks of bedrails, hot water checks and daily checks of the cleanliness of the kitchen, environment, and hot food and fridge/freezer temperatures. Daily and weekly monitoring checks of some areas of the service including medicines, cleaning duties and fire safety checks were also completed.

The registered manager told us she or a manager from another service completed unannounced checks of the service during the night and at the weekend to observe people being supported by care workers and to check the security of the service.