

Woodlands (Colchester) Limited

Woodlands Residential Home for Ladies

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Woodlands Residential Home for Ladies provides accommodation, care and support for up to 23 female residents. There were 20 people living in the service when we inspected on 2 March 2017.

During our last inspection in March 2016 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to submit an action plan to us to let us know how they intended to address the concerns we raised. At this inspection we found that the provider had acted on these concerns and made improvements to ensure that they were consistently delivering a high standard of care and support.

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.

The management team included a director who represented the provider who worked alongside the registered manager on a daily basis.

People were at the heart of the service and received care that was personalised to them and met their needs and wishes. People told us how staff went the extra mile to make sure that they were happy. Staff were exceptionally compassionate, attentive and caring in their interactions with people.

Feedback from people and relatives about the staff and management team was consistent and extremely positive. The atmosphere in the service was warm and welcoming and there was a strong person centred culture which promoted the importance of supporting people to express their views and understand their wishes. This empowered people to lead their lives as they chose.

Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to and were very clear that they would have no hesitation in reporting concerns. They were confident that these would be dealt with appropriately.

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Staff knew how to minimise risks and provide people with safe care. Procedures and processes provided guidance to staff on how to ensure the safety of the people who used the service.

People, relatives and others told us how staff showed empathy and understanding. Staff were interested in people's lives and knew them very well. They understood people's preferred routines, likes and dislikes and what mattered to them. People told us that they felt that their choices, independence, privacy and dignity was promoted and respected.

People were provided with personalised care and support which was planned to meet their individual needs. People felt staff listened to what they said and their views were important when their care was planned and reviewed.

The management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with their medicines when they needed them and in a safe manner. People were prompted, encouraged and reassured as they took their medicines and given the time they needed.

There were sufficient numbers of staff to meet people's needs. Staff were well trained and supported to meet the needs of the people who used the service. Recruitment processes checked the suitability of staff to work in the service.

People's nutritional needs were assessed and met. Professional advice and support was obtained for people when needed. People were offered meals that were suitable for their individual dietary needs and met their preferences.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. The service proactively engaged with these professionals and acted on their recommendations and guidance in people's best interests.

There was an open and transparent culture in the service. A complaints procedure was in place. People's comments, concerns and complaints were listened to and addressed in a timely manner. People, relatives, visitors and staff were confident that any concerns raised would be taken seriously and dealt with appropriately by the management team.

The management team had a holistic approach and had clear oversight of how the service was meeting people's physical, emotional and social needs. They set a high standard and led by example. They were continuing to improve on their auditing systems to enable them to evidence how they monitored the service provision. There was a strong emphasis on continually striving to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Outstanding ☆

The service was extremely caring.

Staff were exceptionally compassionate, attentive and caring in their interactions with people. People's independence, privacy and dignity was promoted and respected at all times

Staff placed high importance on, and took account of, people's individual needs and preferences.

People told us how staff went the extra mile to make sure that they were happy.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good ●

Is the service well-led?

The service was well-led.

The service provided a positive, open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The management team set a high standard and led by example.

The management team were continuing to improve on their auditing systems to enable them to evidence how they monitored the service provision. There was a strong emphasis on continually striving to improve.

Good ●

Woodlands Residential Home for Ladies

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 2 March 2017 and 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 our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with nine people who used the service, one relative, one health care professional and one visitor. In addition to this we gathered feedback from a further three healthcare professionals prior to our visit. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care needs were being met we reviewed three people's care records and other information, for example their risk assessments and medicines records.

We spoke with the provider and registered manager. We also spoke with eight other members of staff. We looked at three staff personnel files and records relating to the management of the service. This included

recruitment, training, and systems for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person said, "I feel very safe here, someone [staff] will always be available to look in on you." Another person told us, "At home I used to have so many falls but I have not had any here as staff will walk with me and that make me feel safe." People presented as relaxed and at ease in their surroundings and with the staff. One person commented, "You feel safe here because the atmosphere is nice and you feel happy," A healthcare professional who visits the service said, "The environment is safe and secure but with a warm homely atmosphere."

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures. They knew their responsibilities to ensure that people were protected from abuse and to report any concerns. One member of staff told us, "I do know about abuse and I would not hesitate if I saw any going on" I would report it to the manager." Staff also explained to us how safeguarding concerns should be reported to the appropriate professionals who were responsible for investigating concerns of abuse.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if this was necessary. There were no personal emergency evacuation plans (PEEPs) records in place to give guidance regarding the specific needs of individuals should evacuation be necessary. However, the provider demonstrated that this had been considered and discussed with a representative from the fire service. They agreed that PEEPs would be an appropriate way of recording the arrangements in place and told us that they would implement this as soon as possible.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with using mobility equipment, pressure ulcers and falls. Risk assessments were put into place when needed but it was not clear whether other areas of potential risk had been considered for each person. The management team explained how they wanted to ensure care documents only contained relevant information for each person but were planning to demonstrate that all areas of potential risk had been considered by providing an overview in each individuals care documents.

There was an established staffing team in place with sufficient numbers to provide the support required to meet people's needs. A person said, "I feel safe because if you press your buzzer someone will come quickly." A visitor commented, "I feel there is enough staff on duty and you are lucky here because often the two managers are on together." A member of staff confirmed, "If I need a bit of extra support because it's busy, there is always support."

Discussions with the staff and management team told us that there was a low staff turnover. They also told us that agency staff were not used to provide cover as existing staff, including the management team, covered shifts to ensure consistency and good practice. This meant that people were supported by people they knew and who understood their needs.

Employment records confirmed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the vulnerable adults who used the service.

Suitable arrangements were in place for the management of medicines. People received their medicines in a safe and supportive way from staff. People were prompted, encouraged and reassured as they took their medicines and given the time they needed. Staff took the time to explain to people about their medicines and any changes which may occur. We heard a member of staff inform a person that they had been speaking to the person's GP and then explain about the changes the GP had decided to make to ensure they person understood what medicines they would now be taking and why. A relative told us, "With [relatives] medication they've been very good, very patient. I've been impressed."

At our last inspection we found that Medication Administration Record (MAR) charts were not always completed in line with best practice. At this inspection we found that there had been improvements in the management of people's medicines such as the introduction of protocols to guide staff regarding medicines which were to be taken 'as and when required' (PRN). There was now an auditing system in place which provided the management team with assurance that people were receiving their medicines safely and as prescribed. These audits were being further developed and strengthened to include additional checks which would ensure that the MAR chart records always reflected the medicines people had received.

Staff had been trained to administer medicines safely and they were observed to ensure that they were competent in this role. People's medicines were available when they were needed. One person told us, "I am on an antibiotic at the moment and staff know when it is due and bring it." Medication which was prescribed to be taken 'as and when required' was given according to the individual's choice whether they felt they needed it. We observed a member of staff discreetly ask a person, "Would you like anything extra?" The member of staff later explained to us, "Sometimes [person] needs extra pain relief so I ask in a discrete way." This demonstrated that people were supported to make their own decisions about the medicines they received.

Is the service effective?

Our findings

People were supported by knowledgeable and skilled staff who received training relevant to the needs of the people who used the service. A person told us, "They all seem to know what they are doing."

Staff told us that they felt supported in their role and had regular contact with the management team so they could talk through any issues, seek advice and receive feedback about their work practice. A member of staff told us "We have a good working relationship with the managers." Another staff member commented, "You can find the managers any time to talk to them." This demonstrated that there was a proactive support system in place for staff that developed their knowledge and skilled and motivated them to provide a quality service.

Staff supervision was not often formally recorded but the management team explained that they were continually monitoring the staff team. Staff confirmed that the registered manager and provider both had a very, "hands on" approach which meant they were aware of all aspects of the way staff carried out their duties and were available to provide guidance and support. The management team explained how they planned to strengthen their record keeping to ensure that all supervision of staff was documented. This was so they could use these records to enable staff to reflect on how they were developing in their role and promote good practice.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that there had been no applications made under DoLS to the relevant supervisory body, this was because people living in the service had capacity to make their own decisions. However, they understood when applications should be made and the requirements relating to MCA and DoLS.

Staff sought people's consent and acted in accordance with their wishes. For example, one person told us, "Sometimes I like my door left open and staff do that, then I can buzz and ask them to close it." Another person said, "I can go to bed and get up when I want to here." This demonstrated that people were empowered to make their own decisions about how they wanted to spend their day and how they wished to receive care and support,

People's nutritional needs were assessed, they were provided with enough to eat and drink and supported

to maintain a balanced diet. A visitor explained to us how the weight of their relative was monitored. They commented, "It was one of them [staff] who told me [relative] was losing weight. They'd noticed it." They told us that their relative was finding that they didn't always have much of an appetite so staff were trying to establish what they may particularly like to eat to encourage them to build up their appetite.

People were complimentary about the food on offer, one person commented, "The food here is lovely, we have a lot of fresh vegetables." We saw that people were offered a choice of three different vegetables at lunch time and a member of the kitchen staff explained how all of their fresh produce such as meat and vegetables was sourced locally and delivered every other day.

People were offered a choice of what they would like to eat. A person told us, "We can pick what we like to eat, you can have two different meals but if you don't like anything they will always bring you something else." There were opportunities for people to enjoy snacks throughout the day if they wished and fresh fruit was freely available for people to help themselves. A person told us, "If I was hungry or thirsty in the day I would let staff know because I have seen people call them and they bring something over for them to eat."

When people needed assistance with their meals they were supported appropriately and respectfully. A healthcare professional who visited the service told us, "I often arrive at lunch time to do my visits. They all look very happy and the food looks very good. If a patient is not able to feed [themselves] I always see staff helping them. If [people] need to come out of the dining room to see me their food is warmed up for them."

People had access to health care services and received on-going support where required. A person told us, "I did not feel too well yesterday and [member of staff] was so kind [they] asked for the doctor to be called." Another person said, "I wanted the doctor to call as I did not feel well, the manager arranged for [GP] to call, and the staff come and ask me how I am." A healthcare professional we contacted for feedback told us, "We have been providing [healthcare services] to Woodlands for a number of years now and I can honestly say that this home is one of the best that we visit." Another healthcare professional confirmed, "They call me appropriately for medical concerns." A third professional told us, "The seniors are very attentive and certainly on the ball, if I have ever brought anything to their attention." This showed that the service took preventative action at the right time to keep people in good health.

Is the service caring?

Our findings

People were at the heart of the service and the atmosphere was warm and welcoming. People, their families and other visitors were extremely positive and complimentary about the care they received. A person said, "The care here is lovely, the staff will help you all they can." A visitor commented, "My friend is very well cared for." A healthcare professional who visits the service told us, "The staff are always warm and welcoming. The home is run in an efficient but very caring manner. The residents are all happy and comfortable, this is probably due to the swift but calm way that the staff respond to their needs."

We observed staff demonstrating dedication to the work they did and people told us how staff went the extra mile to make sure that they were happy. For example, a relative told us, "They can't do too much for you. They are so responsive and adapt well to different personalities." They went on to say, "Their Christmas presents and birthday presents were thoughtful. They think about [person] as an individual." Later in the day an appreciative comment was made about a person's jumper, they told us how pleased they were with it and said, "[Provider] chose this for me. I had it for Christmas."

This attention to detail extended into everyday life. One person told us, "I didn't want the meal on offer today I wanted some salmon so someone has gone to get me some." Their relative explained, "It's not just because you are here. I would have had the same response." We saw that later that day the person was offered the smoked salmon purchased especially for them and had enjoyed eating it. A member of the kitchen staff told us how one person liked to have their bread from the bakery so, "We go specially to buy [persons] fresh bread and [person] only has butter." They added, "If that's what they want then that's what they get." This showed that management team wholeheartedly supported the concept that people living at the service should be able to live their lives as they chose and made every effort to assist people to achieve this.

People told us that staff always showed exceptional empathy and understanding. A person told us, "The staff here are so kind, they do not rush you when they help you to wash." Another person confirmed, "The staff here do not rush you, they stop, take time talking to you." Staff talked about people in an affectionate and compassionate manner and were caring and respectful, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. A person commented, "The staff know I like to be alone. They try to encourage me some days to come out of my room but they do understand when I say no."

There was a strong person centred culture which promoted the importance of supporting people to express their views and understand their wishes. Staff consistently demonstrated warmth and affection were interested in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. A person told us, "They [staff] get to know us." A member of staff said, "You get to know the Residents one by one, because this is not a big home." Staff got involved with people in the things that were important to them. One person told us, "[Member of staff] has learnt to knit, because I knit and when [they] sit with me I have been teaching [them]." The member of staff explained, "I sit with [person] over there because [person] likes to knit and [they have] taught me to. Another person told us. "The

staff know I always like to read a [daily newspaper] from start to finish and they will talk to me about news in the paper." This demonstrated a holistic approach to people's care and support and that staff were aware of all aspects of people's well-being.

People felt staff listened to what they said and their views were of the utmost import when their care was planned and reviewed. As a result people felt valued and in turn experienced positive relationships with staff and the leadership of the service. One person told us, "Even the managers here are always around to talk to you, not many places are like that." People and their relatives, where appropriate, had been involved in planning their care and support. This included people's likes and dislikes and preferences about how they wanted to be supported and cared for.

People wherever possible were encouraged by staff to make decisions about their care and support. This included what activities they wanted to do, what they wanted to eat and where they would like to be. A person told us, "the staff do talk to you about things you like to do, and they try to help everyone". We observed that people were continually asked their opinion and given choices throughout the day, for example, a member of staff asked a person which cushion they would like to sit on rather than automatically selecting one for them. A person told us, "I'm glad we came, we couldn't wish for a better place. You expect when you go to a home it will be regimented, always sitting in the same place, but it's not like that here." Staff knew about people's preferences but still took the time to check what they would like. We heard a member of staff ask a person, "Are you having your usual?" when asking what they would like to drink. This showed that people were empowered to make their own choices which were respected by the staff and acted on.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected and our observations confirmed this. The management team and staff understood the importance of people being able to maintain their interests to promote their independence. One person told us, "When I first was going to come here I did not think I would be allowed to bring the piano my [relative] bought me, but they said I can so I often play music for the others." Another person said, "I am able to go out on my own to have a coffee, but care staff encourage me to come back for my meal time. I know that they would be worried if I was not home." A relative told us, "The [staff] work tirelessly to do a great job, the care, dignity and respect they give to [person] is fantastic."

A healthcare professional who regularly visits the service told us, "If my [relative] needed to have extra help and go into a home there is not another one around that I would want [them] to go to. It's very well led, the home is full of positivity from the cleaners to the owner. I feel so comfortable and at home every time I go in. There's no lengths to what [provider] and [registered manager] will go to, to make [people] comfortable. All the staff are clean, tidy, polite and very respectful to [people] and their relatives.

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. A person told us, "The staff here are so kind, you only have to call them and they come." Staff were knowledgeable and knew how to provide personalised care that met people's specific needs. A healthcare professional who was visiting the service told us, "It's such a lovely place. The staff are very good as well. The communication is good, it gets passed on to the right person. You can see [people] are content."

People's changing care needs were identified promptly. Monthly reviews for each person recorded GP visits, changes in medicines, appointments attended and any causes for concern. For example one record showed that action was taken when it was noticed a person was not their usual self and the GP had been consulted. This demonstrated that people could be reassured that any changes to their health or care needs were identified and responded to.

Care plan documents were in the process of being updated. Some documents had not been recently reviewed but were due to be replaced within the next week by a new care plan. The new documents had been prepared in consultation with each person with input from families where relevant. Staff had also been involved in sharing their knowledge about people to ensure that care plans fully reflected all of people's support needs. A member of staff told us, "They [management team] always ask for our opinion on how needs have changed." They added, "I went around and asked people questions to go in the care plans." The care plans were person centred and included details which were specific to each individual including their preferences in the way care and support was provided and what was important to them.

People were supported and encouraged to take part in the things which they enjoyed. A person told us, "They have a lot of different activities going on here and you can join in but don't have to." The management team promoted a person centred approach to the provision of activities and many of these were spontaneous and in reaction to people's wishes at the time. A person told us, "Staff always ask what you would like to do." Another person said, "We do not have set days for activities but here are a lot of things going on." Staff took time throughout the day to sit and chat to people and enjoy time together with them. A relative told us, "They [staff] are always sitting chatting to the [people]." We observed staff looking at books with people and playing cards. A person told us, "I like to do a puzzle and some of them are hard, but the staff all have a go at fitting the pieces in." Another person said, "My [relative] and I like reading books and the two managers will always come and talk to us about what we are reading."

People were also encouraged to maintain relationships with people who were important to them and family and friends were frequent visitors. A person told us, "Friends can come here any time and made very welcome, we are one big happy family." A visitor said, "I can visit here any time and always get a warm welcome from the managers. My friend is very well cared for."

There was a complaints procedure in place which explained how people could raise a complaint. There had been no formal complaints in the last 12 months. When asked if they had ever made a complaint a person

replied, "I would have nothing to complain about here, it is so nice." However people told us that they knew that should they have any concerns they would be listened to and appropriate action would be taken. One person explained, "The managers will come to your room." Another person told us how that there was always at least one of the management team available, "There is always one manager around of a weekend to talk to you." Staff were also responsive to any concerns people may have and knew when it was appropriate to refer to the management team. One member of staff told us, "If I was aware someone was not happy I would sit and speak to them and find out why, and hope I could help them but if not I would speak to the managers." This demonstrated that people could be confident that concerns and complaints would be acknowledged, listened to and appropriate steps taken to respond and put things right.

Is the service well-led?

Our findings

At our last inspection in March 2016 we found that whilst the management team had been able to clearly demonstrate the importance they placed on providing a good quality service there had been no formal monitoring and auditing systems in place to ensure the quality and safety of the service. At this inspection the management team were able to show us the additional control measures they now had in place to monitor and assess different elements of the service such as medicines and care records. People, relatives and staff told us that any potential issues for concern were quickly recognised and acted on. A member of staff commented, "I'd go to [registered manager] straight away. [They're] normally very, very good at sorting things out." Work continued to be in progress to develop an auditing tool which would allow the management team to be able to fully demonstrate how they were continually assessing and improving the service provision in order to meet all of people's needs. The aim of this was also to provide additional assurance that the improvements which had been made were embedded and would be sustained.

People, relatives, visitors and staff all gave very positive feedback about the management and leadership of the service. One person told us, "The managers here are always happy, they have time to talk to you." Another person commented, "I know who the manager is, there are two and they both always are around." A family member said, "I have been coming in here for some time, the managers are always around to talk to you. They make the home really happy."

People were at the heart of the service and there was a positive, inclusive and open culture. A healthcare professional who visits the service told us, "I think the team and the home is very good. If I had to put my [relative] in a local home I would choose Woodlands. We also have a standing joke that I have a place reserved there." Another professional told us, "I truly enjoy every visit to Woodlands and honestly cannot fault it in any way."

The provider, management team and staff were committed in their holistic approach to providing people's care and support. Relatives told us that as people's health concerns became more complex they considered not only their physical needs but also how it affected their social and emotional well-being. This care extended to supporting those close to the person and staff demonstrated empathy and understanding in their approach. A relative commented, "Woodlands staff are excellent at keeping myself and my [relative] informed of [relative's] health and comfort and they have dealt with some difficult situations calmly and professionally... Nothing is too much trouble for the staff and I wish to thank them from the bottom of my heart for everything they do for [relative]."

Staff told us that they felt supported, listened to and that the management team were approachable and provided support when they needed it. A member of staff commented, "They're brilliant bosses." Another staff member said, "[Registered Manager] and [Provider] are really helpful and supportive. If I'm not happy about something I don't feel uncomfortable going to them. They are very approachable." Staff were encouraged to support and value each other to ensure they worked effectively as a team. This meant that there was a very stable and consistent staff team who knew people very well. A healthcare professional who visits the service told us, "There is hardly any staff turnover at Woodlands, which to me shows a happy team."

[Provider] and [registered manager] have managed it for as long as I have gone there. That is about 16 years. [Three other members of staff] have also been there for a long time. They have an excellent rapport with [people] and they are very caring."

The management team had clear oversight of how the service was meeting people's physical, emotional and social needs. They set a high standard and led by example. A person told us, "[Registered Manager] and [Provider] they do the same sort of things as the [staff]." Staff were clear on their roles, responsibilities and how they contributed towards the provider's vision and values. A healthcare professional who visits the service told us, "During our visits the staff seem to be aware of their responsibilities and take pride in the way they carry out their duties. This is a reflection on the good leadership qualities shown by the management." These values were reflected in the way in which care and support was consistently delivered in a safe and personalised way with dignity and respect and independence was promoted at all times.

At our last inspection we found that the provider had not been sending us statutory notifications. All care providers have a statutory requirement to notify us about certain changes, events and incidents affecting their service or the people who use it. The provider had acted on the concerns we raised in relation to this and was now sending notifications as required. The management team were also continuing to update themselves with regard to changes within the care industry. The registered manager was taking part in the 'My Home Life' leadership programme. This gave them the opportunity to meet regularly with other managers to share best practice, knowledge and skills.

People had been asked to complete satisfaction questionnaires. The feedback given by people was consistently positive. For example, one person had commented on the food, "The food served daily is excellent, the vegetables are fresh and well presented, if one menu is not well liked I can change it. I do appreciate the salmon and prawns and also asparagus as a vegetable." This showed that the service empowered people to voice their opinions and these were listened to and acted upon. People were encouraged to be involved and have ownership of what was happening in the service. There was a strong emphasis on continually striving to improve in order to provide a high standard of care.