

Woodland Healthcare Limited

Woodland Court

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 inspection took place on 25 and 26 October 2017, the first day was unannounced. The service was last inspected in August 2015 when it was rated as Good overall. At the inspection in 2015 we recommended that the service kept staffing levels under review, the moving and transferring practice of staff was continually observed and reviewed and that social interaction should be improved. At the inspection in October 2017 we found improvements had been made and further improvements to social interaction was planned.

Woodland Court is registered to provide accommodation and personal care for up to 39 people who may also require nursing care. The service is located in a residential area of the seaside town of Torquay. On both days of the inspection there were 26 people living at the service.

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

People and their visitors told us they felt safe living at the service. One visitor told us they trusted the staff to care for their relative and didn't feel the need to visit every day. Staff had a good knowledge of different types of abuse and had received training in keeping people safe. Safe staff recruitment procedures were in place. This ensured, as far as possible, that only suitable staff were employed at the home.

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. One visitor told us "Can't fault the place, nothing too much trouble." Another relative told us "It's like having a second family here. I will still come and visit when mum's not here."

Risks to people's health, safety and well-being had been assessed and plans were in place to help minimise the risks. Risk assessments contained good details on how risks were managed. Some people were at risk of pressure area damage to their skin and there was equipment in place to minimise the risk of damage occurring.

There were sufficient numbers of staff to ensure people's needs were met safely. A recent review of staffing levels had highlighted times when more staff were needed. A new rota was due to be implemented the week following the inspection with extra staff being on duty early mornings and evenings. Following the inspection we received confirmation the new rotas had started.

Medicines were stored securely in a locked cupboard and only registered nurses (RNs) administered medicines. Records were kept for medicines received and disposed of and regular audits were made.

Procedures were in place to protect people in the event of an emergency. Accidents and incidents were analysed to identify any trends and where issues were identified action was taken to minimise the risk of

reoccurrence. Arrangements were in place to minimise the risk of cross infection. There were maintenance contracts in place for the servicing of equipment such as hoists and gas and electrical installations.

There was a comprehensive staff training programme in place. Where people had specific needs specialist training was arranged such as pressure area care, death and dying and caring for people living with dementia. There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed they received regular supervision and yearly appraisals.

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. We heard staff asking people for their consent when carrying out care tasks and offering them choices. Staff had received training on the Mental Capacity Act 2005, they knew that everyone should be assumed to have capacity unless assessed otherwise.

People were supported to have enough to eat and drink in order to maintain good health. Everyone living at the service had their nutritional needs assessed and meals were provided in accordance with people's needs and wishes. There was a choice at each meal and people told us the food was always good. One person told us the food was "Fantastic – first class." Some people received their food through artificial feeding systems. These were regularly reviewed and monitored by the RNs at the service and visiting healthcare professionals.

People were supported to maintain good health and were referred to healthcare services where required. Records showed people had seen their GPs, dieticians, opticians and palliative care nurses as needed.

The service was well decorated and furniture was of a good standard and a domestic style. The lounge furniture had recently been replaced and the dining furniture was also due to be replaced. A bathroom on the ground floor had been converted into a wet room.

People and their relatives were supported to be involved in planning and reviewing their care if they wished to be. Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

There were several activities and entertainments on offer. One recently admitted person told us they had enjoyed gardening before they came to live at Woodland Court. They told us they had been chatting to the gardener for the service and was going to help them maintain the service's garden.

People's care plans were comprehensive, individualised and reviewed regularly. The plans contained details of people's preferences, such as what they liked to eat and how they spent their day. For example, one person's plan stated they took pride in their appearance and staff were to ensure the person's hair was washed twice weekly. Staff were aware of the details of the plan, and we saw the person's appearance was well groomed. One person told us how well they were being looked after and said "I'm a good advertisement for the place!"

Several people living at the service had specific communication needs. One person communicated with staff by use of a special board that contained letters of the alphabet and 'yes' or 'no'. Staff held the board in a particular position and the person moved their eyes to identify letters which staff built up into words. Staff had received training in using the board. We spent some time with the person and staff helped us communicate with them.

People and visitors told us they felt able to raise any concerns and said they would speak to staff if they needed to. One visitor told us they had only had to raise one minor issue "not really a complaint", which had been dealt with straight away.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There was a staff management structure in place to maintain the running of the home.

There were effective systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken by the registered manager and clinical lead. Monthly audits were undertaken including medicines, care plans, the environment and accidents and incidents. We saw that where issues had been identified action was taken to rectify the matters. A new 'addressable' fire alarm is due to be fitted at the end of 2017. This is so that if a fire broke out staff would be able to identify the exact location more quickly.

Staff told us they enjoyed working at the service and described it as "A very caring, homely, friendly place for staff and residents alike" and a "Hardworking friendly home where we try our best to make their [people] lives a bit better."

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible. The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

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 remains Good.

The service was safe.

People's needs were met in a safe and timely way as there were enough staff available.

There were safe systems in place to manage people's medicines.

People were protected from the risks of abuse as staff knew how to recognise and report abuse.

Thorough recruitment procedures ensured the risks of employing staff unsuitable to support people were minimised.

Is the service effective?

Good ●

The service remains Good.

Staff received training that helped them meet people's needs.

People were supported to maintain a healthy balanced diet and contact health care services when needed.

People were asked for their consent before staff provided personal care.

People's human rights were protected by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service remains Good.

Staff had good knowledge of the people they supported and delivered care in a respectful and caring manner.

Staff ensured people's privacy and dignity was respected.

People could be involved in making decisions about their care if

they chose.

Visitors were always made welcome at any time.

Is the service responsive?

Good ●

The service remains Good.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how their needs were to be met.

People were confident that if they raised concerns they would be dealt with.

There was a regular programme of activities available for people to participate in. The registered manager was keen to further improve this.

Is the service well-led?

Good ●

The service remains Good.

The registered manager was open and approachable.

Records were well maintained.

Quality assurance systems were operated effectively in order to monitor care and plan on-going improvements.

Woodland Court

Detailed findings

Background to this inspection

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

This inspection took place on 25 and 26 October 2017 and the first day was unannounced.

The inspection was carried out by one social care inspector. The registered manager was available for both days of the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. We also contacted the local authority who had commissioned some placements for people living at the home. Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Not everyone living at Woodland Court was able to tell us about their experiences. However, we did not use our Short Observational Framework for Inspection (SOFI) as there were few people in the lounge area for us to observe. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During the inspection we met, spoke with and spent time with 12 people using the service. We spoke with eight visitors, six care staff, three ancillary staff and the registered manager. We also spoke with a visiting healthcare professional. We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included four people's care records, the provider's quality assurance system, accident and incident reports, three staff records, records relating to medicine administration and staffing rotas.

Following the inspection we contacted healthcare professionals. We received feedback from five GPs and

one community nurse.

Is the service safe?

Our findings

People living at Woodland Court had needs associated with their physical health and dementia. Twenty people needed the help with their mobility from two staff and 13 people were living with dementia. Most people spent the majority of their time in their bedrooms, this was either their choice or because they were cared for in bed.

People were protected from the risks of abuse. People and their visitors told us they felt safe living at the service. One person said "Yes very" when asked if they felt safe. One visitor told us they trusted the staff to care for their relative and didn't feel the need to visit every day. Staff had a good knowledge of different types of abuse and had received training in keeping people safe. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service.

Safe staff recruitment procedures were in place. This ensured, as far as possible, that only suitable staff were employed at the home. We looked at three staff files. All contained the required pre-employment documentation including disclosure and barring (police) checks, photo identity and references. They also contained an application form with a full work history.

Risks to people's health, safety and well-being had been assessed and plans were in place to help minimise the risks. Risk assessments contained good details on how risks were managed. Moving and transferring, nutrition, choking and pressure area assessments were in place and were reviewed as necessary. For example, one person was at risk of choking and there was a flow chart of action to take for staff should the person start to choke. Some people were at risk of pressure area damage to their skin and there was equipment in place to minimise the risk of damage occurring. Staff told us people were repositioned and their skin checked as part of their normal personal care regime. The registered manager told us there was no-one at the service with pressure damage to their skin and there was no need for repositioning charts to be in place.

There were sufficient numbers of staff to ensure people's needs were met safely. During the inspection there were 26 people living at the service. Staff, visitors and people told us that they felt there were enough staff available to meet people's needs. All the people we spoke with told us if they pressed their call bell staff came straight away. One person said "They [staff] come quickly when I press the bell." A specific tool was used to calculate the number of staff needed based on the numbers and dependency levels of people. Staff rotas showed there were five care staff on duty during the day as well as the registered manager and ancillary staff such as kitchen staff, domestics and a maintenance person. From 8pm to 8am there were two care staff awake at the service. They were supported by a peripatetic night registered nurse (RN) who covered Woodland Court and two other services operated by the same company locally. The peripatetic RN was on call for emergency cover and visited each service at least twice each night to provide nursing care or support. We saw records showed when care staff had called the peripatetic RN and the advice they had been given.

At the inspection in August 2015 we recommended that staffing levels be kept under review. We found the

registered manager had done this. A recent review of staffing levels had highlighted times when more staff were needed such as early mornings and late evenings. The new rota was due to be implemented the week following the inspection. A staff member would start at 7 am as this was the time people liked to get up and another staff member would stay on until 10pm to help people settle at bed time. Following the inspection we received confirmation the new rotas had started.

Medicines were stored securely in a locked cupboard and only RNs administered medicines. Records were kept for medicines received and disposed of and regular audits were made. However, the Medicine Administration Records (MAR) charts for the previous four weeks showed the quantity of medicines already in the service had not been added to the quantity received. This meant there was no accurate record of the quantity of medicines held within the service. We discussed this with the RN on duty and the registered manager and saw previous MAR charts that showed the quantity of medicines received had been added to the quantity already held at the service. Both the registered manager and the RN on duty agreed to ensure accurate records would be maintained. We checked the quantities of three different medicines and found them to be accurate.

Records confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. There were clear directions for staff relating to the administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times. When people had been prescribed medicines to be taken when required (PRN) such as painkillers, we saw that people were offered these medicines as prescribed. Where people had been prescribed topical creams, we saw that good records were maintained to show when and where these creams had been applied. The temperature of the fridge used to store medicines was checked daily.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the service. There was information available for staff on how to safely evacuate people from the building should the need arise, such as in a fire.

Accidents and incidents were analysed to identify any trends. Where issues were identified action was taken to minimise the risk of reoccurrence. For example, one person had fallen five times in one month, and records showed there was no pattern to the time the falls occurred. The person did not wish to call for assistance when moving about their room. They had full capacity to make a decision and wished to remain independent. The registered manager had notified the local 'falls team' about the falls and staff were guided to keep reminding the person to call for help when moving about.

Arrangements were in place to minimise the risk of cross infection. Throughout the inspection we saw staff wearing disposable gloves and aprons when required. We saw staff changed gloves and aprons when providing personal care to different people and when dealing with food.

The laundry was located outside of the main building. It was clean and tidy with easily cleaned walls and floor covering. Only personal items were laundered at the service, all bedding and towels were sent out to a commercial laundry. The environment was inspected regularly by the registered manager and housekeeper to ensure it remained clean and odour free.

There were maintenance contracts in place for the servicing of equipment such as hoists and gas and electrical installations. The equipment had been tested in line with current regulations. On the first day of inspection a new cooker was being installed. There were plans to upgrade the kitchen units and walls to enable them to be cleaned more easily. At an inspection in June 2017 Torbay Food and Safety Team had awarded the service a Food Hygiene Rating of 5.

Is the service effective?

Our findings

Records showed and staff told us they had received training to ensure they kept up to date with good practice and were able to continue to meet people's needs. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Where people had specific needs specialist training was arranged such as pressure area care, end of life care and caring for people living with dementia. Other training included fire, food safety, health and safety, moving and transferring and first aid. People and their visitors told us they felt staff were skilled in their roles and able to meet people's needs effectively.

Newly appointed staff told us they had received a full induction when they had first started to work at the service. The registered manager confirmed new staff undertook a detailed induction programme, following the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. In order to assess staffs' competency, senior staff also observed the care practice of staff when they were meeting people's needs.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed they received regular supervision and yearly appraisals. Staff received individual supervision sessions when they were able to discuss all aspects of their role and professional development.

At the inspection in August 2015 we recommended the moving and transferring practice of staff was continually observed and reviewed. Staff had received further training in this area and records showed the registered manager observed and checked they were competent in their practice. At this inspection in October 2017 we observed staff transferring people from their chairs to wheelchairs using a hoist. We saw staff followed good practice guidelines and continually spoke and reassured the people they were transferring.

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's consent to their care and treatment was sought in line with legislation and guidance. We heard staff asking people for their consent when carrying out care tasks and offering them choices. Staff had received training on the MCA, and they knew that everyone should be assumed to have capacity unless assessed otherwise. They told us people were supported to make decisions about their care and how they wished to be supported. Visitors and people who could share their views with us confirmed this

People living at Woodland Court were able to make day to day decisions for themselves, but may not have

the capacity to make more complex decisions about their health and welfare. People's files contained assessments of their capacity to consent to care or remaining at the. If it was established the person did not have capacity, best interest decisions were undertaken and recorded. For example, one person had been assessed as unable to make a decision about remaining at the service. A decision had been made involving staff and relatives and had concluded it was in the person's best interests to remain at the service.

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 had made applications to the local authority to deprive 12 people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority only one application had been authorised at the time of the inspection. The authorisation for the one person stated that in order to maintain their safety they were unable to leave the service unaccompanied and staff were aware of this restriction.

People were supported to have enough to eat and drink in order to maintain good health. Everyone living at the service had their nutritional needs assessed and meals were provided in accordance with people's needs and wishes. There was a choice at each meal and we heard the cook speaking with people to ask them what they wanted for lunch. People told us the food was always good. One person told us the food was "Fantastic – first class." On the first day of inspection people were telling us how delicious the custard had been. We spoke with the cook and told them this and they said it was probably because there had been over three pints of cream in it. They told us that they used cream and butter to ensure people who were at risk of poor nutrition received high calorie foods. Other people needed more specialised diets, such as people with diabetes and these needs were also catered for. Some people needed their food presented in different textures, due to swallowing difficulties and we saw this was provided. Information was available for the cook on different textures needed, and people's likes and dislikes.

Some people received their food through artificial feeding systems. These were regularly reviewed and monitored by the RNs at the service and visiting healthcare professionals.

People were supported to maintain good health and were referred to healthcare services where required. Records showed people had seen their GPs, dieticians, opticians and palliative care nurses as needed. Visiting GPs reported they had no concerns over the care being provided. One community nurse told us they hadn't visited for a while, but when they had visited "Staff did all that was asked of them."

The service was well decorated and furniture was of a good standard and a domestic style. The lounge furniture had recently been replaced and the dining furniture was also due to be replaced. The registered manager told us there plans to make bedrooms more individual. The service did not admit people immediately a bedroom became vacant, so that bedrooms could be upgraded while they were empty. There were no unpleasant odours and the environment was clean and well maintained. A bathroom on the ground floor had been converted into a wet room. The registered manager told us this was in response to some people who wanted a shower not wishing to go upstairs to use the shower there. Most people were not able to move around the service without help from staff. However, there was signage around the home to aid those who could find their way around the home. For example, toilets and bathrooms were clearly signed. People's rooms were decorated according to their personal tastes with pictures, photographs and ornaments on display.

Is the service caring?

Our findings

People and their visitors told us staff were very good and caring. All the interactions we saw between people and staff were positive. One visitor told us "Can't fault the place, nothing too much trouble." We saw that staff were kind and considerate in their approach to each person and were sensitive to the needs of everyone. We heard one staff member encouraging one person to raise their legs to help increase circulation and checking whether the sun was in their eyes. We heard staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner.

People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported. Staff knew what people liked to eat, what they liked to do and when they liked to get up and go to bed.

Staff at Woodland Court treated people with dignity, respect and kindness. When addressing people staff used people's preferred names and appropriate language. We saw that people responded well to staff, speaking, smiling and laughing with them. Staff carried out their duties in a caring and enthusiastic way. There was a lot of laughter, appropriate banter and hugs between staff and the people they supported.

One relative told us "It's like having a second family here. I will still come and visit when mum's not here." We saw many 'thank you' cards that visitors had written to staff. For example, one card had written inside "Big thank you for everything you have done to help mum's last weeks and days be as comfortable as possible."

Everyone had their own bedroom, unless they chose to share with someone they knew well. People's privacy was respected and all personal care was provided in private. Staff knocked on people's bedroom doors and waited before they entered. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

People and their relatives were supported to be involved in planning and reviewing their care if they wished to be. We saw people's signatures on their care plans, indicating they were happy with their plans. We also saw signatures of relatives on care plans when they had been involved in planning the care of their relation.

Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

Staff helped people to celebrate special occasions. We saw photographs of people celebrating 'special' birthdays and events. One visitor told us how the service had helped them and their relatives celebrate their Golden wedding anniversary.

No one at the service was receiving end of life care. Treatment escalation plans (TEPs) were available in most people's care files. These included information on decisions made between the person or significant others and their GP about their wishes in case of a sudden deterioration in their health. People's care plans

contained details of how they wished to be cared for at the end of their life. Staff had received training in caring for people at the end of their life from the local hospice.

Is the service responsive?

Our findings

At the inspection in August 2015 we recommended the service sought advice from a suitably qualified source on the provision of stimulating and person centred activities. At this inspection in October 2017 we found that some improvements had been made and further improvements were planned. The registered manager told us that their improvement plans had been delayed. However, following the inspection they sent us details and a timescale for implementing the improvements. The planned improvements included increasing staff time to spend with people individually and providing group activities and collection of more detailed information on people's social care needs. We were told the increase in staff hours was due to start week commencing 6 November 2017 to facilitate these changes. Following the inspection we received confirmation that the increase in hours had taken place. Also that more time was being spent with people individually in their bedrooms.

There were several activities and entertainments on offer. Every Thursday afternoon there was a visit from external entertainers and every Monday afternoon a member of staff organised an activity such as a quiz or a game. We saw activity plans for people that showed they had taken part in various activities. These included playing games such as throwing bean bags to maintain movement. Activities also included scrabble and other games and puzzles. We also saw records showing that staff spent individual time chatting with people about their interests and past experiences.

People had support plans that gave staff some information on the person's life prior to their admission and their interests. Some people also had a document describing their memories. The registered manager showed us a detailed document they planned to use to collect further information on people's history. Staff were able to tell us about people's preferences and personal histories. For example, they were able to tell us how one person had loved going on cruises when they were younger, and about the many photographs the person had displayed in their bedroom.

One recently admitted person told us they had enjoyed gardening before they came to live at Woodland Court. They told us they had been chatting to the gardener for the service and was going to help them maintain the service's garden. The registered manager arranged for safety equipment to be available for the person when they started helping.

People received personalised care that was responsive to their physical care needs. The registered manager carried out an initial assessment of each person to help ensure the service was able to meet their needs and expectations. This information was then used to develop a care plan to provide staff with the information they needed to ensure people's needs were met. People's care plans were comprehensive, individualised and reviewed regularly. The plans contained details of people's preferences, such as what they liked to eat and how they spent their day. For example, one person's plan stated they took pride in their appearance and staff were to ensure the person's hair was washed twice weekly. Staff were aware of the details of the plan, and we saw the person's appearance was well groomed.

One person told us how well they were being looked after and said "I'm a good advertisement for the place!"

One visitor we spoke with told us how the service had encouraged their relative to eat more, by putting their food on a smaller plate so the person did not feel 'overwhelmed' by a large amount of food in front of them. Another relative told us they felt staff knew their relative's needs very well and said "This is exactly what we want and is needed for mum." A visitor also told us staff "Do their utmost to do their best."

Not everyone living at Woodland Court was able to tell us about their experiences. However, we did not use our Short Observational Framework for Inspection (SOFI) as there were few people in the lounge area for us to observe. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. Most people spent their time in their own bedrooms. However, we saw some good interactions between staff and people living at the service especially when people were asked if they needed help with their personal care. Staff responded to people's needs in a sensitive manner. One person began to get upset as they had not had a visitor for some time. Staff took time to sit with the person and comfort them. Staff told us the person needed a lot of emotional support as they got very upset about their visitors.

Several people living at the service had specific communication needs. One person communicated with staff by use of a special board that contained letters of the alphabet and 'yes' or 'no'. Staff held the board in a particular position and the person moved their eyes to identify letters which staff built up into words. Staff had received training in using the board. We spent some time with the person and staff helped us communicate with them. The person told us staff were very good, but some staff were better at using the board than others. There were many smiles when the staff member made a mistake with what the person was trying to communicate to us, until they got it right.

One person was having difficulty in using their call bell and their ability to do so was decreasing quickly. The registered manager was trying to source a call bell system that the person could use. They had contacted several professionals and equipment suppliers for advice.

The registered manager took note of, and investigated any concerns raised. In the previous year two complaints had been recorded in the complaints file. One of these had been investigated and concluded satisfactorily. The other was still being dealt with.

People and visitors told us they felt able to raise any concerns and said they would speak to staff if they needed to. One visitor told us they had only had to raise one minor issue "not really a complaint", which had been dealt with straight away.

Is the service well-led?

Our findings

Woodland Court is owned by Woodland Healthcare Limited who own several services within the local area. A registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There was a management structure in place to maintain the running of the home. The provider's representative and manager's from the provider's other local services supported the registered manager in their role. They were also supported by a member of staff who was the 'clinical lead' for the service. The staff member was a registered nurse and was responsible for overseeing the nursing care being provided at the service.

There were effective systems in place to assess, monitor, and improve the quality and safety of care. A series of audits were undertaken by the registered manager and clinical lead. Monthly audits were undertaken including medicines, care plans, the environment and accidents and incidents. Where issues had been identified action was taken to rectify the matters. For example, the building audit for September 2017 had identified a malodour in one room. We noted this had been addressed as there was no malodour present in the room. A new 'addressable' fire alarm is due to be fitted at the end of 2017. This is so that if a fire broke out staff would be able to identify the exact location more quickly.

In the Provider Information Return (PIR) the provider told us they planned to have more informal chats with people to identify any concerns they may have. This was because there had been no attendance at the meetings they had arranged for people and their relatives. They also stated in the PIR that they intended to review the quality assurance systems to ensure they were being operated effectively. A survey is sent to people, visitors and professionals each year. The latest survey was sent out early in October 2017, but results had not yet been obtained.

There was a positive and welcoming atmosphere within Woodland Court. Staff told us they thought there was an open and honest culture in the service and felt they could raise anything with the registered manager. Staff spoke positively about the registered manager. They said they felt well supported and received regular supervision. Staff told us they enjoyed working at the service and described it as "A very caring, homely, friendly place for staff and residents alike" and a "Hardworking friendly home where we try our best to make their [people] lives a bit better."

The registered manager told us they kept their knowledge of care management and legislation up to date by attending training courses, using the intranet and the Care Quality Commission's website.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.