Lancashire County Council

Woodside Home for Older People

Inspection report

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Date of inspection visit:
26 February 2018
27 February 2018

Date of publication:
21 March 2018

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

We carried out an unannounced inspection of Woodside Home for Older People on 26 and 27 February 2018.

Woodside Home for Older People is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation and personal care for up to a maximum of 46 people. The home is divided into four areas known as Alder Close, Beech Close, Cedar Close and Damson Close. Beech Close provides care for older people living with dementia and all other areas provide support for older people with personal care needs. At time of the inspection there were 41 people accommodated in the home.

At the last inspection, in December 2015 the service was rated as good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider continued to ensure people were safe. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were kept safe from abuse and harm and staff knew how to report any suspicions around abuse. Staff understood best practice for reducing the risk of infection and audits were carried out to ensure the environment was clean and safe.

The provider continued to provide effective care and support. 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. Staff received effective training to meet people's needs. An induction and training programme was in place for all staff. A detailed pre-admission assessment was carried out to assess people's needs and preferences prior to moving into the home. This meant that care outcomes were planned and staff understood what support each person required. People's nutritional needs were monitored and reviewed. People were given a choice of meals and staff knew people's likes and dislikes. The registered manager and staff worked in close collaboration with healthcare professionals to ensure people's medical needs were met.

The provider continued to provide a caring service. Staff treated people with kindness and compassion in their day to day care. Staff knew people's needs well and people told us they valued and liked their care staff. People and their relatives were consulted around their care and support and their views were acted

upon. People's dignity and privacy was respected and upheld and staff encouraged people to be as independent as possible.

The provider continued to provide a responsive service. Care and support was planned and personalised to each person which ensured they were able to make choices about their day to day lives. People were given the opportunity to participate in social activities both inside and outside the home. People had access to a complaints procedure and were confident any concerns would be taken seriously and acted upon. Where people received end of life care this was planned and
provided sensitively.

The provider continued to provide a service, which was well led. There were effective systems for assessing, monitoring and developing the quality of the service being provided to people. This included seeking the views of people living in the home. The registered manager provided leadership in the home and had forged strong links in the local community.

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.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Woodside Home for Older People

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 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.

We visited Woodside Home for Older People on 26 and 27 February 2018 to carry out an unannounced comprehensive inspection. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we looked at previous inspection reports, notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with ten people living in the home, five relatives, four care staff, the administrator, registered manager and the senior operations manager. We also spoke with five visiting healthcare professionals.

We had a tour of the premises and looked at a range of documents and written records including four people's care records, two staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, staff rotas, meeting minutes and records relating to the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People spoken with felt safe and comfortable in the home. For example, one person told us, "I feel very safe here. The carers are there for me all the time, whenever I need them" and another person commented, "The carers are excellent. I have never been in home with such good carers before. I feel very happy here." Similarly, relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "We are very relieved and happy he is here. The home is perfect for him."

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. All staff spoken with had a clear understanding of what may constitute abuse and said they would report any incidents to the registered manager. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff spoken with confirmed they had completed safeguarding training and the staff training records confirmed this. We saw there were appropriate policies and procedures and a flowchart, which set out the safeguarding vulnerable adults processes. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. There were no open safeguarding alerts at the time of the inspection.

We saw that safeguarding issues were routinely discussed during residents' and staff meetings as well as staff supervisions. This meant people living and working in the home had the opportunity to discuss these issues and were familiar with the safeguarding procedures.

Staff had completed relevant training and had access to a set of equality and diversity policies and procedures. We also noted people's individual needs were recorded as part of the support planning process. This helped to ensure all people had access to the same opportunities and the same, fair treatment.

The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been fully considered. We saw individual risks had been assessed and recorded in people's support plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. Records showed the risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant staff were provided with up-to-date information about how to manage and minimise risks.

The registered manager had worked alongside a health and safety officer to assess service level risks. We noted the risk assessments carried out were thorough and covered such areas as fire safety, slips, trips and falls, hazardous substances and the use of equipment. All risk assessments included control measures to manage any identified hazards. The assessments were updated on an annual basis unless there was a change of circumstances.

We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the

call system, portable electrical appliances and equipment. We also saw the gas safety certificate, the five-year electrical certificate and other safety certificates were all within date. The provider had arrangements in place for ongoing maintenance and repairs to the building. Emergency plans were also in place including information on the support people would need in the event of a fire.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the registered manager. This was to make sure responses were effective and to see if any changes could be made to prevent incidents happening again. The management team had made referrals as appropriate for example, to the falls team. An analysis of accidents was carried out on a monthly basis in order to identify any patterns or trends. The registered manager explained accidents were discussed at the monthly management meeting in order to identify any lessons learnt and minimise the risk of reoccurrence. We saw minutes of the management meetings during the inspection and noted accidents and incidents were a standing agenda item.

The home was clean and odour free and the provider had effective systems for the prevention and control of infection. Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided in all rooms. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons and we saw these being used appropriately during the visit. There were contractual arrangements for the safe disposal of waste. We saw staff had access to an infection prevention and control policy and procedure and had completed relevant training. We saw the registered manager completed a range of infection control audits on a regular basis.

Throughout our inspection visit, we saw that staff had time to meet people's needs and to interact with them individually, without rushing. For instance, we noted staff sat next to people who required assistance to eat their food and staff sat with people having a chat. The majority of people told us there were sufficient staff on duty to meet their needs. For example, one person said, "If I need any help, I am very confident they would be there straightaway." Since our last inspection, the provider had increased the level of staffing in the home. We checked the duty rota and saw that the levels of staffing were consistent across the week including weekends. The registered manager used a dependency tool to determine the number of staff required to meet people's needs. The dependency tool gave the registered manager a base level of staff, which they supplemented accordingly to meet people's specific needs.

We looked at the recruitment records of two members of staff and noted the recruitment process included a written application form and a face-to-face interview. The applicants were asked a series of questions at the interview which were designed to assess their knowledge and suitability for the post. We also noted two written references and an enhanced criminal records check had been sought before staff commenced work in the home. We found one shortfall in the recruitment records. We discussed this issue with the registered manager, who devised a checklist, to provide the management team with an easy reference guide to regulatory requirements.

There were appropriate medicines administration systems in place and people received their medicines when required. The service used a monitored dosage system where tablets arrived from the pharmacy pre-packed and in a separate compartment according to the time of the day. We checked the medicines administrations records (MARs) for people living on Alder Close and found that medicines were being signed in to the service and counted correctly. We saw MAR charts had been signed correctly to indicate that people had received their medicines. Medicines were stored safely in locked trollies in three areas of the home and in individual locked cabinets in people's bedrooms on Beech Close. Some people had been prescribed

'when required' medicines and there were written protocols for most of these medicines with the MAR charts. The registered manager agreed to ensure there were written protocols for all 'when required' medicines. We noted that with the exception of one type of medicine, all medicines were labelled correctly with a prescription label. The unlabelled medicine had recently entered the home with a person receiving respite care. The registered manager agreed to ensure this medicine was appropriately labelled.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

Good

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to meet their needs effectively. For example, one person told us, "The staff know exactly what they are doing. You can completely rely on them" and another person commented, "The staff are really good. I don't know what I would do without them." Relatives also had confidence in the staff team. Reflecting on the staff approach, one relative said, "Everybody who works here are brilliant. They are really dedicated."

People were asked for their consent before care was given and they were supported and enabled to make their own decisions. 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's capacity to make decisions about their care was considered as part of the pre admission and support planning processes so staff knew the level of support they required. If people did not have the capacity to make specific decisions around their care, the registered manager involved their family or other social or health care professionals as required to make a decision in their 'best interests' in line with the MCA. People's capacity to make decisions was reviewed on a monthly basis. We found the staff had a good understanding of the purpose and principles of the MCA and had received appropriate training.

Staff spoken with confirmed they routinely asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff asking people for their consent when providing care, for example when supporting people with meals.

The registered manager understood when an application for a DoLS should be made to the supervisory body and how to submit one. At the time of the inspection, she had submitted 12 applications to the local authority for consideration. This helped to ensure people's rights were protected and they could continue to receive the care and support they needed. The registered manager had a central register of the applications and checked progress with the local authority at regular intervals. We noted there was a record in people's support plans to inform staff of the application. Further to this, the registered manager agreed to add copies of the applications to people's files and provide staff with appropriate guidance on how to support people in the least restrictive way. We noted one person's DoLS application had been authorised and information about the arrangements in place had been provided for staff.

Before a person moved into the home, the registered manager or a representative from the management team undertook a pre admission assessment to ensure their needs could be met. We looked at a completed pre-admission assessment and noted it covered all aspects of people's needs. People were encouraged and

supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

Staff spoken with demonstrated an understanding of people's individual needs and were confident they had the knowledge and skills to meet them. We saw staff were provided with a good range of training which enabled them to fulfil their roles. They told us their training needs were discussed during their supervision meetings with their line manager and annual appraisals. Individual staff training records and an overview of staff training was maintained to ensure staff received regular training updates.

From the training records seen, we noted staff had completed a variety of courses relevant to the people they were supporting including moving and handling, equality and diversity, food hygiene, safe handling of medicines, health and safety, infection control, safeguarding, MCA and DoLS, first aid, and communication. Care staff also undertook specialist training which included best practice in dementia care, falls prevention and end of life care. A member of staff spoken with told us they had also completed a course called "Virtual Dementia" training. They spoke enthusiastically about the positive learning they had gained from the course. All staff spoken with confirmed their training was useful and beneficial to their role.

New members of staff participated in a structured induction programme, which included a period of shadowing experienced staff before they started to work as a full member of the team. The induction training included an initial orientation to the service, familiarisation with the provider's policies and procedures, completion of the provider's mandatory training and where appropriate, the Care Certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold.

The registered manager and staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their support plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses, speech and language therapists, the rapid intervention team and advanced nurse practitioners. We spoke with five healthcare professionals during the inspection, who provided us with very positive feedback about the way people's healthcare needs were met. For instance, one professional told us, "The staff are very compassionate and knowledgeable of people's needs. They always make timely referrals" and another professional said, "I really enjoy visiting the home. I have no concerns whatsoever." We noted information was prepared and shared in the event a person was admitted to hospital and the home was participating in the Red Bag scheme. The red bag kept important information about a person's health in one place making it easily accessible to ambulance and hospital staff.

People told us they were satisfied with the food and drink provided in the home. For example, one person said, "I enjoy all the meals and if there is something on the menu I don't fancy, they will make me a lovely salad" and another person commented, "I really like the food. I have never sent anything back." We observed the meal time arrangements on Beech Close on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was cheerful and good humoured. The meal looked well-presented and appetising. The dining room tables were set with clean tablecloths, napkins and condiments. People were offered a choice of meals prior to serving.

We saw the menu was displayed using photographs on each area. However, photographs were not available for all menu options and from a distance it was difficult to see the photographs. The registered manager therefore said she would arrange for the menu choices to be written on a white board alongside the photographs.

All food was made daily on the premises from fresh produce. There were established arrangements in place to ensure the cook was fully aware of people's dietary requirements. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. We noted people's names were displayed on bedroom doors and there were memory boxes outside bedrooms on Beech Close. These included photographs and memorabilia, which had been chosen by the person as something they related to. We also saw adaptations had been made to support people's mobility, for instance the installation of handrails, ramps and grab rails. We observed a 1950's themed room set had been added to a small lounge on Alder Close. The registered manager explained the set would be changed several times during the year.

We considered how the service used technology and equipment to enhance the delivery of effective care and support. We noted where people were at risk of falls they were supported by the use of sensor mats. The home also had Wi-Fi available throughout the building and staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link.

Good

Is the service caring?

Our findings

People told us the staff were caring and kind and they were complimentary about the service provided. For instance, one person said, "The staff are absolutely lovely. I couldn't be treated any better at Buckingham Palace" and another person commented, "It's lovely here. The carers are so sensitive and very kind." Relatives also praised the approach taken by staff. One relative told us, "The staff are very nice. I can say nothing but good things about them" and another relative said, "They treat him as if he was one of their family."

People were supported to maintain contact with relatives and friends. We observed many relatives visiting throughout the days of our inspection and noted they were offered refreshments. Relatives spoken with told us they were made welcome in the home.

We observed the home had a friendly and welcoming atmosphere and throughout the inspection, we saw people were treated with respect and dignity. For example, staff addressed people with their preferred name and spoke in a kind way. In addition to responding to people's requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with them. For instance, one person who had recently returned from hospital told us, "The staff were all waiting for me when I got back. They had their arms open wide and gave me so many hugs. It was absolutely lovely. They really couldn't have been kinder to me."

Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I really love working here. I love the residents and caring for them. It is such a rewarding job." There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. There was information about people's allocated keyworker in their bedrooms. People spoken with were familiar with their keyworker and told us they enjoyed spending time with them. Staff knew people well and understood their needs. Staff were able to tell us each person's routine, preferences and the support they required. They explained they were able to use this knowledge to provide people with person centred care.

Since the last inspection, the night staff had started to wear pyjamas during their shift. The registered manager told us this new approach had helped to orientate people in time and had had a positive impact on all people living in the home.

People's privacy and dignity was consistently maintained. Staff told us they knocked on people's doors before entering, closed doors and curtains when providing personal care and gave them space when they wanted private time in their rooms. People told us they could meet their visitors in private and without interruption, carry out a telephone conversation on their own and receive their mail unopened. Care records were stored safely and securely in a locked cupboard and computers were password protected to keep people's information safe and maintain their privacy. Daily care records showed staff promoted people's dignity by providing support in line with each person's individual preferences and wishes.

Staff understood the importance of promoting people's independence and reflected this in the way they delivered care and support. For example, one staff member said, "It's important the residents maintain their independence as it gives them more choices and improves their self-confidence." Confirming this approach a person told us, "The carers appreciate how independent I like to be and they totally respect this. But they are there if I need them."

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. One person told us, "I really like my room. I have everything I need."

People were encouraged to express their views as part of daily conversations, consultations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were also involved in the support planning process and we saw that some people had signed their plans to indicate their participation and agreement.

People were given appropriate information about the home in the form of a service user guide and brochure. These documents clearly set out the services and facilities available. This meant people were aware of what to expect at the service.

Compliments received by the home highlighted the caring nature of staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance, one relative had written, "I can't thank [registered manager] and her wonderful dedicated staff enough for all the care and support my [family member] receives."

Good

Is the service responsive?

Our findings

People told us they received care that was responsive to their needs and personalised to their wishes and preferences. For instance, one person told us, "The carers do everything they can to help you when you need it" and another person commented, "The carers know me very well and what I like and don't like. I feel very comfortable with the staff." Relatives spoken with felt staff were approachable and had a good understanding of people's individual needs. One relative said, "The staff are lovely. They look after everyone so well."

We looked at the arrangements in place to ensure people received care that had been appropriately assessed, planned and reviewed. We examined four people's care files and other associated documentation. We noted all people had an individual support plan, which was underpinned by a series of risk assessments. The support plans were split into sections according to specific areas of need during both the day and night. The plans were written in a person centred way, enabling staff to respond effectively to each person's individual needs and preferences. We saw records to demonstrate the support plans were reviewed on a monthly basis and were updated as necessary. Staff told us they had ready access to people's support plans and felt confident the information was accurate and up to date.

We noted all files contained a one-page profile and details about people's life history as well as their likes and dislikes. The profiles set out what was important to each person and how they could best be supported. We saw the profiles were displayed in people's bedrooms to remind staff of people's attributes and preferences.

Where possible, people had been consulted and involved in developing and reviewing their support plan. The plans included information about their capacity to make decisions, and also included consent forms signed by the person or their representative about important aspects of their care, for example medicine administration.

The provider had systems in place to ensure they could respond quickly to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. We saw records of the handovers during the inspection.

We saw charts were completed as appropriate for people who required any aspect of their care monitoring, for example, personal hygiene, behaviour, nutrition and hydration and pressure relief. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's support plans. Staff also completed daily records of people's care, which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.

People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. Since our last inspection, an activities care assistant had been employed

to organise and coordinate activities in the home. The activities care assistant and other staff had completed training in OOMPH! (Our organisation makes people happy). OOMPH! is designed to improve people's mental, physical and emotional well-being. The service had a weekly activities planner, which included a variety of activities both inside and outside the home. Activities inside the home included movement to music, dominoes, singalongs, games, manicures and professional entertainment. The registered manager also told us that young children from a nearby primary school visited the service on a weekly basis to participate in shared activities with people living in the home. People told us they enjoyed the activities, for instance one person said, "Last week we had some entertainment. It was really good; we all had such a great time."

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We looked at how the service shared information with people to support their rights and help them with decisions and choices. The registered manager confirmed the complaints procedure and service user guide was available in different font sizes to help people with visual impairments. We found there was information in people's support plans about their communication skills to ensure staff were aware of any specific needs.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There was a complaints policy and procedure in place and people spoken with felt confident to raise any concerns. For instance, one person said, "I would go to the office if I had a problem. They would do their best to sort things out." The registered manager told us she had received one formal complaint over the last 12 months. She was in the process of resolving the issues raised at the time of the inspection.

People were supported in a sensitive and compassionate way at the end of their life to ensure they experienced a comfortable, dignified and pain free death. The registered manager worked closely with the GP, district nursing team and the Macmillan Nurses to ensure people had rapid access to support, equipment and medicines as necessary. All of the management team and several members of staff had completed Six Steps to Success in End of Life Care training and staff had completed end of life care awareness training. The registered manager explained people's relatives were also fully supported by the home and representatives from local churches were contacted depending on people's spiritual beliefs.

Good

Is the service well-led?

Our findings

People, relatives and staff spoken with told us they were satisfied with the service provided at the home and the way it was managed. One person told us, "I think the home is well managed. The staff are organised and know what they are doing" and relative commented, "It's very well managed. The manager and the staff do a tremendous job."

There was a manager in post who was registered with the commission. 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 had responsibility for the day to day operation of the service. We noted during the inspection, the registered manager was visible and active within the home and she interacted warmly and professionally with people, relatives and staff. People were relaxed in the company of the registered manager and it was clear she had built good relationships. Reflecting on the approach of the registered manager, one person commented, "[The registered manager] is brilliant. I enjoy a laugh and joke with her. It's nice we can have a bit of fun. It cheers everyone up."

The registered manager told us she was committed to the continuous improvement of the service. She described her achievements over the last 12 months as strengthening links with the local community, supporting staff to work towards higher qualifications and making improvements to the garden areas. The registered manager also told us about her priorities for the year ahead. These included organising events to enable members of the local community to have a greater involvement with the home and arranging pet therapy. The registered manager had also set out planned improvements for the service in the Provider Information Return. This demonstrated the registered manager had a good understanding of the service and how it could be developed and improved.

There was an effective governance framework in place to ensure that quality monitoring was reviewed and regulatory requirements were managed correctly. The registered manager monitored the quality of service by using a wide range of regular audits and spot checks. These included audits of the medicines systems, support plans, staff training and supervision, infection control and checks on mattresses, commodes and fire systems. We saw action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

Staff felt valued and worked well together as a team. Staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people. Staff said they felt they could raise any concerns or discuss people's care. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities.

People, their relatives and staff members were involved in the service and regular feedback was sought by means of daily conversations, regular meetings, consultation exercises and an annual customer satisfaction survey. Action plans were produced in response to any suggested areas for improvement to ensure that people's views resulted in changes where necessary and possible. Feedback had been given to people using the format "You said, We did." The annual customer satisfaction questionnaire was last distributed in March 2017. The results of the survey were displayed on a notice board. We noted that people and their relatives had provided positive feedback on the questionnaires. For instance, one relative had written, "I have always found the staff responsive to our concerns and proactive in residents' care. The care is very high standard and the atmosphere is warm, friendly and homely" and another relative had written, "I am very happy with Woodside and feel very lucky that [family member] is there."

The registered manager was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. The registered manager also met with the Head of Service at an annual quality and development meeting. We saw an action plan had been developed following the meeting, which the registered manager was working to; this included the development of areas of good practice. The action plan was being monitored by a senior operations manager.

A senior operations manager visited the home at regular intervals and completed a monthly report. We saw the report included feedback from people using the service, their relatives and staff. The report was detailed and included an action plan, which was monitored and reviewed. The senior operations manager also completed a senior manager audit every six months. The senior manager audit covered all aspects of the operation of the home and followed the topic areas of CQC's methodology.

The registered manager had forged good links with the local community and other agencies, which helped to make sure people received care that was reflective of best practice. There was a well-established Friends Group, who were actively involved in raising funds and the profile of the home. The registered manager had also made links with a local company who was providing support to improve the external environment.