Care Quality Commission

Coate Water Care Company (Church View Nursing Home) Limited

Woodstock Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

The inspection took place on 16 and 17 June 2015 and was unannounced.

Woodstock Nursing Home can accommodate up to 28 people who live with dementia. At the time of the inspection there were 22 people receiving care and treatment.

There was a registered manager in place who demonstrated strong leadership. 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 service had been acquired by a new provider in October 2014. A new approach and different administrative arrangements and expectations had

Summary of findings

resulted in period of change. The care and services provided were well monitored by the registered manager using the already established systems in place. One of the provider's Directors visited the service to check on maintenance issues and to oversee the current refurbishment/redecoration. The registered manager's immediate line manager visited regularly to monitor the overall management of the service. Staff however told us they felt unsupported and not valued by the new provider. Relationships between provider and the staff needed to improve for the service to be able to move forward smoothly.

Many of the staff were experienced in delivering dementia care; they had been well trained and kept well informed of current legislation. They supported less experienced and newly recruited staff well. Designated staff supervisions were in the process of being caught up with. A slip in the usual one to one supervision opportunities had not had an impact because staff were good at supporting each other. There were also enough senior and skilled care staff to monitor the practices of less experienced staff so this had not had an impact on care delivery either. Staff were committed to caring for those who lived with complex needs resulting from dementia. The home needed to recruit more staff, in particular nurses which it was trying to do. A shortfall of permanently employed nurses had resulted in additional pressure on the registered manager. Nurse shifts had needed to be covered by the registered manager on top of her usual management tasks. This had resulted in care records being maintained but in a somewhat disorganised manner which potentially could hamper staff being able to find pertinent information. Records of people's activities had not been maintained since March 2015.

We recommended that the service seek advice and guidance from a reputable source, about the maintenance of accurate record keeping

People were cared for with compassion and their needs were understood. People were seen as individuals and their dignity, privacy and rights maintained. People lacked mental capacity and they were protected because staff adhered to current legislation. Staff encouraged simple decision making and supported independence where possible. Risks to people were identified and managed. Where staff required advice or support from external health care professionals, for example, to manage falls and behaviours that could be perceived as challenging, they actively sought this. The service had good working relationships with health specialists and local health services which helped to meet people's needs effectively. People received support to eat and drink and where additional action was needed to help maintain people's nutritional well-being this was taken. People's medicines were managed safely and were frequently reviewed to ensure people were not being over medicated.

The registered manager had additional experience and qualifications in end of life care and therefore there were good arrangements in place to care for people at this time. Relatives told us they had also been exceptional well supported at this time. Arrangements had been made to improve on this area of care further and the service had signed up to complete and attain the Gold Standards Framework in end of life care.

We were told by relatives and staff that activities were usually provided. At the time of the inspection the activities co-ordinator was not present. Care staff were often too busy to really give designated time to this, although we saw some activities taking place in the main lounge when staff were able to give time to this. Unfortunately, records relating to the activities provided to individual people had not been maintained since March 2015. It was therefore difficult for us to make a judgement as to whether meaningful activities had been provided since March 2015 and if these had been of value. Two social events were planned for the summer; a boat trip along the canal and a garden party. The Pets for Therapy (PAT) dog visited during the inspection and was well received. A communion service also took place which is provided on a regular basis. This was well attended and was followed by tea and a chat provided by volunteers. A voluntary gardening scheme maintained the garden but also helped people to garden if they were able or simply just enjoy the garden. One member of staff told us the person they had been looking after had been looking at the garden from the window, so, they had suggested they visit it which the person enjoyed.

Summary of findings

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. People were protected against risks that may affect them because health related and environmental risks were monitored, identified and managed.

Arrangements were in place to make sure people received their medicines appropriately and safely.

People were protected from abuse and their human rights were upheld.

There were enough staff to meet people's needs although the service had staff vacancies which needed to be filled. Robust recruitment practices protected people from those who may cause them harm.

Is the service effective?

Good

The service was effective. People received care and treatment from staff who had received training and who were supported to meet people's needs.

People's rights were protected under the Mental Capacity Act (2005) because staff adhered to the legislation.

People received appropriate support with their eating and drinking and were provided with a diet that helped maintain their well-being.

People had access to health care professionals when they needed it. Staff received support and advice from health specialists in order to meet some people's more specific needs.

Is the service caring?

Good

The service was caring. People were cared for by staff who were caring and compassionate and people were treated as individuals.

Staff were adopting a person centred approach to care and were being supported to deliver this.

People's dignity and privacy was maintained.

Staff helped people maintain relationships with those they loved or who mattered to them.

Is the service responsive?

Requires Improvement

The service was not always able to be responsive. Records were disorganised in places and not always well maintained.

Activities were provided but it was difficult to ascertain if these had been meaningful and of value to the individual person.

Care plans were personalised and the care delivered was in line with people's care plans.

Summary of findings

People were involved in making decisions about their care. Where people were unable to do this their representatives did this on their behalf.

There were arrangements in place for people to raise their complaints and to have these listened to, taken seriously and addressed.

Is the service well-led?

The service was well-led by the registered manager but staff were struggling with the new provider's arrangements, approach and expectations. This needed to be resolved in order for the service to positively move forward and for staff to feel more valued and supported.

The registered manager provided staff with strong leadership and the support they needed to carry out their work.

Already well-established quality assurance systems enabled the registered manager to monitor the quality of care provided and drive improvements. It also helped her respond to the information the provider required.

The registered manager and staff were open, willing to learn and worked collaboratively each other and other professionals to ensure people's needs were met in the best possible way.

Requires Improvement

Woodstock Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on 1 and 2 June 2015 and was unannounced. It was carried out by one inspector.

Before 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. We looked at information forwarded to us about significant events. We also reviewed information forwarded to us by members of the public. We requested the views of some health care professionals who visited the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with one person who uses the service and three relatives. We spoke with 5 members of staff including the registered manager and a representative of the provider. We reviewed seven people's care files which contained care plans and risk assessments. We also reviewed a selection of records relating to other people. These included wound care records, medicine administration records, weight records and authorisations and referrals under the Deprivation of Liberty Safeguards. We reviewed the recruitment records of three members of staff. We also reviewed a selection of records relating to the management of the service. These included a selection of policies and procedures, quality monitoring audits, management actions plans, complaint and compliment records, the staff training record and a selection of maintenance records.

We asked the registered manager to forward us information about people's participation in activities because this could not be located during the inspection. We successfully received this.

Good

Is the service safe?

Our findings

People were kept safe because the service had policies and procedures in place which were designed to do this and which were followed by the staff. People were protected from abuse because staff had been trained to recognise abuse and report any incidents of concern. The service had a policy containing procedures on safeguarding people. The registered manager was also aware of the local County Council's wider protocol for protecting people. The service therefore appropriately shared information of concern with other relevant agencies in order to safeguard people. One member of staff explained , although the majority of people would not be able to explain if they had been treated in an abusive manner, staff were vigilant and aware of the need to look for potential signs of ill treatment. For example, they included unexplained bruising or changes in behaviour or mood.

People were protected from those who may be unsuitable to care for them. Staff recruitment records showed appropriate checks were carried out on staff before they started work. The registered manager used appropriate procedures, when needed, to address poor staff performance and practice.

There were sufficient numbers of staff to meet people's needs. However, during the early evening, when staff were helping people to bed, seven people in the lounge/dining area were unsupervised for 15 minutes. On this occasion this did not have a negative impact on people. The registered manager was aware the evening time was a busy period and one extra member of staff worked between 5pm and 10pm for this reason. They explained that three admissions had taken place just prior to the inspection. They told us it was therefore likely that they would need to review the staffing numbers with the provider; certainly if further admissions took place or if people's needs increased. Additional staff were needed and vacancies were being advertised. In particular, a shortfall in nurses had needed to be managed. The registered manager explained for the time being care staff were picking up additional care hours and she was covering vacant nurse shifts. Agency staff were only used when it was unavoidable to cover the shifts in another way. The registered manager explained the current arrangement of her regularly covering nurse shifts could not be a long-term arrangement.

People were unable to talk to us about their medicines because they lived with dementia. People's medicine administration records, the registered manager's recorded quality monitoring checks and our observations confirmed people received their medicines appropriately. Staff who administered medicines had their competency in this task checked. Audits showed that all medicines were stored safely, medicines delivered to the home were checked on delivery and stocks of medicine tallied with the records kept. Reviews by appropriate health care professionals were requested and carried out to ensure people were not subjected to excessive or inappropriate control through the use of medicines. It was the service's philosophy that people should be cared for a treated in the least restrictive way.

Medicines to be used 'when required' had additional guidance for their use. This was to ensure other options were considered before these were administered. One person had been refusing their medicines and had been assessed as lacking mental capacity to understand why these were needed. Appropriate professionals had made a decision, in the person's best interest that their medicines had to be administered in order to maintain their health and well-being. A best interest decision had therefore determined that the medicines were to be administered covertly (hidden in food or drink). This decision had been recorded and there was clear guidance for staff to follow. Arrangements were in place with the local GP surgery for people to have access to medicines required at the end of their life. The registered manager had additional qualifications in palliative and end of life care and was able to identify when these were needed and administer them.

Risks to people were identified and managed. These included risks such as developing pressure ulcers, falls and losing weight. Depending on the outcome of appropriate risk assessments people were, for example, provided with different types of pressure relieving equipment and appropriate care. Some risks were related to behaviour which could be perceived as challenging and for these situations there were behaviour management plans in place for staff to follow.

Arrangements were in place to minimise environmental risks. For example, a fire safety risk assessment had been

Good

Is the service safe?

completed by a person qualified to do this. Other regular maintenance checks and servicing of equipment was carried out in order to keep people safe. An untoward emergencies contingency plan was in place.

Accidents and incidents were monitored and likely risks associated to these identified. The service had worked closely with local health care professionals to reduce the number of falls people had. This project had included assessments by physiotherapists and occupational therapists and a review of people's medicines had taken place.

Good

Is the service effective?

Our findings

One relative said, "The staff are wonderful the most important thing is they look after the whole person, not just their physical needs". They told us, in their own experience, they felt staff went "over and above the call of duty" to ensure their relative had been cared for and that they, themselves, received support. When talking about their relative's care and how staff delivered this another relative said, "The staff are pretty good really". The one person we were able to speak with about their experiences of living in Woodstock said, "It seems pretty reasonable here, they look after me well". A health care professional told us they had "full confidence" in staffs' abilities to manage people's complex needs attributed to their dementia.

People's needs were met by staff who had completed training which enabled them to carry out their tasks safely. The majority of staff had completed specific training and qualifications relevant to the needs of the people they supported. The Provider Information Return (PIR) told us that staffs' personal development plans were monitored by the registered manager to ensure staff received the training and support they needed. All staff received full induction training when they first started work. This included checks on various competencies related to care. On-going competency checks were carried out thereafter. The registered manager had plans in place to introduce the new national Care Certificate (a set of standards introduced to support all new care staff deliver care to a recognised standard). One member of staff was receiving support because although experienced they had previously worked in a hospital setting. The registered manager had devised a specific support plan which would help this member of staff learn about relevant legislation and best practice in a care home setting. The member of staff told us they felt really well supported. Another member of staff told us they were provided with lots of training and support. They told us they were always learning from the registered manager and the more experienced care staff had taken time to explain things to them.

We attended a staff hand-over meeting where staff discussed people's needs and behaviours in a professional manner. Their discussions demonstrated they knew the people well. Where they did not, for example, people who had just been admitted, information about these people was passed on. Staff were also aware of current legislation and its relevance to the people they cared for. For example, they were aware of the conditions of one person's authorisation under the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission has the responsibility to monitor the implementation of the Mental Capacity Act (MCA) 2005 and DoLS. People who lacked mental capacity were protected under this legislation because the registered manager ensured the MCA code of practice was adhered to. They told us most people lacked mental capacity to make specific decisions about their care and treatment. Completed mental capacity assessments showed this to be the case. Where it had been necessary to make decisions on people's behalf, about their accommodation, care and treatment this had been done by adhering to the relevant legislation. Best interest decisions had therefore been made by appropriate professionals and these had been recorded. Where people were deprived of their liberty, in order to ensure they received the care and treatment they required, formal authorisations from the local county council (the supervisory body) were in place. On-going reviews were carried out by the registered manager in relation to the degree of control and supervision people received in case a DoLS referral was needed. Where the formal authorisation had not yet been received from the supervisory body, the supervisory body's guidance was followed to ensure people were deprived of their liberty lawfully.

Staff tried to obtain people's consent/agreement before delivering care or treatment. One member of staff told us, even though people may not be able to verbally express consent/agreement this was often implied. For example, a person may happily hold out their arm for it to be washed or go with staff to be bathed. Records stated when people had refused care or treatment and this was acknowledged and respected by the staff. When talking about how personal care was delivered one member of staff said "we never force anyone to do anything they do not want to do, we can't, but you can usually talk the person around, even if your return later and try again". The member of staff was aware that best interest decisions needed to be in place if people needed care and treatment but could not in any way show they consented/agreed to this.

People's care records showed they had access to support from external health care professionals when needed. The Provider Information Return (PIR) told us the local GP

Good

Is the service effective?

surgery provided the enhanced service which meant a designated GP visited the home on a regular basis to review people's health needs. Additional visits were carried out in-between if needed. The registered manager had direct access to mental health specialists where advice about or a review of a person's needs could be requested. The local Care Home Support Team provided support to staff and access to specific health care specialist such as physiotherapists and speech and language therapists. People also had access to professionals that provided foot, eye and dental treatment.

People were provided with the support they needed to eat and drink. One relative told us they thought the cook was "outstanding" because they provided food that seemed to suit everyone's needs and tastes. The cook had additional knowledge in relation to the nutritional needs of people who lived with dementia. They were aware of who required additional calories and how to fortify foods to achieve this. They were aware of how to provide food for people with swallowing problems and how to provide the correct consistency of food, for example a soft or pureed diet. Snacks and finger foods were also used to build up calorie intake. Everyone's weight was assessed monthly and sometimes weekly if needed. If a decline in weight or loss of appetite presented itself this was monitored and the GP informed. People's care records showed that action had been taken in such situations. This varied from a slight adjustment to how much support someone received at a mealtime to the prescribing of nutritional supplements.

Good

Is the service caring?

Our findings

One person was able to tell us about their experiences of living in Woodstock. They said, “The staff are lovely”. One relative told us they could not speak highly enough about the staffs’ kindness and the compassion shown to their relative. Another relative told us “staff score high in relation to their patience, caring attitude and willingness to help anyone”. A health care professional told us they always found staff to be "professional and caring".

Staff were observed to be kind and patient with people. We found staff communicated with people in a way they could understand. One member of staff told us they needed to communicate slowly with the person they were looking after. This member of staff had a good understanding of the problems the person was presenting with. They told us the person needed to be given time to verbally respond to questions or suggestions so as to avoid frustration and anxiety. Another member of staff was seen to use gestures to reinforce what they wanted the person they were with, to do. Staff helped people to feel included, for example, a member of staff prompted one person to pull their chair up and join two other people for snacks in the evening. Another member of staff knelt down beside a person so they could have better eye contact and a better connection whilst explaining something to them. Staff demonstrated warmth and affection when they communicated with people. They showed that the people they cared for mattered to them.

The registered manager promoted an approach which looked at the whole person and ensured the care delivered was personalised. One health care professional told us that staff "go the extra mile" to provide people with "individualised and tailored care". This approach was successful because the staff understood the value of this to the person. They could provide this because efforts had been made to find out information about the person so they could get to know them. For example, their life histories, preferences, likes and dislikes and what had been important to them before they had become ill. This was usually gathered from the person if possible but usually those close to them. They were aware of what triggered happiness and what caused distress. This information helped to inform people’s care plans and determined how each individual’s care was delivered.

People were supported to make simple day to day decisions, for example, what they wanted to wear, eat and how they wanted to spend their time. Staff were observed listening to people’s answers and accommodating their wishes. When people wanted to be, and when they were able to act spontaneously or independently, staff supported and encouraged this. For example, people were free to use the garden and for one person arrangements were being made to make this experience more meaningful to them. Another person played their own musical instrument and when they did this we observed staff giving them praise and encouragement. People were able to take independent walks outside of the home if they were physically and mentally able to do this. If not staff provided support to do this. One health care professional told us it was the "goodwill and enthusiasm" of the staff that enabled one person in particular to retain their independence.

Family and friends were able to visit without restriction unless restrictions were lawfully in place to maintain a person’s well-being or to protect them. People who mattered to those who lived in Woodstock were welcomed. We found examples of people’s human rights to a private and family life being supported and respected without judgement. We also saw staff providing specific support to relatives. One relative found their relative’s current state of health distressing and reassurance and explanations were given in a caring and compassionate way. Another relative wished to be involved with elements of their relative’s care most days and staff supported this.

We found people were treated with respect and their privacy and dignity was maintained. One member of staff had the role of dignity champion and it was their role to ensure these values became part of everyday practice. The importance of maintaining people’s privacy and dignity was threaded throughout the training given to staff and guidance in people’s care plans.

One relative told us these values were very much in practice at the end of their relative’s life. They told us staff supported them to have time alone with their relative, after they had passed away, in a way that was meaningful to them. This relative told us staff treated their relative with respect after they had passed away and had treated them personally with kindness and compassion. The registered manager had registered the home for the Gold Standards Framework program in end of life care. This would provide

Good

Is the service caring?

formal and specific training to staff in end of life care. People already benefitted from the registered manager's additional qualifications in palliative and end of life care. As they kept their practice current they had links to relevant professionals who could provide guidance and clinical supervision when needed. People's end of life wishes and advanced care planning was already used to help plan people's end of life care.

Requires Improvement

Is the service responsive?

Our findings

Relatives and representatives had opportunities to contribute to the planning of people's care. Where possible relatives were involved in reviewing this care and were kept up to date with any changes to it. Staff valued the information and involvement family and friends provided in order to be able to personalise their care delivery. Care plans gave guidance on how people's care should be delivered and care was delivered in line with the written care plan. Amendments had been made to care plans and other care records when people's needs had altered.

A visiting professional commented that sometimes the information they required to complete their visit was difficult to locate or filter out from the records held. However, after speaking with staff, relatives and the registered manager, about people's care and treatment, they did get the information they required. We found records were kept of people's care and treatment although they were collectively rather disorganised. An example of this was seen with people's weight records; this was recorded but in several different places and not always on the relevant documents in people's care files. This was rectified by the end of the inspection. Another health care professional confirmed they found records to be helpful and relevant. Information about the stated conditions of people's Deprivation of Liberty Safeguard authorisations were present but not kept in people's care files for easy access by the staff. However, the staff were aware of the conditions of the one authorisation in place. Although there had been no negative impact to people this disorganised arrangement could potentially hamper new and agency staff in being able to locate pertinent information.

Staff hand-over meetings however were fairly thorough in content and a good standard of verbal information was passed between staff. We witnessed one such hand-over with a good level of information being passed between a permanently employed nurse and an agency nurse. Records relating to what activities people had taken part in stopped being maintained in March 2015, although we were told activities were provided.

The registered manager acknowledged that people's care files needed "sorting out". They explained that the preferred monthly review of all care plans and risks assessments had not always taken place recently. A lack of permanent nurses had resulted in the demise of the "named nurse system" (used in Woodstock to formally allocate responsibility to individual nurses for the reviewing and up keep of care plans and health assessments). It had been predominantly down to the registered manager to keep all care records up to date. They told us although they amended the care documents when needed, to keep the monthly reviews up to date had been impossible. There was however one additional new nurse and another soon to be working in the home so they were confident the "named nurse system" would soon be reinstated and the problem resolved.

Care records were held securely and in a format that staff were used to working with. People's care records were in the process of being transferred on to the provider's electronic system, which was secure but staff were going to need training to access these. This support would be planned once the information was transferred.

A key worker system was in place. Key workers in Woodstock provided a designated member of staff, for relatives in particular, to have contact with if they wanted this. This member of staff checked, for example, that people's clothes were available; the same with toiletries and other needed items. Care champions took responsibility for promoting best practice in various areas of care. They were there to support staff and to ensure they could be responsive to the needs of people in their particular area of responsibility. For example, the wound care champion supported staff in identifying potential risks to people's skin and in managing simple wounds. They also ensured relevant information was communicated to the nurse on duty. Another member of staff was a dementia care champion and their focus was to promote and encourage best practice in dementia care. The service had links with a local dementia lead forum. This helped staff who were leads in dementia care in their service support other staff to be more responsive to this particular area of care.

The activities co-ordinator was not present during the inspection so care staff were responsible for providing activities when they were able to do so. We found they had very little time to do this during the day. In the evenings one member of the care staff had designated time to provide an activity in the lounge. This included activities such as group conversation, listening to music or a sing along. We did observe people enjoying an arts and crafts

Requires Improvement

Is the service responsive?

activity, listening to music and staff encouraging people to sing. We were told of plans to install an exercise bar to help some people carry out their exercises. In the garden a bus stop was to be erected to enable another person to enjoy the outside in a way that was more meaningful to them. A link with a voluntary gardening group had meant people had been involved in gardening tasks or could be supported to just enjoy the garden. People who wanted a daily newspaper had this delivered. One person told us this was important to them so they could keep up to date with the news and they enjoyed the crossword. They said "It can keep me busy all day".

Social activities were planned for the future and the home was to hold its annual summer garden party and a trip on the local canal was booked. The registered manager explained that it was important for people who were able to do so to remain actively involved in any social activities they had in place before their admission. One example was discussed and it was planned that staff along with the family would support one person to attend their community based activity for as long as the person was able to cope with it. Future plans also included installing a permanent structure which would look like an older style corner shop. People would be able to buy small items, tissues, soft drinks and sweets and this would also be used to encourage reminiscence and conversation.

People's representatives were provided with information on how to raise complaints during the admission period. An open door policy enabled people to discuss their concerns or worries early on so these could be resolved. People were given the registered manager's direct contact details (mobile telephone or email) in case they wished to discuss anything with them urgently. The service had received three complaints/concerns since the end of 2013. All had been responded to within the complaint's policy time frame. These had included, a verbal complaint about fixture and fittings having not been re-hung following decoration. This was resolved quickly by the maintenance team. Concerns relating to staffing numbers and the use of agency staff were also verbally raised by a relative. This was addressed by the registered manager explaining that they always tried to book the same agency nurse for continuity and the recruitment drive continued. These verbal concerns had not been recorded.

The third situation had taken place while the registered manager was away but had been managed and recorded. A breakdown of the lift had resulted in some people not being able to access their bedrooms at night. Concerns were raised about a person's lack of privacy, dignity and safety at this time. For safe moving and handling reasons some people could not access their bedrooms and alternative arrangements had to be made. People's dignity and privacy were maintained as best as possible under the circumstances. Concerns were also raised about a lack of staffing numbers. The lift was mended as soon as possible and learning from this situation found that communication with relatives, about the decisions having to be made at the time needed better communication and explanation. A lack of staff numbers, in this case, had been caused by last minute staff sickness and was resolved by other staff, from the sister home, being transferred to Woodstock. Learning from this established that planned training due to take place should have been postponed in order to free up staff to cover the absent staff. This showed that people's complaints and concerns had been listened to, responded to in the best way possible and that learning had been identified for the future.

We recommend that the service seek advice and guidance from a reputable source, about the maintenance of accurate record keeping.

Requires Improvement

Is the service well-led?

Our findings

The registered manager provided strong leadership which staff respected and followed. Staff told us they were very supported and encouraged by her and by the administrator. Staff had a sense of ownership and told us they were proud of their work. The care staff had been nominated by the registered manager for a local care award. Many other services in the county applied. The award was for "care team of the year" and Woodstock Nursing Home's staff were awarded runner up. One member of staff said "I was so proud of us".

The registered manager told us their personal goal was to give as best as they could in whatever they did. They however felt the provider's expectations of them personally were stretching them too thinly. They did not feel that the current way of working could be sustained long-term. Difficulty in recruiting nurses had resulted in the registered manager needing to cover absent nurse shifts. There had been an expectation that the registered manager would do this rather than use agency nurses. The registered manager said they were happy to cover nursing shifts rather than use agency staff who did not know people's needs, however, this was having an impact on their ability to complete their management tasks. They said it was a situation that needed resolving.

Staff told us they did not feel valued by the Directors of the company and this had resulted in low morale. Staff were also concerned for the registered manager who they knew was working too many hours. One member of staff said, "The staff and manager are like my family". The registered manager's wider vision and values, which included wanting to deliver the best care possible for every individual and for this to be done in a professional and caring way, was still the common goal for all staff. However, one member of staff said, "We all try to do our best but it is not a happy place right now". The registered manager explained they were trying to support staff through the changes.

Staff had been actively involved in developing the service. They told us the registered manager usually asked for their views and ideas and issues were openly discussed in larger staff meetings or daily hand-over meetings. The registered manager told us they wanted staff to be involved in decision making because they wanted them to feel empowered and to have a sense of ownership. They said they wanted staff to feel listened to and valued.

The service was experiencing a change in systems and approach under the new provider. A large amount of the administrator's time was spent transferring records, including staff rosters and care records onto the provider's electronic system. Where the registered manager felt the existing and well established systems worked well for the service she wanted to retain these for the time being. These included the current auditing system, copies of original staff rosters and the paper format of people's care records. We were told that some positive changes were taking place, in the environment, which included refurbishment and redecoration. The registered manager had been keen to ensure that people, who were able to, had been supported to make some choices in relation to this. Therefore time had been spent, with people's representatives, choosing wallpapers and colours for the lounge areas, which were almost completed.

The registered manager was aware of the regulation of Duty of Candour that came in under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in April 2015. They told us they had always operated in an open and transparent manner, communicating honestly with people and relatives when things had not gone to plan or when mistakes had occurred. They said they had always taken this approach when dealing with complaints or concerns for example. This regulation also includes transparency of record keeping and performance outcomes.

The registered manager told us they viewed the people they cared for, their relatives and the staff as "one family". They said, "However challenging a situation may be we work together to resolve it". One relative told us how the registered manager promoted a family atmosphere and how they had always been well informed of things. The registered manager told us they encouraged staff to challenge each other's practices. They had also recently asked for constructive feedback on their own leadership skills. One member of staff spoke to us about this, confirming this request. They said, "she is a really, really good manager but she needs to delegate more, let the staff help her out more." The registered manager was aware this was an area they needed to work on although they knew staff were already very busy.

This year the views of people's representatives had been formally requested by questionnaire in February 2015. All relatives had responded and the feedback had been

Requires Improvement

Is the service well-led?

positive. A request for a "fry up breakfast" at the weekends had been made and this was now provided. A staff survey was carried out in January 2015. Other questionnaires were used to obtain people's views. In August 2014 the views of professionals were sought and this had been positive. The views of those who live at Woodstock were due to be gathered. These were to be collected from people who were able to express their views on a one to one basis.

The registered manager had signed up to the Alzheimer's Society's Inspiring Leadership programme. This program supported good leadership in dementia care. We were shown the 50 point check list to person centred care, which the registered manager planned to use to assess the service's performance. They were confident that the service delivered personalised care but wanted to use this tool to formally assess performance and identify where further improvements could be made. We saw a selection of other audits which were carried out by the registered manager and the administrator on a monthly basis.

The provider requested a "manager report" each month. This asked for specific information for example, numbers of deaths, admissions to hospital, numbers of pressure ulcers being treated and accidents and incidents. It also asked for information relating to care plans and policy and procedures which is why the registered manager wanted to retain the already established system for auditing. Visits by a representative of the provider were carried out monthly where information in the "manager report" was discussed. The registered manager had been unaware of the need for the "manager report" up until last month so only one had been completed. We were told there had been no actions generated from this. A representative of the provider told us the "manager report" was seen by the Directors. If they felt there were required actions these would discussed with the registered manager by the provider's representative.

The registered manager told us they also carried out additional monitoring checks and kept their own actions plans, which they used to plan and implement improvements. Examples had included the need for care plan reviews to be updated but also for the need for care plans relating to medicines prescribed to be administered "when required". Some required improvements in how staff were completing some additional care monitoring charts had been identified. Through this process and then by telling staff about their findings the registered manager was able to help staff understand why it was important for these records to be accurate. Improvements had subsequently been seen in the completion of people's repositioning charts and in the content of the records used to identify "triggers" to people's behaviour that could be perceived as challenging. It was important to get this detail correct as visiting professionals made decisions based on these records about people's treatment. The Provider Information Return (PIR) told us that the registered manager planned to implement a more thorough method of monitoring end of life care and records relating to this. This was going to be implemented as part of the Gold Standard Framework in end of life care.

The registered manager met the Care Quality Commissions requirements in notifying us of significant events and communicating with us when needed. Staff and the management team were helpful during the inspection process and viewed it as a positive process.