

Tailored Transitions Ltd

Woodside

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

About the service

Woodside is a small residential care home without nursing that provides support for up to four people aged 18 to 65 with complex medical, physical and learning needs. It is located in a purpose-built bungalow with a large level-access garden. At the time of our inspection the home was providing support to four people.

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 service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Staff promoted choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's relatives and professionals were unanimously positive about the level of care people received at Woodside, which had met and exceeded their expectations.

The home worked with people and their relatives to plan and coordinate a smooth transition to the home and provide responsive care when living there.

People's quality of life and health outcomes had improved on moving to the home. Relatives told us about the positive impact the home had had on their family members' lives and their own as a family. Relatives felt that they could now look forward to the future with their family members supported by skilled and attentive staff.

Staff had a good understanding of people's needs, risks, abilities, achievements and aspirations. This had helped them explore creatively with people, their relatives and relevant professionals how to minimise risks to their safety in the least restrictive ways and support people to lead fulfilling lives free from barriers.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had helped create and maintain an open, supportive and homely culture where people, staff, relatives and professionals were viewed as equal partners in delivering high-quality care. In one of the frequent surveys the home carried out a professional had fed back, "It is rare to find such a committed and pro-active team offering such high-quality care."

Relatives spoke positively about the registered manager with one relative commenting, "From the minute we met [name of registered manager] we knew we had made the right choice."

Although the provider's registration was not reflective of the activities they provide, once identified the provider took immediate action to correct this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 8 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Woodside

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Woodside 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since its registration with CQC. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

As the four people who live at Woodside were non-verbal, 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 with us. We spoke with one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, team leader and three care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies, procedures and survey feedback from health care professionals.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received email feedback from a social care professional and spoke by telephone with three more relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People received a safe service from staff who had received safeguarding training and understood the signs and symptoms that could indicate a person was experiencing harm and abuse. Although people were unable to verbalise their views, their relatives said they felt confident their family members were safe at Woodside. One relative said, "I definitely feel [name] is safe here. No doubt about it."
- People had risk assessments specific to their needs, such as epilepsy and enteral feeding (which is through a tube inserted directly into a person's stomach). These included steps for staff to take to help ensure the identified risks were minimised.
- General environmental risk assessments had been completed to help ensure the safety of the people, staff, relatives and visiting professionals. These assessments included: water temperature, legionella, electrical systems, gas safety and home security.
- Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. Staff had received fire marshal training. People had personal emergency evacuation plans which guided staff on how to help them to safety leave the building in an emergency.
- The registered manager analysed all accidents and incidents to find out what had happened, the cause, identify themes and determine the actions required to help reduce the risk of a re-occurrence. This had included a planned hospital admission. Staff reflected on the experience to consider what went well and what they could do differently next time. As a consequence, the person's most recent hospital admission had been a much more positive experience.

Staffing and recruitment

- There were enough suitably trained staff to meet people's needs without rushing or compromising safety. A relative said, "[Name] needs consistency and gets that here."
- Robust recruitment practices helped ensure staff had the required skills, experience and good character to support the people living there.

Using medicines safely

- People's medicines were managed safely and were only administered by staff who had received appropriate training and ongoing competency assessments. A staff member said, "Medicines training was very comprehensive."
- People received their medicines on time. Medicines administration records were complete and legible apart from two where we noticed topical cream opening dates had not been added although they had been written on the packaging. We raised this with the team leader and they immediately resolved this.

- The home had safe arrangements for the ordering and disposal of medicines. Daily temperature checks were completed. Records were up to date and showed medicines were stored within acceptable temperature ranges.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Staff monitored whether these medicines were beneficial and sought advice from peoples' GPs if this was not the case.

Preventing and controlling infection

- The home was visibly clean and odour free. The home environment was in a good condition and well maintained. A relative said, "It's so clean there."
- Staff had received infection control training and were observed making appropriate use of the available personal protective equipment such as gloves. Staff wore bottles of hand sanitiser to ensure it was always available when required.
- In March 2019 the home received a Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were rated as 'very good'.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had thorough pre-admission assessments that supported their move to Woodside. This included extensive planning and coordination to ensure a smooth transition from other services or home.
- Relatives were unanimously positive about their family members' transitions to Woodside. One relative had fed back, "[Name] has transitioned in to the home amazingly well. The team are amazing and I'm sure [name] will be very happy here." Another relative told us, "It's made a vast difference [name] moving here. [Name] has been more alert, smiling and happy since moving here." The registered manager said, "We pride ourselves on supporting smooth transitions."
- The home was keen to secure good outcomes for people in the least restrictive ways possible. A relative said, "They [staff] are very professional and thorough." Another relative expressed, "[Name] was medically deteriorating before Woodside. They [staff] have [name's] seizure activity more under control. I'm settled now as [name] is fine and happy. It's given us as a family our quality of life back."
- Support plans reflected evidence-based practice. This included helping people with their oral hygiene, epilepsy, medicines, and positive behaviour support. Staff were attentive to people's needs, including effective and timely pain management. Staff demonstrated intricate knowledge of the subtle ways people communicated pain, discomfort or pleasure, whether vocally or via their body language.

Staff support: induction, training, skills and experience

- Staff received an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A relative said, "I don't know how they identify such staff. The staff are incredible."
- Staff received training in areas such as epilepsy, communication, emergency first aid, mental capacity, moving and handling and dignity. A relative said, "I know staff are all trained well. They really care, are enthusiastic and willing to learn." A staff member commented, "The training here is very thorough and puts you in the person's perspective." A social care professional expressed, "[Name of registered manager] is incredibly thorough in her training of staff in order to maintain high standards."
- Staff received regular supervision and performance appraisals. This provided them with an opportunity to discuss changes in people's needs, reflect on their practice, and consider professional development and regulatory changes.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were known and met. This included where people had allergies or intolerance to certain foods or were on safe swallow plans created by speech and language therapists.

- Positive meal times were promoted. People at risk of poor dietary intake had food and fluid charts. These were detailed and complete. This had led to two people, who had not previously had a good experience with food, gaining weight. A relative said, "[Name] was losing weight before moving to Woodside. [Name's] been putting on weight, which we're delighted with." Another relative mirrored this positive outcome when telling us, "A massive thing for [name] and us is they sorted out [name's] diet. [Name] has put on one stone in a year."
- People who required staff support to eat were helped in a way that maintained their dignity and ensured their meal times were enjoyable. Support was at the person's pace and included encouraging and meaningful conversation.
- Some people had their nutrition through an enteral tube. This is a tube that goes directly into a person's stomach. Staff had received specific training on how to manage this.
- Where required, people had adapted equipment such as plates, beakers and cutlery. This enabled people to be as independent as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood the importance and benefits to people of timely referral to community health and social care professionals to help maintain people's health and well-being. People had been supported with visits to or from healthcare professionals including GPs, community learning disability nurses, physiotherapists, dieticians and dentists. A social care professional fed back to us, "Staff are responsive to requests, work well in partnership with families/social care/health and education - attend all meetings and always support the statutory visiting pattern in place."
- The registered manager had introduced a communication book that accompanied people on their visits to health care services. Staff had encouraged professionals to record in the book the support and advice provided, and any follow up actions required. This helped ensure important information was retained, shared and acted on consistently.
- People had annual health checks as per best practice for people with a learning disability.
- Management recognised and promoted the importance of supporting people's oral health. People had personalised oral health support plans. Daily notes confirmed people received the necessary support with this.

Adapting service, design, decoration to meet people's needs

- People's and their relatives' views had been sought during the renovation of the home. People and their relatives were involved in the design and layout of rooms and had joined the registered manager on site visits. This approach had given relatives a real sense of involvement and emphasised Woodside was viewed as their family member's 'forever home.' One health care professional had expressed, "The environment is very pleasant – bright and airy." A relative described the home environment as "brilliant."
- The home's open-plan design supported freedom of movement and allowed for good lines of sight. A relative said, "The layout works really well."
- People had received support from relatives and staff to personalise their rooms. People's rooms were spacious, bright and contained items such as toys and photos which were important to them. A member of staff's relative had embroidered personalised name tags for people's doors which captured their interests and achievements. This was an example of the emotional and practical contribution people and their relatives had made to the home.
- Each person had a ceiling track hoist in their bedroom, which meant staff could help them to transfer safely and with dignity. A ceiling track hoist was also available in the main lounge. We observed staff using this equipment confidently.
- People had access to a secure, level-access garden with a large patio, lawn and surface-level trampoline.

The registered manager told us there were plans to create a sensory area.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People at Woodside were living with a learning disability, which affected their ability to make some decisions about their care and support.
- Although staff had received training in mental capacity, with guidance about this also available on the staff noticeboard, some staff were not confident in the principles of the MCA. We raised this with the registered manager who said they would revisit this with staff at the upcoming team meeting. However, staff were able to tell us the practical steps they took with people which were in line with the principles. For example, staff took the least restrictive approach when ensuring a person's chest strap was on when out in the community but off when in the safer home environment.
- Mental capacity assessments and best interests meetings had taken place where appropriate, with involvement of all relevant parties. These had included decisions around: moving to Woodside, personal care, overnight video monitoring, sleep systems, use of bedsides, wheelchair harnesses and magnetic entry furniture.
- Where people lacked capacity, consent had been given on the person's behalf by relatives with the necessary legal authority to do so. Supporting documents were held on people's files.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Due to people's communication needs we were unable to obtain their views but we observed each person smiling and vocalising positively whenever they interacted with staff.
- People were supported by staff who were extremely kind, caring, compassionate and attentive. A health care professional had fed back, "Staff are always interacting with the residents. The care the residents receive is exceptional." A relative commented, "The staff are kind, considerate, respectful and very careful."
- People were supported by staff who had got to know them well. This enabled positive and natural interactions often punctuated with humour and big smiles. Every six months staff took part in a 'How well do you know Woodside?' quiz, which helped to emphasise the benefits of having an in-depth knowledge of the people living there.
- People's cultural and spiritual needs were respected by staff who had received training in equality and diversity. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.

Supporting people to express their views and be involved in making decisions about their care

- People living at the home were non-verbal. Decisions about their care and support were based on a robust understanding of their body language and vocalisations alongside regular discussion with their relatives.
- Relatives felt included and involved in decisions affecting their family members' lives and had developed relationships with staff that supported communication. A relative told us, "Communication is excellent. We get two emails a week and information from [a social media app]."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld at all times and was a key consideration. For example, we observed staff immediately adjusting people's clothing after supporting them to transfer using the ceiling track hoist in the lounge. When out in the community people's medicines were held discreetly for their dignity and security. To help maintain people's privacy and dignity when being supported in a shower room there was a curtain that could be pulled across the doorway. This provided added protection as it meant if the door was opened the person's privacy and dignity was still maintained. A social care professional expressed, "Dignity, respect and inclusion [are] at the heart of their interventions."
- Staff understood the importance of supporting people to be as independent as possible. For example, one person was encouraged to be involved in their enteral feed via hand over hand support. One staff member explained, "Doing everything for someone is never going to work. Supporting people to be independent can give the person a huge sense of well-being and purpose."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives were positive about the care people received and the impact it had had on their lives. Two relatives told us, "I'm confident the care is top class" and, "We feel we can look forward to the future." Another relative had fed back, "[Name] has never been happier or more fulfilled in [name's] life and is going from strength to strength. All any parent wants is for their children to feel happy, safe and loved. [Name of provider] meets all of those needs and more." The positivity about people's outcomes was shared by visiting professionals with one commenting, "I've known two of the residents for several years and this is the happiest I have ever seen them."
- People and their relatives were supported to be active participants in their care plan reviews. Their contributions were valued and seen as fundamental in tailoring care to people's needs. . A relative told us, "I go to all the reviews. Woodside has made a huge difference to [name]. [Name] has come on leaps and bounds. [Name] is so happy now." People had detailed care plans. These documented people's needs, background, abilities and preferences. Support areas included: pain management, use of oxygen, daily exercises and colostomy care. This meant staff were able to meet people's unique needs.
- Staff demonstrated a good understanding of each person's needs, abilities and preferences. This had enabled people to be active participants in their day to day care and live fulfilling lives. A relative said, "They [staff] know [name] and understand [name's] needs. [Name] living here is brilliant."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to participate in a variety of activities in the home and community tailored to their interests and goals. These included education and social activities for example: a specialist school, day centres, swimming, online yoga, trampolining, pantomimes, community fundraising events, parties and a recent five-day residential holiday. A relative said, "[Name's] calendar is more full than mine!"
 - Staff actively considered how to address and overcome barriers due to disability and how complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. This demonstrated the staff team's commitment to equality and their responsibility under the Equality Act 2010 with regards to the protected characteristic of disability. A relative expressed, "Disability is not a factor in that house. Nothing stands in their way. They don't let [name's] disability stand in the way of [name] doing and trying new things."
- Staff took part in experiential sessions where they gained first-hand experience of sitting in wheelchairs and hoisting each other using the specialist equipment available. This helped them understand and appreciate people's experiences at Woodside. A staff member said, "This gives staff a better mindset and a foundation

to build on. For example, they can see how it feels to be rushed and then have a chance to reflect on that."

- People were supported to maintain contact with those important to them including family and friends. One person had been supported to visit their relative on their birthday and surprise them with flowers and a gift. The staff member said, "The look on [the relative's] face was priceless." Relatives were actively encouraged to visit and be involved; this had included invites to roast dinners and cream teas with their family members. A relative told us, "They text me photos of [name] going out. [Name's] out every day. The photos from [name's] birthday were priceless."
- Technology was used to enable each person to remain in contact with people important to them via video calls and messaging. Risk assessments had been completed for people who were able to use this technology independently. This helped ensure their safety when using the internet. The home had created a closed social media group where people, relatives and staff could communicate and share information. This had helped establish a sense of community.
- The home kept an activities log which helped staff see whether people liked an activity, would prefer not to do it or had enjoyed trying something new. The home had worked alongside people and their relatives when moving to Woodside to find out interests they were keen to continue and activities they aspired to take part in.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, known and consistently met. These needs were shared appropriately with others, including professionals and day centre staff
- Communication aids were used to enable people to convey their needs and wishes. These included staff using objects of reference (these are objects used with a person to represent people, places, objects and activities) and visual prompt cards. We observed staff using these aids effectively during the inspection.

Improving care quality in response to complaints or concerns

- There were no complaints on record although there was a policy in place and an easy read format prominently displayed in the home.
- Relatives told us they would feel comfortable raising a complaint if they needed to and felt the registered manager would listen and act to resolve the issue to their satisfaction.

End of life care and support

- The home was working closely with one person's family to create an end of life box with treasured memories and mementoes.
- Although no one at the home was receiving end of life care, staff had received specific training in death, dying and bereavement.
- Staff understood the importance of sensitively exploring and capturing people's and their relative's preferences and choices in relation to end of life care because a sudden death may occur. The home recognised that some people and their relative did not feel comfortable discussing this area of their lives and respected this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive, open and supportive culture. A staff member's relative had presented the home with a piece of embroidery, which was proudly displayed in reception. It read, "We are a family at Woodside." A staff member said, "This is the best job I've ever had. I love it here!" The registered manager said their ethos was, "To support people here to have the best lives possible, for each person every day matters. Providing them with five-star level care." A social care professional commented, "There is attention to detail in all aspects of the care provided, and the home environment is always warm and friendly."
- Staff told us they got on well and supported each other. Our observations confirmed this. One staff member expressed, "There is good team work here. We are a passionate and enthusiastic staff team. If we work well together, we are more able to provide quality care."
- Relatives and professionals had confidence in the management of the home and spoke highly of the registered manager. One relative had fed back, "From the minute we met [name of registered manager] we knew we had made the right choice. Their enthusiasm and professionalism shines through in the company they run and the staff who are an extension of that ethos." Other relatives told us, "From my first meeting with [name of registered manager] their enthusiasm came across" and, "[Name of registered manager] is a force of nature, identifies what is needed and makes it happen!"
- Health and social care professionals had commented, "Leadership is excellent and very pro-active", "Clearly ambitious to provide the best service possible" and, "[Name of registered manager] is incredibly pro-active in ensuring both the complex health needs of the young people are met, whilst also ensuring social and community access is maximised."
- Staff felt supported by the registered manager. Staff comments included, "[Name of registered manager] is on the ball with everything and is very supportive" and "Support wise [name of registered manager] is the best line manager I've had. You definitely feel supported here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their role and responsibilities, including the legal requirement to notify CQC of certain events. Staff also had a good understanding of what their roles and responsibilities entailed. Their duties were clearly detailed in their job descriptions.
- The provider's registration was not reflective of the activities they provide. Once identified the provider took immediate action to correct this.

- Staff were valued and recognised by the management. Years of service and good performance were acknowledged with certificates and vouchers. Team building days and seasonal celebratory meals were held, which gave staff an opportunity to bond, reflect and celebrate what they had helped people achieve.
- The registered manager understood the requirements of Duty of Candour. They saw this as: "An open and honest approach enabling staff to be honest if there is an incident. Having good communication with the people affected. Taking accountability, not having a blame culture. Growing by learning". A staff member confirmed this when telling us, "They educate you to help you improve if you've made a mistake. That's the ethos here."

Continuous learning and improving care

- The registered manager was committed to maintaining and improving the quality of the service people received. Regular audits and checks included areas such as medicines, health and safety, maintenance and infection control.
- Regular day and night staff team meetings were held. Staff told us they were free to speak up at these meetings with timely follow up action taken when issues were raised. These were also used as an opportunity for increasing staff knowledge and understanding of practice areas and review of care industry developments.
- Staff were encouraged and supported to develop professionally. One staff member said, [Name of registered manager] put me forward for an NVQ3." Another staff member told us, "We are massively supported with our professional development. In supervision we constantly talk about paths to progression and career ideas."
- The registered manager attended local manager forums and training sessions to share and develop their skills and knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was regularly sought from relatives and health and social care professionals, to improve the service people experienced. Returned surveys were unanimously positive about the staff, management and the impact the home had on people's lives. Professionals' comments included: "It is rare to find such a committed and pro-active team offering such high-quality care", "Build more houses and keep doing what you're doing" and "It's always a pleasure to visit Woodside."
- The registered manager had recognised the importance of establishing and maintaining links with the community. The home created an annual celebration event attended by people, their neighbours, family, friends and professionals. Last year, the home celebrated 100 years of learning disability nursing.

Working in partnership with others

- The home worked very closely with other agencies including community nurses, GPs, day services and schools to help ensure holistic and seamless care for the people living at Woodside. For example, a relative told us, "[Name of registered manager] has a really good relationship with [name's] school nurse." A social care professional expressed, "My experience of the service to date is excellent in respect of the high-quality care provided, management and professional working relationships that have been built."
- People and staff hosted and attended local community events and resources, including a café run by people with specialist needs, fashion shows, and held fundraisers for charities chosen by people and staff.