

Denmax Limited

Woodland Villa Care Home

Inspection report

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21 September 2018

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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

The inspection of Woodland Villa Care Home ("Woodland Villa") took place on the 19 and 21 September 2018 and was unannounced. At our last inspection in July 2017 we rated the service as Requires Improvement overall and in the individual domains of 'safe', 'effective' and 'well-led'. There was a breach of Regulation 12 due to concerns in respect of how people's risks were assessed, medicines were not always safely managed and good infection control practices were not always followed. We asked the provider to tell us how they were going to put this right and they submitted an action plan.

This was a comprehensive inspection during which we also reviewed that the concerns from the last inspection. We found all the concerns have been addressed and we found no concerns during this inspection. We have therefore rated the service as Good overall and in all areas.

Woodland Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Woodland Villa can provide care for up to 53 people. At the time of this inspection, 47 people were living at the service.

Woodland Villa is on the edge of the city centre of Plymouth, Devon. They provide nursing and residential care to older people who may have a physical disability. There are good public transport links for people to use to the city centre.

A registered manager was employed to oversee the running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were supported by a matron, deputy manager, administrator and the provider was often at the service to oversee the service and the building.

People continued to receive care from staff who were knowledgeable and had the skills required to support them. Staff were competent and trained well. People had the support needed to help them have maximum choice and control of their lives in the least restrictive way possible. Policies and systems in the service supported good practice. People's wellbeing and healthcare needs were monitored by the staff and people accessed healthcare professionals when required. People's medicines were managed safely.

People were free to be themselves at Woodland Villa. All identities, faiths and cultures were accepted and celebrated. This extended to staff, people's communities and their loved ones. Woodland Villa staff assured people were accepted for who they are and every means was put in place to enable people to live full and happy lives while residing there. Every effort was then made to enable good communication whether this was respecting people's first languages or providing other means, tailored to the person's needs.

People, their relatives and visitors spoke highly of how kind and caring the staff were. We observed staff being patient, responsive and kind. There was a calm atmosphere in the service. People's privacy was respected. People, where possible, or their representatives, were involved in decisions about the care and support people received. People were supported emotionally and involved in deciding how they wanted their treatment needs to be met.

Care plans were personalised and care and support was responsive to people's individual needs. Each person could make choices about their day to day lives. Any concerns or complaints were quickly acted on and investigated. People were supported to take part in a range of activities according to their individual interests. People's faith and cultural needs were respected and met.

The service was well led. People and staff told us the registered manager, provider and other senior staff were approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems in place which enabled them to identify good practices and areas of improvement.

You can read our full report on our website at www.cqc.org.uk.

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 is now Good.

People's medicines were safely administered and managed.

People's risks were assessed, reviewed and mitigated.

People were kept safe by good infection control practices.

People were looked after by enough staff that had been safely recruited.

The service reviewed adverse events and feedback to improve the safety of people, visitors and staff.

Is the service effective?

Good ●

The service is now effective.

People were looked after by staff fully trained to meet their individual needs.

People's health needs were met and staff worked closely with a range of health staff to achieve good outcomes for people.

People were provided with a good diet and kept hydrated.

People had their right to consent requires and were assessed in line with the Mental Capacity Act 2005 as required.

People were assessed on enquiry or before coming into the service to ensure their needs could be met fully.

The building and equipment were maintained safely.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good 

The service is now well-led.

New quality assurance systems had been put in place. The service learnt improve to ensure people's needs were always met.

People, relatives and staff views were sought about the management of the service.

Clear values and good governance were operating meaning everyone knew their roles and responsibilities.

The service worked closely with a range of professionals who praised the good communication systems that improved the outcomes for people.

Woodland Villa Care 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 comprehensive inspection of Woodland Villa Care Home ("Woodland Villa") took place on the 19 and 21 September 2018 and was unannounced.

The inspection team was one inspector, one specialist older persons nurse advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the action plan submitted following the last inspection and notifications received from the service. Notifications are events registered people must tell us about.

Due to technical problems, the provider was not able to complete 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with 15 people living at the service, two visiting friends and six relatives. We also reviewed the care of seven people in detail and spoke to them where we could.

We reviewed four staff personnel files and their training and supervision records. We reviewed the training planning with the service's trainer. We spoke with 13 staff throughout the inspection.

We reviewed how the registered manager and provider ensured the service's quality, medicine administration records, infection control systems, the kitchen cleanliness and maintenance records.

We spoke with eight health and social care professionals during the inspection. One social worker; two GPs;

one occupational therapist, visiting physiotherapist; one assistant practitioner from Cardiac/ Heart Failure Team, one phlebotomist and 1 nurse with the Community Crisis Team.

Is the service safe?

Our findings

At our last inspection in July 2017, we rated this domain as Requires Improvement. This was due to concerns about people's risk assessments, medicine administration practices and how the service operated their infection control.

We checked the concerns from the last inspection and found these had been fully addressed.

People said they felt safe living at Woodland Villa. People said, "I feel safe having staff around all the time; there are security lights and call bells are answered well", "Everyone is attentive which reassures me" and another, "I am safe because everyone looks out for and after me".

One relative said, "[My relative] is safe here, happy and doesn't have anything to worry about" and another said, "I'm reassured that mum is safe because of the video phone entry system and the CCTV in the halls".

People received their medicines safely from staff who had completed medicine training. There were instructions to show when these medicines should be offered to people. People's medicines were only administered in accordance with the instructions of the prescriber. Current policy was adhered to and staff had their competency checked to ensure they continued to be safe. An audit was completed each month to ensure the administration of medicines remained safe. Issues were put right and staff were encouraged to be open about any incidents to ensure learning could take place. This meant practice was constantly checked to keep people safe.

Following the last inspection, a new system to administer people's medicines was put in place and the service chose to change their prescribing pharmacist. A pharmacist prepared measured dosage system ("blister packs") was now in place to reduce the possibility of errors occurring. People's medicine administration records (MARs) charts were colour coded for the time of administration. They had a photograph of the person and a picture of the individual medicine to be given so it was easily identified in the blister pack to support safer administration. Labelling of peoples' prescribed creams also included the photograph and a date opened to ensure they remained viable. All records of administration were completed accurately.

A staff member said, "After the last inspection, the medicines was addressed. The treatment rooms, lockable cupboards in people's rooms; no more hoarding. Staff were retrained and a new pharmacist. I am confident it is safer in all areas." Each person's medicine cabinet had a digital temperature card on the door to ensure that the meds were kept at the required temperature. A daily reading was taken for each room and if that exceeds safe limits, the medicines were moved to the treatment room and held securely until the room cooled.

People had risk assessments completed to make sure they received safe care and to promote their independence. A risk assessment tool for people at risk of choking, using blood thinning drugs and living with diabetes had been introduced since the last inspection. The assessments were linked to the care plans

and staff told us how they kept people safe.

Personal Emergency Evacuation Plans (PEEPs) were in place to be used in the event of a whole home evacuation. There were regular checks of the environment and the equipment people used. For example, air mattresses and water temperatures were checked to ensure people were not put at risk.

People told us they felt safe living at the service. Relatives and friends also said they were confident their loved one was kept safe from abuse. To minimise the risk further for people, all staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the matron, nurses and registered manager and were confident that action would be taken to protect people. All the professionals we spoke with were positive about the home's approach for keeping people safe. A staff member said, "We are here to protect vulnerable adults. I would speak to the nurse. I feel very confident that concerns would be taken seriously."

All people were welcomed at Woodland Villa regardless of their identity; everyone was embraced by an atmosphere where they could feel safe to be themselves. Staff were trained in treating all people equally but in Woodland Villa, this was lived as a general ethos of how they cared for people. This meant people would be safe from discrimination. A staff member said, "People and staff are accepted here."

There were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time chatting and enjoying each other's company. Some people preferred to stay in their room, but told us they never felt lonely as staff would come and have a conversation with them. Additional staff were made available if they were needed, to help people with appointments, for example hospital visits, or if someone was poorly and needed more staff time to look after them.

A staff member said, "The management are really good at being flexible with the number of staff."

The risk of abuse was reduced because there were suitable recruitment processes followed for new staff employed. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Staff told us that staff were recruited carefully to ensure they had the right values for the service. Staff only completed their probationary period if they continued to be suitable for the service. One person said, "There are enough staff and they are all so helpful" and another said, "There are always lots of staff around and popping in to check on you". A friend of one of the people told us they sit on "Staff interview panels alongside one of the residents and that their input is valued".

Following the last inspection, infection control practices had been reviewed. The kitchen had been given a good clean and this had been maintained. The service continued to be awarded a five-star food hygiene rating. The use of the treatment rooms had been addressed; one closed and staff belongings no longer cluttered the space. People were protected from the spread of infections. Staff understood what action to take to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

One person said, "The lounge and my room are cleaned every day and there are no nasty odours" and another, "The cleaner is very thorough, everywhere is beyond clean and nothing gets missed". A relative said, "It's always clean and doesn't smell at all".

We found the service learnt from events. The previous inspection had been reviewed and all staff, people

and relatives were encouraged to be part of ensuring concerns identified did not happen again. Accidents, falls and complaints were all looked at to find ways of improving the service for everyone.

Is the service effective?

Our findings

At our last inspection, we rated this domain as Requires Improvement. This was because, records of people's food and fluid intake when there was a concern, needed addressing. People's consent to share a room had not been recorded.

We checked the concerns of the last inspection and found these had been met fully.

People were supported by well trained staff. Staff said they had plenty of training and in subjects relevant to the people who lived at the home, for example dementia care, Parkinson's and catheter care. Staff felt training was important to the service with some staff taking on Champion roles for which they received dedicated training. All staff were trained in safeguarding, dementia awareness and understanding the Mental Capacity Act 2005. This meant staff who carried out non-care roles could also understand people's needs and how to ensure they met people's needs as part of the wider team.

Staff told us they could request training at any time and this would be considered by the dedicated trainer. The trainer presented as passionate about their role and would ensure they kept themselves up to date by attending conferences, training and studying relevant literature. This was then passed on to staff to increase their effectiveness in their role.

People said, "The staff are very skilled, you really can't fault them – I wouldn't have their patience"; "Staff are good with the residents who are poorly" and, "Staff are encouraged to use their initiative in what they do". One relative said "It's service with a smile here" and another, "The staff are well looked after here".

Staff had regular supervision and appraisals of their skills and any training needs they may have were reviewed. Nurses had clinical supervision to ensure reflection on their practice took place and they remained skilled to offer nursing care. All the staff could say what training they had and how this had enabled them to understand people's needs, for example in respect or understanding or refreshing their understanding of people living with dementia. Staff commented, "There are lots of in house training opportunities, there is mandatory training and extras as we can attend"; "If we ask for training, they will try and sort it for us" and, "My training is all up to date; I can choose other training if I want to."

People had their health monitored to make sure they were seen by healthcare professionals to meet their specific needs as required. There was involvement from a range of health staff to assess and give advice and guidance on people's needs. All the health professionals we spoke with spoke highly of the service and the positive outcomes they achieved for people. The service had a number of beds reserved for people moving from hospital to home. People were supported to rehabilitate and regain confidence in, for example, walking safely with the required equipment. The health professionals told us there was a close working partnership to achieve the person going home fully able. This was noted to have reduced the number of repeat hospital admissions for people who had spent time at Woodland Villa.

One person said, "I can see my GP if I need and last time I got to see him really quickly" and a relative

commented that "If they need a Doctor it gets sorted".

People praised the quality of the food and said they could make choices about the food offered. Where there were concerns about a person's hydration or nutrition needs, people had food and fluid charts fully completed to monitor their intake. Meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. Special diets were catered for. Staff went that extra mile to ensure people had exactly what they wanted to eat at that time. Staff told us they would notice if someone's food had not been eaten and would check why. Along with offering something else, they would check to see if this was something the person did not like. The chef and provider would then shop especially for that person.

People were given regular drinks. During the recent hot weather, plans were put in place to ensure people had extra opportunities and more prompts by staff to remain hydrated.

People said, "Just had roast chicken it was lovely and tender"; "I always get a choice of food" and, "If I need a drink I catch one of the staff and ask for a cup of tea and they will do it". A relative said "They can have what they want to eat and they'll sort it – he gets plenty of tasty food and there's a water cooler so he can get water when he wants it".

We rechecked the service was working within the principles of the Mental Capacity Act 2005 (MCA) and conditions on authorisations to deprive a person of their liberty were still being met. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were trained in the MCA and DoLS legislation. The registered manager and all staff were extremely knowledgeable about how this applied to their work. People's right to consent to their care and treatment was constantly reviewed and their human rights respected. People's consent to share a room and their overall care was recorded. People were given every opportunity to consent to their care and treatment and the staff ensured people had the right to think about this and what was best for them. Staff supported people to make choices about what they wanted to do with their day.

People continued to have their capacity to consent to their care and treatment assessed in line with the MCA and DoLS as required. The providers' policy and procedures supported staffs practice. Best interests decisions were made with family and relevant professionals. People's care plans detailed what staff had to do for people when they could not consent. Appropriate professionals were consulted and DoLS applications made for people who required this to keep them safe. Some DoLS were awaiting authorisation but staff ensured they put in place the least restrictive practice to ensure people could, for example, go into the garden for a walk with staff if desired on a nice day.

The service assessed people carefully they moved into the service; the aim being to ensure they could provide for the full needs of the person. This included being aware of people's cultural, sexual and social identity as well as any disabilities that needed special equipment for. The same was provided for staff. This meant the service was inclusive and provided for the needs of all people and staff to have a fulfilling life at Woodland Villa.

The building continued to undergo a programme of repair and refreshing of the environment. It was maintained to a safe standard ensuring it was accessible and suitable for people to move around regardless of their physical ability. The garden was also accessible for people to walk in or sit in shade.

Is the service caring?

Our findings

The service continued to be caring.

Everyone we spoke with told us how caring the staff at Woodland Villa were. This came from people, visitors and professionals linked to the service. There were also numerous thank you cards and letters from previous resident and their family. The care was led by the all-embracing values instilled by the provider who was described in warm terms by people, relatives and staff.

The caring approach started from the point that all people were welcomed into the home and that their identity was important and to be celebrated. Staff and people came from a range of cultures and practiced different faiths. All faiths and cultural special days were celebrated. People of no faith were just as welcomed. All identities were respected and people and staff treated with respect, dignity and acceptance. A staff member said, "We offer the highest possible care for everyone. Different cultures are accepted and everyone accommodates what is important. We celebrate everyone; all the staff work together to ensure each can have their special faith or cultural day off."

Several people mentioned that the owner and managers were approachable and helpful. One said, "The owner will do anything for you" and another said, "Nothing is too much trouble". All the relatives and friends were also positive about the owner and managers. One said, "The owner is wonderful with people" and another said, "The matron regularly stops to chat with people in the lounge".

People told us, "The staff don't just do their job they go the extra mile"; "I haven't found any [staff] who isn't helpful or kind"; "The care is very good – everyone is kind to me" and, "Staff are very good at caring for me".

All the relatives were positive about the care their family members received. People were in the driving seat of their care and were supported to maintain or where necessary regain their independence. One relative said "We could go away on holiday for six months and we know that they would be well looked after". Another relative said, "Mum is treated like royalty". A friend said, "I was a nurse and I can see that the nursing care is wonderful".

People staying for a short time were supported to regain their confidence as well as their physical ability and health. One person said they had some reservations about coping at home but wanted to go home adding they had been away from their home "too long". They added though they were optimistic they will cope now, but as they said, they won't know until they try. They did tell us, from a nursing point of view they "can't fault the home and the care I get." Their linked professional said, "You can't fault the care here; staff communicate effectively and care is very good."

People were very positive about the atmosphere at Woodland Villa. People commented, "The atmosphere is very friendly and I like living here"; "What I feel here is the warmth and being part of the Woodland Villa family" and another, "All the staff are friendly and we have a good chat". Relatives were also complimentary about the atmosphere at the home. One said, "This is a home from home for [my family member]" and

another said, "Mum was so impressed with the home that she wrote and told the local paper who printed her letter".

This said [abridged], "Recently, I have become a patient at Woodland Villa Care Home. I was rather apprehensive about moving into a temporary nursing/residential care, but since being here I am pleased to say I have met with nothing but kindness and love...While I have been here, I have been treated as someone very special, which has helped me restore my confidence."

People said their privacy and dignity was respected. One said, "Staff always knock on my door before entering when I'm having my wash" and another said, "They are very thoughtful and respectful when they assist me with things". A relative commented, "That staff always knock on the door before entering a room and introduce visitors like the GP".

People and relatives said they were made to feel special because staff were so attentive and knew about them and their interests. One person said, "We always talk about my faith and they ask me to remember them in my prayers" and a relative said, "People's birthdays are celebrated here with cakes and balloons and parties and they are made to feel special".

People, all the relatives and friends said staff made visitors very welcome. One person said, "My relations are welcomed and know the staff" and another, "They are very welcoming to all my visitors – my friend is joining me for lunch today in my room". One relative said, "Everyone welcomes me - I could live here myself I have no qualms at all" and another, "I can visit whenever I want 24/7".

Is the service responsive?

Our findings

The service continued to be responsive.

People had personalised care plans in place that were regularly reviewed. People were involved in planning and the development of their care plans and associated risk assessments. Short term, achievable goals were set so people could see how they were improving. This was especially important for people on short stay who longed to go home after a long hospital stay. One person however, also told us that they liked being at Woodland Villa so much they wanted to stay and home was not for them. They told us that the care they had received at the service had made them address they could no longer cope at home; they added that staff had spent time letting them talk this over.

One person said, "My care plan is always up to date - its reviewed monthly". Other people said, "I've discussed my care plan with the Nurse and I know the steps I need to take to go back home" and, "The matron talked with me about my Care Plan and we discussed what was best for me given my situation". Relatives also commented that they knew about their relative's care plans. One relative said "I can get to look at his care plan if needed" and another said, "It's good to know what is happening and being planned for mum".

All the professionals told us that the staff and home management were really responsive. One told us, "They will ring us if they have any queries or concerns. The home staff are consistently helpful and follow our suggestions and plans." The matron and other senior staff were described as an active part of the multi-disciplinary team. The overwhelming view of the occupational therapy and physiotherapy team was that they had no concerns about the care or treatment of anyone at the service. Telling us the home staff responded to phone calls, treatment requests and, information on care in a timely manner. Another professional told us, "They are responsive and efficient and know their patients well which is not the case in some homes they visit."

One person's family wrote to the service after their loved one returned home, "We found the care that grandad received to be of a very high standard and very good quality." They cited the good food, excellent communication, approachable and polite staff as key factors in this.

The service had detailed plans in place to address any health, physical or social need. For example, people's risk of skin breakdown was responded to fully. We saw that where people had come with pressure ulcers, these were quickly referred to the tissue viability nurse and careful care planning put in place to ensure these healed quickly. Their health and social needs were addressed and the necessary equipment put in place. People were reviewed often to ensure their skin was less likely to break down again. This considered the need for people to move their weight and pressure of risk areas. This was linked to how active were and improving blood flow to that area.

People living at the service for whom English was not their first or practising language, were provided with interpreters and means to support communication. Staff members were working in the service who had

been employed to support communication with people in their first language. The service was often called on by other health professionals in other settings to help them know what people's needs were. The use of pictures and special communication boards were used and close links with family forged to enable staff to understand what people's needs are. For example, for one person living with dementia who now no longer spoke English, the service had worked with family to create a picture board to enable communication and family closely supported staff to understand their relative's needs.

People's personal history were clearly recorded; family, work history and where they were born and had lived, were clearly recorded. People were supported to maintain their interests and community links. An activity co-ordinator was employed to arrange activities and support people to be remain cognitively active. Records showed the efforts they went to, to encourage people to join in activities. A mobile shop was taken around the service so people could buy items for personal care and sweets. The activity co-ordinator also visited people in their rooms to do activities or just chat to keep people from being isolated. There was clear information available on the activities offered. Activities included nailcare, chances to chat one-to-one and in groups, making birthday cards and visiting entertainment and animals visiting to pet.

People had routine care planned such as a bath or shower a week. However, they could have either when they wanted as well. For example, one person told us they had a shower every day. Another person said they she could go out when they wanted to, which her relative concurred with. The person added they went to bed and got up when they wanted.

People had key workers which were staff who visited them often to check all was alright with their care and to see if they needed anything practical or support needed.

People's end of life was carefully planned for when needed. Although no one was currently at their end of life, all staff spoke about how they would support people and their family. Clear care planning took place. Staff had undertaken training from a local hospice that also informed how people's needs at this time were assessed, planned and met. It was very much a multi-agency approach to ensure people's deaths were dignified and pain free. A staff member said, "We make people comfortable. Care staff will always be there for them and their family at the end" adding that no one would die alone.

The service had received numerous thank you cards from families whose relatives had died. Staff were supported to attend people's funerals. A funeral director wrote to the service on behalf of the family to advise the family had requested Woodland Villa staff to be publicly thanked at their funeral because, "the staff were so well appreciated". A relative of another person wrote, "We appreciate all the loving care you gave them. Her death was so peaceful."

People's complaints and concerns were taken seriously. Any issue was picked up or responded to fully. Learning was taken forward to try and prevent repeated events. People knew how to raise issues, grumbles and complaints at Woodland Villa. One person said, "I know how to make a complaint – I would go to the office and tell the staff and I know that this would be dealt with" and another said, "If I was worried about anything I would talk to the nurses and they would sort it for me". One person said they had raised a complaint and this had been resolved immediately. A relative also said they knew about the complaints process and said, "I know how to complain but have never needed to".

Is the service well-led?

Our findings

At our last inspection we rated this domain as Requires Improvement. This was because the provider's quality assurance process had not identified the concerns raised during the inspection.

On this inspection, we found the concerns from the previous inspection had been taken seriously and systems changed to ensure issues when they arose were identified and addressed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a matron, deputy manager, administrator and senior carer to take leads in managing parts of the service. The provider was also there at the service and took a keen interest in the quality of the service.

People, relatives and professionals all spoke highly of the service and how it was run. People said, "The owner is approachable and warm"; "I know who is in charge – she is very approachable - she goes around every morning and sits down and chats with the residents"; "The owner or matron will always take responsibility and make things happen – you only have to ask once" and another, "Staff are always smiling and work well as a team".

A relative said, "The manager introduced herself to us when mum came to stay here" and another, "Staff quickly get to know residents likes and dislikes and respect this".

People felt their opinion about how the service was run was important to management. Along with people being involved in interviewing new staff, they felt they could make suggestions and these would be listened to. There were both informal and formal opportunities to make suggestions. One person said, "Residents' meetings take place every two months and you can ask questions and give feedback". A relative said, "Meetings are held for relatives to give their views and make suggestions; we also fill in questionnaires" and another said, "Our suggestions are taken on board". People and relatives also spoke often about being able to pop into the office.

All the professionals we spoke with told us the staff and service were very good at communication and ensuring this delivered good outcomes for people. Communication was described as a two-way process with feedback to professionals if they or the person felt the current plans needed to be changed or refined. Communication among staff at the service was described as good; everyone understood their responsibilities fully but also how important good communication was. Feedback among the staff team and to outside professionals was described as timely and appropriate.

There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled improvements to take place for everyone to enjoy. Since the last inspection, the system of quality auditing had been reviewed and now better identified areas where the service quality

could need addressing. For example, a new call bell system had been put in; this could provide reports if concerns were raised about how quickly staff were responding. Along with an audit of falls and accidents, the results were reviewed to ensure there were enough staff and whether staff training needed to be reviewed.

All the staff spoke to us about the outcome of the last inspection. They told us they saw it is a challenge to improve and maintain that improvement. For example, one staff member said she was most proud of working at Woodland Villa, because of the changes that are being made to constantly improve adding, "Equipment is always available and new pieces are ordered if needed". Another staff member said, "Changes have been made. New matron audits; meetings with staff, nurses and management so we know what we had to do. We have improved in the last 12 months. We have all worked really hard to make it the best we can."

The registered manager, provider and senior team were very person centred in their approach and values and this was made important for all the staff regardless of their role. The registered manager and matron attended the local Dignity in Care Forum and registered manager sessions organised by the local authority. Everyone strove to keep themselves up to date and ensure they received updates from a range of sources.

People were looked after by staff who worked well together and respected each other. For example, one staff member said, "We work well as a team and provide a high standard of care as a result."

Staff described working for a provider who they felt cared for them as individuals. Staff told us that their employment could be flexible to enable them to balance family commitments. Staff said they could approach the nurses, matron, deputy manager, provider and/or registered manager and feel they would be listened to. Staff told us, "The staff are well supported; the managers are very good at sorting things out for us. For example, if we need to attend a health appointment" adding, "They listen to staff having new ideas with regular staff meetings. I feel important as I get compliments." Another staff member said, "The management do their best for the people and the carers. They are lovely and care for us too."

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and servicing of equipment.