Care Quality Commission

Hessle Properties Limited

Woodleigh Manor Residential Care Home

Inspection report

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Date of inspection visit: 18 June 2015
Date of publication: 08/09/2015

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?	Outstanding

Overall summary

This inspection took place on 18 June 2015 and was unannounced. We previously visited the service on 12 September 2013 and we found that the registered provider met the regulations we assessed.

The service is registered to provide personal care and accommodation for up to 34 older people, some of whom may be living with a dementia related condition. The home is located in Hessle, a small town close to Hull, in the East Riding of Yorkshire. It is situated in a quiet residential location but is still close to local amenities and on good transport routes. The home is located within its own grounds. Most people have a single bedroom and some bedrooms have en-suite facilities. The home was fully occupied on the day of the inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there

Summary of findings

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

People told us that they felt safe living at the home. Staff had completed training on safeguarding adults from abuse and were able to describe to us the action they would take if they had concerns about someone's safety. There were moving and handling 'champions' at the home to advise staff about safe moving and handling techniques and we saw good practice on the day of the inspection.

We observed good interactions between people who lived at the home, staff and relatives on the day of the inspection. People told us that staff were caring and compassionate. They also told us how staff promoted their privacy and dignity.

People were supported to make their own decisions and when they were not able to do so, decisions were made in their best interests. If it was considered that people were being deprived of their liberty, the correct documentation was in place to confirm this had been authorised.

Medicines were administered safely by staff and the arrangements for ordering, storage and recording were satisfactory.

We saw that there were sufficient numbers of staff on duty to meet the needs of people who lived at the home. New staff had been employed following the home's recruitment and selection policies to ensure that only people considered suitable to work with vulnerable people had been employed. People who lived at the home were involved in decision making about who was employed.

People who used the service and relatives told us that staff were effective and skilled. Staff received a thorough induction programme before they worked unsupervised. Staff had sufficient opportunities to attend training courses, both in-house and external to the home. Staff told us they were well supported and we saw that they had appraisals and supervision meetings with a manager to ensure they had opportunities to share any concerns they might have.

People's nutritional needs had been assessed and most people told us that they were satisfied with the meals provided by the home. The home had received a Nutrition Mission award from Humber NHS.

There were systems in place to seek feedback from people who lived at the home, relatives, health and social care professionals and staff. People's comments were responded to appropriately and people felt that this had led to improvements being made to the service they received. Information was made available to visitors about various aspects of care and arrangements had been made for relatives to have confidential meetings with a senior member of staff if they felt this would be beneficial. This meant that people were provided with information appropriately.

We received excellent feedback about the registered manager's leadership skills. Relative, staff and care professionals told us that the home was managed by an enthusiastic and skilled manager, who encouraged staff and led by example. The quality audits undertaken by the registered manager were designed to identify any areas of concern or areas that were unsafe, and there were systems in place to ensure that lessons were learned from any issues identified, and to promote continuous improvement. There was evidence that the registered manager kept up to date with development within the care sector and used this information to promote good practice within the staff team.

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?
The service is safe.

Good

Staff displayed a good understanding of the different types of abuse and were able to explain the action they would take if they observed an incident of abuse or became aware of an abusive situation.

Staff had been recruited following the home's robust policies and procedures and there were sufficient numbers of staff employed to ensure that the needs of the people who lived at the home could be met.

The arrangements in place for the management of medicines were robust and staff had received the appropriate training.

The premises were being maintained in a way that ensured the safety of people who lived, worked or visited the home.

Is the service effective?
The service is effective.

Good

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were supported to make decisions about their care.

Staff told us that they completed induction and on-going training that equipped them with the skills they needed to carry out their role, and this was supported by the records we saw.

People's nutritional needs were met, and people's special diets were catered for. People had access to health care professionals when required.

Is the service caring?
The service is caring.

Good

We observed positive interactions between people who lived at the home and staff on the day of the inspection.

It was clear that staff cared about the people they were supporting and people's individual needs were understood by staff.

We saw that people's privacy and dignity was respected by staff and that people were encouraged to be as independent as possible.

Is the service responsive?
The service is responsive to people's needs.

Good

People's preferences and wishes for care were recorded and these were known by staff. People's needs were continually assessed and updated.

We saw that social activities were available on most days and activities were tailored to people's individual needs.

Summary of findings

There was a complaints procedure in place and people told us that, although they had not needed to make a complaint, they were confident that any comments or complaints they did make would be listened to.

Is the service well-led?
The service is well led.

Outstanding

The service was being managed by an enthusiastic and skilled registered manager who was innovative in her approach, and who encouraged staff to provide optimum care for people who lived at the home.

The registered manager carried out a variety of quality audits to promote the safety and well-being of people who lived and worked at the home.

There were sufficient opportunities for people who lived at the home, relatives, staff and care professionals to express their views about the quality of the service provided.

Care Quality Commission

Woodleigh Manor Residential 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.

The inspection took place on 18 June 2015 and was unannounced. The inspection team consisted of two Adult Social Care (ASC) inspectors 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.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider, information we had received from the local authorities that commission a service from the home and information from health and social care professionals. The registered provider submitted a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the home.

Prior to the inspection we contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they have had with the home. We also contacted a selection of health and social care professionals to ask for their opinions about the quality of the service provided at the home; we received responses from one health care professional and two social care professionals.

On the day of the inspection we spoke with three people who lived at the home, four members of staff, five relatives, the deputy manager, the registered manager and a visiting social care professional. We also 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.

On the day of the inspection we looked around communal areas of the home and some people's bedrooms (with their permission). We spent time observing the interactions between people, relatives and staff in the communal areas, including during mealtimes. We observed the care and support being delivered in the communal areas of the service and we spoke with people in private. We also spent time looking at records, which included the care records for three people who lived at the home, staff recruitment and training records and records relating to the management of the home.

Good

Is the service safe?

Our findings

We spoke with three people who lived at the home and chatted to others. We asked them if they felt safe and they all told us that they did. One person said, "I feel perfectly safe here" and another told us, "When I go to bed I lock my door and window. Then I feel safe. The staff come and check on me twice during the night." A relative told us, "I think (my relative) is really safe. She uses the lift instead of stairs. It's given me peace of mind her being here." We noted that all bedroom doors had locks and we saw that some people who lived at their home had locked their doors and were carrying their keys with them on lanyards.

The social care professionals who we spoke with prior to the inspection told us that people were kept safe at Woodleigh Manor because care plans and risk management plans were followed by staff. Another social care professional told us that the manager and staff had a good understanding of mental health, dementia care, safeguarding and risk management, and that care plans and risk management plans were followed. Two people who lived at the home and their relatives described situations to us that required interventions by staff and how these situations were managed. We saw management plans in people's care plans that described situations that could arise and how these should be managed by staff. These were accompanied by appropriate risk assessments; we saw assessments that had been carried out for the risk of choking, verbal abuse, not wearing shoes appropriately and the use of bed rails. A health care professional described how staff had come up with an idea to try to reduce a person's distress and that this had been successful.

The home promoted responsible risk taking. For example, one person rode a bicycle; the registered manager told us in the PIR that this "Allowed them to live a life which had value and purpose." Staff continually monitored this person's ability and carried out regular checks to ensure that they remained safe to continue to undertake this activity independently.

There were safeguarding policies and procedures in place. We spoke with the local authority safeguarding adult's team prior to the inspection and they told us about two safeguarding investigations that they had carried out. We discussed these with the registered manager on the day of the inspection. She was able to explain in detail the circumstances that led to people external to the home submitting safeguarding alerts, the outcome of the investigations and the learning for staff at Woodleigh Manor. One improvement made was the introduction of a monitoring form that assessed people on admission, two days after admission, four days after admission and seven days after admission. This was to check on any changes in the person's presentation or general health since the day of admission.

Training records evidenced that all staff had undertaken training on safeguarding adults from abuse during 2014, and staff who we spoke with confirmed this. They were able to describe different types of abuse, and were able to tell us what action they would take if they observed an incident of abuse or became aware of an allegation.

The registered manager told us in the PIR that four staff had completed moving and handling / hoist training provided by the local authority. These staff worked alongside the care team to provide guidance and practical knowledge. We did not observe any slip or trip hazards on the day of the inspection. We noted that liquid spills were 'guarded' by staff and then cleaned up immediately. People who used a walking frame or had poor mobility were guided by staff to ensure they were safe. We saw that the appropriate equipment was used by staff and that safe moving and handling techniques were used when staff assisted people with transfers.

We asked the registered manager to explain the standard staffing levels. She told us that there was one senior care worker and four care workers on duty each morning, and one senior member of staff and three care workers on duty every afternoon / evening. Overnight there were two care workers on duty plus an additional member of staff 'on call'.

Ancillary staff were on duty in addition to care staff; this consisted of two activities coordinators, a cook each day, two domestic assistants Monday to Saturday and one domestic assistant on a Sunday, plus a laundry assistant Monday to Friday. On the day of the inspection we saw that there were sufficient numbers of staff on duty. This meant that care staff were able to concentrate on supporting people who lived at the home.

We checked a selection of staff rotas and saw that these staffing levels had been consistently maintained.

We heard call bells sounding throughout the day but we noted they were responded to promptly. We observed that

Good

Is the service safe?

there were sufficient numbers of staff on duty, and a social care professional told us there were always staff visible who were "Keeping an eye on people." However, one relative told us, "Sometimes I think there's not enough staff because some people need a lot of attention. Let's face it – they can't be everywhere."

We spoke to the registered manager about recruitment practices at the home. She told us that prospective employees completed an application form that recorded the names of two employment referees and the name of their latest employer. Staff did not commence work until two references, a Disclosure and Barring Service (DBS) first check and a DBS check had been obtained by the home. DBS checks identify whether people have committed offences that would prevent them from working in a caring role. The registered manager told us that they obtained a copy of certificates evidencing training previously completed by staff, but that they were still expected to complete the training provided by Woodleigh Manor, with the exception of National Vocational Qualification (NVQ) training. The records we saw evidenced that robust recruitment practices were being followed and that these ensured only people considered suitable to work with older people had been employed.

The registered manager told us that the views of people who lived at the home were taken into consideration when a decision was make about who to employ. Prospective employees were invited to speak with people who lived at the home and people were then asked for their opinion of each person who had applied for the position.

The training record stated that staff had undertaken in-house training on emergency planning in March 2014. There was a contingency plan in place that advised staff about the action to take in the event of an emergency such as flood, fire or energy failure, as well as important telephone numbers. This information was held in a 'grab bag' in the entrance porch so that it was easily accessible for staff in an emergency situation. There had been a flood earlier in the year and we could see from the records made that the contingency plan had been followed.

We checked service certificates for the gas boiler, the passenger lift and hoists and these were all in date. The fire detection and alarm system and emergency lighting had been checked in April 2015, and fire-fighting equipment had been checked in September 2014. There was a fire risk assessment in place. In addition to this, the fire alarm system was checked in-house each week and monthly fire drills were carried out. These checks ensured that the premises were maintained in a safe condition to protect the well-being and safety of people who lived and worked at the home. A social care professional told us that the premises were "A bit tired and dated" and others said that some renovation and improvements to the building and environment would be beneficial. However, one professional added, "This is, however, part of its charm."

We saw that any accidents or incidents were recorded in a person's care plan. When appropriate, these were accompanied by a body map so that the circumstances of the injury could be recorded in more detail. All accidents and incidents were recorded by the registered manager and audited with the assistance of a district nurse, who was also the nurse with special responsibility for monitoring falls. This helped to identify any patterns that were emerging or improvements that needed to be made.

We saw that there were policies and procedures in place on the administration of medication. The registered manager told us in the PIR that medication was audited in-house each week, and we saw evidence of an audit that had also been undertaken by an external pharmacist in December 2014. The pharmacist told the registered manager that they were "Very pleased" with the documentation in place.

There were two medication rooms at the home and each contained a medication trolley (one to store morning / lunchtime medication and one to store teatime / evening medication). These were fastened to the wall within the locked cupboard. Medication was supplied in blister packs and these were colour coded to identify the times that the medication needed to be administered; this reduced the risk of errors occurring. We checked medication administration record (MAR) charts and noted that there were no gaps in recording.

The medication fridge was stored in one of the medication cupboards. We saw that fridge temperatures were checked and recorded each day to ensure medicines that needed to be stored at a low temperature were held safely. We checked the medication fridge and saw that it was only used to store medicines. The temperature of this medication room was checked regularly and recorded. There was a fan in the room that could be used to reduce the temperature if it rose above recommended levels. The temperature of the other medication room was not checked and recorded each day; we were told that there

Good

Is the service safe?

was no medication in this room that required storage at a low temperature. We raised concerns about this and the registered manager assured us that the temperature of this room would be checked and recorded from the day of this inspection.

All staff that administered medication at the home had undertaken appropriate training. The registered manager told us that she carried out competency checks on these members of staff, and this included a check on their eyesight to make sure they were able to read labels and instructions correctly. The registered manager acknowledged that these competency checks were not recorded and she assured us they would be in the future.

We observed the administration of medication and saw that this was carried out safely; the senior staff member did not sign MAR charts until they had seen people take their medication. People were provided with a drink of water so that they could swallow their medication, and the medication trolley was locked when not in use.

There was a suitable cabinet in place for the storage of controlled drugs (CDs) and a CD record book. We checked a sample of entries in the CD book and the corresponding medication and saw that the records for one person's tablets did not balance. The CD book recorded a balance of 30 tablets but there were 29 in stock. The senior member of staff checked the records and they were able to show us where the error in recording occurred; the number of tablets in stock was actually correct. Although there was evidence in the CD book that records and medication held were audited on a regular basis, these checks had not identified this recording error.

There was an audit trail that ensured the medication prescribed by the person's GP was the same as the medication provided by the pharmacy. There was a protocol in place that described a person's use of 'as and when required' (PRN) medication so that this was clearly understood by staff and recorded accurately.

We checked the records for medicines returned to the pharmacy and saw that these were satisfactory; a specific returns book was being used that recorded details of the medication to be returned.

Good

Is the service effective?

Our findings

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. A health care professional told us that people's rights under the MCA and DoLS restrictions were clearly understood by staff. We saw that, if it was considered that a person was being deprived of their liberty, the correct documentation was in place within care plans to confirm this had been authorised.

The registered manager told us in the PIR, "All of our service users have had the ACID test completed under DoLS legislation and this is documented in their care plans. This will continue to be reviewed and staff trained to fully understand the legislation and be able to put it fully into practice." The ACID test involves asking two key questions to test if a person is being deprived of their liberty: is the person subject to continuous supervision and control, and is the person free to leave? The training records we saw on the day of the inspection recorded that all staff had completed training on DoLS.

It was recognised that some people who lived at the home had their liberty restricted due to not being able to leave the home without support due to their health conditions, but that they were able to move around freely in a safe environment. A meeting had been held with managers, people who lived at the home and relatives and it had been decided that building work would commence in 2015 to make the garden secure so that people could leave the premises unsupervised to use the garden area.

People's capacity to make decisions had been assessed and we saw that best interest meetings had been held when people did not have the capacity to make important decisions for themselves.

Care plans recorded the types of decisions people could make and the decisions that would need to be made in the person's best interest.

People told us that staff always asked for permission before assisting them with personal care, and we observed this on the day of the inspection. One person's care plan recorded, "Staff to request consent before any treatment."

Most people who lived at the home were living with a dementia related condition, and some had a specific diagnosis. One person's care plan recorded that they had been diagnosed with a mixed dementia; Vascular dementia and Alzheimer's. One relative told us they thought it would be a good idea to have names or pictures on bedroom doors. We saw that attempts had been made to enable people to orientate themselves around the building. Some bedroom doors had numbers on them; one person had the same number on their bedroom door that had been on their front door at home. Another person had flowers on their bedroom door to help them to find their room more easily. We saw signage that directed people to the dining room, to the bar and to toilets / bathrooms.

There was a board in a communal room that displayed the day, date and the weather. The cook told us that there were pictures of each meal prepared at the home and that these were shown to people individually rather than being displayed. The activities coordinator used pictorial posters to inform people about daily activities (including a visit from the hairdresser).

The registered manager told us that they had purchased some coloured equipment to help people with recognition; this included red toilet seats and red plates. Some chairs had different coloured arms to help people guide themselves into a chair.

We carried out a SOFI inspection during the morning of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Our observations did not highlight any concerns about the way in which staff interacted with people who were living with dementia. We observed positive interactions between people who lived at the home and between people who lived at the home and staff. We also saw some excellent distraction and persuasion techniques being used by staff.

We saw that systems in place to ensure that staff shared information with each other were robust. There was an 'update' board in the manager's office and this recorded information such as "Check (name) care plan." This made it clear to staff that there had been a change to this person's care needs, but maintained their confidentiality. Each person who lived at the home was discussed at handover meetings to make sure staff were aware of their current

Is the service effective?

needs. Some staff worked a 14 hour shift, but any staff that came on duty at 2.00 pm (halfway through the day shift) had a meeting with the team leader so that they could be updated.

The registered manager told us that new employees spent one day with the deputy or registered manager to have orientation to the home. They were then enrolled on the Common Induction Standards (now replaced by the Care Certificate). The registered manager had obtained workbooks for each section of the Care Certificate, and staff had commenced this new training programme. All new care staff spent time shadowing an experienced care worker as part of their induction training; the registered manager said that this could be for up to six weeks until they were 'signed off' as being competent by one of the managers. We were able to confirm this when we checked staff records.

We saw that when people were promoted within the organisation they undertook further induction training so that they could become familiar with their new post, and any new responsibilities that this entailed.

We asked the registered manager what they considered to be mandatory training for staff. They told us it was fire safety, moving and handling, the control of substances hazardous to health (COSHH), first aid and food hygiene. The records we saw evidenced that all staff had completed this training. Staff had also completed training on safeguarding adult's from abuse, dementia awareness, infection control, nutrition, dealing with complaints, mental health, the risk of choking and dignity. Team leaders had attended first aid training so that they could become appointed first aiders; this meant that there was an appointed first aider on each shift.

The registered manager told us that staff had an annual appraisal and we saw this recorded on the training matrix. We saw a spreadsheet recording that all staff had attended a supervision meeting with a manager or senior staff member two, three or four times during 2015. We also noted that, when staff handed in their notice at the home, they were asked to attend a leaving interview with the registered manager to record the reasons they were leaving. This evidenced that the registered manager took an interest in the reasons why people had decided to leave the home in case there was any learning for the future.

Staff told us that they were happy with the amount of training they completed and that they felt this gave them the skills they needed to carry out their role. They also told us they were well supported. They said that, if someone was on end of life care, either the registered manager or the deputy manager would make sure that people were comfortable before they went home. If someone who lived at the home died, staff were given the opportunity to reflect and take time to come to terms with the event before they went home or carried on working.

There was a 'weighing' champion and two nutrition champions at the home. The registered manager told us in the PIR, "These staff work together to provide the service users with the correct diet. Referrals are made to dieticians when needed." Most staff had undertaken training on nutrition and some staff had undertaken training on the risk of choking. This training helped staff to understand the importance of good nutrition and hydration to people's general health and well-being.

The registered manager told us that the home had been awarded a 'bronze' award in the Nutrition Mission organised by the Humber NHS Foundation Trust. As a result of taking part in this award, they had requested a list of ingredients for all food products from suppliers; this was so they could check the ingredients used in the preparation of all meals in respect of people's allergies.

Nutritional assessments had been carried out and we saw these included specific information about a person's nutritional and hydration needs. One care plan recorded, "(The person) can look at food and not know what to do with it. Staff to keep reminding (the person) to eat." The care plan had been updated and recorded, "(The person) to be offered finger foods" with a further update recording, "To weigh weekly – weights champion to monitor." We saw evidence in care plans that referrals had been made to dieticians and speech and language therapy (SALT) services appropriately. We saw that people were weighed on a regular basis to monitor any weight loss or gain, and that food and fluid intake charts were used to monitor people's nutritional intake when this had been identified as an area of concern.

We observed that people who lived at the home were provided with hot and cold drinks throughout the day. We noted that breaks were built into activities to allow people to re-hydrate. The registered manager told us that they had purchased equipment to make 'ice sticks' and that these had made taking fluids more enjoyable for people.

Good

Is the service effective?

We spoke with the cook and they told us they had a white board in the kitchen that recorded people's special dietary needs and their likes and dislikes. The cook 'plated up' meals and told staff which person the meal was for to ensure that each person received the meal they had ordered and that they required. People were asked each day about their choice of meal for the following day. There was one main meal on the menu at lunchtime but people could ask for an alternative, and we saw some different meals being served. The menu was also displayed in the main lounge. Most people told us that they enjoyed the meals provided by the home. One person told us, "If there's something I don't like they give me something different. It's the sort of food I like. I've put on weight since I've been here." However, one person told us that there was very little chicken in the pie and that the pie was hot but the potatoes and vegetables were only lukewarm. We also saw that people were served with the vegetables of the day and not asked if they liked them or if they would like an alternative. We saw there were three options available at tea-time and people told us they appreciated this.

At lunchtime we saw that people were assisted into the dining room and they had waited 20 – 30 minutes for the meal to be served. Some people started to become anxious and were moving cutlery and other items that were on the tables. Other people left the dining room and went back into the lounge. We discussed our concerns with the registered manager on the day of the inspection and she acknowledged that people should have been taken into the dining room nearer lunchtime, and that a member of staff should have remained in the dining room once people were in there.

We noted that the tablecloths were worn and this did not make the dining room look welcoming. People were not offered clothes protectors or placed close enough to the tables, so food went on their clothes and on the floor.

We were told that people at the home were registered with the same GP practice and that this had improved the service that people received. A social care professional told us they were aware that the home had weekly support from the GP surgery. People who lived at the home told us that they had good access to GP's, chiropodists and other health care professionals. We saw that the district nurse visited twice daily to administer insulin to people who had diabetes, and they were able to see people with other medical needs at the same time. There was a record of any contact people had with health care professionals; this included the date, the reason for the visit / contact and the outcome. We saw advice received from health care professionals had been incorporated into care plans. Details of hospital appointments and the outcome of tests / examinations were also retained with people's care records. This meant that staff had easy access to information about people's health care needs.

A visitor told us that they were kept fully informed about their relative's medical appointments, including when the doctor had visited. They told us, "They even rang to tell me (my relative) had got a bit sunburnt."

People had patient passports in place; these are documents that people can take to hospital appointments and admissions with them when they are unable to verbally communicate their needs to hospital staff. They include details of the person's physical and emotional health care needs. This meant that hospital staff would have access to information about the person's individual needs. We saw that, if people had a Do Not Attempt Resuscitation (DNAR) document in place, this was clearly recorded in their patient passport.

People were provided with equipment they needed to promote their health and well-being, such as equipment to aid their mobility, equipment to promote good skin care and equipment to aid continence. They registered manager told us that they had recently purchased new equipment to improve the bathing experience for people who lived at the home.

Good

Is the service caring?

Our findings

The registered manager told us in the PIR, "It is important for service users to maintain relationships. Staff will encourage relatives and friends to visit for meals …….. small things like when a visitor comes to the door, staff will help the service user concerned to open the door for their visitor. This is only a small act but means a lot to the service user." Relatives who we spoke with on the day of the inspection told us they could visit at any time of day and that they were always made welcome. The registered manager told us that they also intended to set up a computer room to enable people to keep in touch with family and friends 'on line'.

A visitor told us that they were kept fully informed about their relative's well-being. They said, "They give me information about how he has been, if he's been in a good mood or if he's been aggressive. I go to all the care reviews." A social care professional told us that staff kept them updated with relevant information and concerns about individual people, and if they suggested a visit from a GP or a CPN, this was arranged by staff at the home.

The registered manager told us in the PIR that staff were commencing training on 'Dignity and Safeguarding in a care home environment' and we saw evidence that this training had been completed. We observed that people's privacy and dignity was respected. We overheard the registered manager say to one person, "Your sister is on the phone. Do you want to come through here for a chat – it's a bit quieter here." We also saw that one person returned home from the hospital in an ambulance. They were being carried on a stretcher and they entered the home via a side door so that they did not have to be taken through communal areas of the home.

We saw two occasions when people needed to be changed into clean clothes; staff spoke with them discreetly and led them away quietly to preserve their dignity. People told us that they were treated with dignity and respect at all times, and that staff knocked on doors before entering a room. A relative told us, "They always draw the curtains if they take (my relative) to their room to change because they are near the garden." Most people had a single bedroom and this enabled them to spend time on their own if they wished to do so. Health and social care professionals told us that meetings were always held in private, and a social care professional told us that staff had a good understanding of the concept of confidentiality.

A health care professional told us that staff at the home had one of the most person-centred approaches to care that they had come across. They said, "I have on many occasions observed and been aware of one to one interventions being provided to their residents." They were able to give an example of one person's successful transition into the home and how staff had maintained that person's quality of life. They also told us that there had been occasions when people had arrived at the home looking unkempt after months of self-neglect. They said that staff approached this with sensitivity and allowed the person a period of adjustment, getting to know them rather than rushing in to solve the problem.

We observed that staff spoke with people in a kind and caring manner. One person who lived at the home told us, "They've been very kind and caring. There are times when I've been upset and they've sat with me." Another person said, "The staff are excellent. Sometimes they sit and talk to me. I know everyone's names." Relatives told us, "I think the staff are amazing" and "The staff are so obliging even though they seem to be rushed off their feet." We saw that staff made eye contact with people and got down to their level when they were seated to communicate with them. They were patient when talking to people, and waited for their responses. We observed that staff used touch to communicate with people appropriately; they held their hands and cuddled them when this was welcomed. One member of staff said, "While I'm here they are part of my family." However, we did note that some staff often referred to people as 'sweetheart' or 'darling' and pointed out to the registered manager that not everyone liked these terms of address.

We noted that staff knew people well. They were able to talk to them about their family members, their past and their likes and dislikes. We saw that one person's care plan included a picture of a baby scan; this was a scan of their first grandchild and staff used the picture to enter into discussion with the person concerned and to remind them of their family connections. A health care professional told us, "All the staff at the home always know about all the

Good

Is the service caring?

residents, no matter who you ask." Both staff and people who lived at the home told us how staff would buy small gifts for people when it was their birthday, or simply because they thought they would like them.

Staff told us how they promoted people's independence. The activities coordinator told us how they assisted people to make and change their own beds. Other people liked to do tasks around the home such as clearing tables and washing clothes and hanging them out to dry.

The registered manager showed us a library of information that she had put together. This including information from Macmillan, other information about end of life care and information on a variety of other topics. Several copies of each document had been made so that visitors to the home could take this information away with them.

Someone who lived at the home raised a concern with us on the day of the inspection. We discussed this with the registered manager and they told us that the situation referred to was documented in the person's care plan. A community psychiatric nurse (CPN) and an independent mental capacity advocate (IMCA) had been involved in monitoring this situation.

We saw that an advocacy helpline was advertised within the home. The registered manager had also introduced a 'confidential support service' in-house. They had employed someone who had dedicated time to spend with relatives. They had advertised their availability between 1.00 to 3.00 pm on Monday, Tuesday or Wednesday and invited relatives to call in to speak to them in confidence. This showed that the service were happy to support relatives as well as the people who lived at the home.

Good

Is the service responsive?

Our findings

People who lived at the home told us they felt their care was focused on them. They said they could ask for things they wanted and if possible, this would be provided. One person told us that they did not like plastic cups so staff made sure they had their own cup. They told us, "If I don't get it (the cup) I complain." Another person's care plan recorded information for staff about encouraging the person to make choices. The record stated, "Try to get (the person) to express choices. If not, make choices based on previous choices / history."

A social care professional told us that the registered manager and deputy manager listened to information that was shared about the person at the time of the initial assessment and understood that people had individual needs.

We saw in care plans that people's needs had been assessed when they were first admitted to the home. Assessments had been undertaken on nutrition, tissue viability and mobility so that a person's level of dependency could be identified. This information had been used to develop care plans that reflected people's individual abilities and needs. People's preferences were also recorded in their care plan, including their hobbies, interests, food likes and dislikes and even their sense of humour. Care plans were reviewed each month; this meant that people's care needs were continually updated to ensure they received appropriate care.

We saw that care plans also included information about people's individual ways of communicating and how staff would be able to understand the person's needs when they were not able to verbalise them. One person's care plan included information about their body language that might indicate they wanted to go to the toilet. Their care plan also recorded, "Staff may need to use gestures to encourage (the person) to go to the toilet." Some staff had undertaken training on reminiscence skills and this helped them to communicate with people who lived at the home effectively.

A 'Client Health Change Report' form had been introduced to record any changes that were noticed in a person's behaviour or general well-being. These recorded what had been observed, who had been informed and the outcome, and information was cross referenced to the person's care plan in a 'Changes in need' form. We saw examples of these on the day of the inspection; one example we saw recorded, "(The person's) glasses are damaged. Visioncall has been requested to visit."

No-one we spoke with had raised a formal complaint. They told us that, if they had any concerns, they would initially raise this with the registered manager or deputy manager. We spoke with a visitor who told us that their relative "Could be difficult and wanted things doing their way." They said, "Staff are great with (the person)." They said the registered manager and staff were always happy to listen to concerns and help if they could and this made them feel confident about raising concerns or complaints if they needed to.

We saw that there was a complaints procedure on display but it was quite high up on the wall and only written in small print. The registered manager acknowledged this and said they would have some notices produced in large print and would display them in more suitable places around the home.

We asked the registered manager about complaints and they told us that none had been received during the previous year. They told us in the PIR, "If a service user has a concern it is normally dealt with immediately and this prevents any distress escalating into a complaint." The registered manager also told us in the PIR that they were in the process of devising a training programme based on the outcomes of complaints, concerns and complicated situations. It was felt that this would help staff to deal more confidently with situations and could also prevent situations from reoccurring. On the day of the inspection the registered manager told us that, if they did receive a complaint, it would be dealt with immediately and a record would be made of the investigation, the action taken and any learning from the complaints investigation.

A social care professional told us that managers and staff always seemed friendly and caring towards people who lived at the home and visitors. Relatives told us that they were always made welcome at the home. They told us that they could visit at any time of day, and if they visited at lunch time, they were asked if they would like a meal. They also told us they often joined in the activities. We spoke with one relative who told us, "There are always activities on the go and (my relative) enjoys them."

Good

Is the service responsive?

Two activities coordinators were employed at the home. The staff member we observed and spoke with on the day of the inspection was enthusiastic about their role and we saw they encouraged people to take part in activities. They told us that activities were planned but that these could change depending on people's requests. They told us, "I like to do things that are meaningful to the residents. At the end of the day it's all about them."

People who lived at the home told us about the bowling (Boccia) game they took part in. They told us how much they enjoyed it and they were proud that they were in a team that had made it through to the finals of a local care home league. One person told us, "I'm on the team. I love it. I can manage it (despite my illness)." Other activities included chair based exercise, arts and crafts, baking, flower arranging and gardening. We saw some of these activities taking place on the day of the inspection. Some activities were designed for people who were living with dementia, including sensory cushions, textured balls and using smells to aid remembrance.

A health care professional told us that they regularly saw events taking place at the home, and mentioned the recent VE Day celebrations. They said that staff had made a lot of effort to make the day a success. For example, the registered manager had made people headscarves of the era and appropriate music was playing, and relatives had been invited to join in.

The home had a mini-bus that was used to take people on trips out. These included shopping trips into the local town and trips to the coast, as well as meals out. They went into the town every day and each day a small number of people would go to the Methodist Church for coffee, and one person would get their newspaper at the same time. There was a 'bar' in the corner of the dining room where people could have a beer or a sherry and take part in games like dominoes.

Outstanding

Is the service well-led?

Our findings

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). We saw that all of the conditions of the provider's registration were being adhered to.

We spoke with a relative who told us that Woodleigh Manor was an excellent care home. They told us that they usually spoke with the registered manager when they visited their relative and that she was "Very open – always happy to discuss concerns and deal with issues." They added that the registered manager was always aware of up to date information about their relative, as were other staff. Relatives told us, "This is a very good care home", "On the whole this is a really happy place" and "I'm very comfortable with how (my relative) is here. They are very happy and that makes me happy." A person who lived at the home told us, "I'd recommend this place."

Everyone we spoke with told us that the registered manager was very open and approachable. One person said, "She's very good. She pops in every day and sometimes has a chat. She does bits of shopping for us." A social care professional told us, "I have found the manager and staff to be open and transparent in regards to the needs of service users and the care provided." They went on to say, "The manager is proactive in accessing support and advice when needed, and in following that advice. Care plans and documentation is holistic." A health care professional told us, "In general I feel the positivity of the home comes from the registered manager. I feel she is an excellent leader, particularly in respect of compassion. She is a genuinely caring person meaning she is an excellent role model in the area of dementia care, particularly when the residents have additional needs associated with their dementia. She is very much involved in care of the residents and I feel this approach cascades amongst the staff team." They added that they felt the home deserved more recognition for the excellent care they provided.

Staff told us that the registered manager was "Brilliant." They said they could go to the registered manager or the deputy manager at any time. A social care professional told us that the registered manager and deputy manager had a good working relationship and both shared information appropriately. They said that staff at the home handled difficult situations well and that managers supported staff effectively.

The registered manager and deputy manager attended the Care Sector Forum; this was a meeting organised by a local authority where information and good practice guidance was shared with registered providers and managers. The managers also obtained information from organisations such as Macmillan and the Alzheimer's society to ensure they were up to date with the latest recommendations about care practices. This information was then cascaded to staff at handover meetings, staff meetings and supervision meetings, and that care practices at the home improved as a result.

The registered manager showed us a document that was used to record learning outcomes. This included learning from safeguarding investigations and other incidents that had occurred at the home. The registered manager was open and honest in telling us that some documents that were still needed had been shredded in error. As a result, they had produced an action plan and were able to tell us how this was progressing.

There was a quality monitoring calendar in use. This recorded staff training, meetings and audits that had been carried out during each month.

The registered manager had carried out numerous audits to monitor that systems in place were being followed by staff. These included audits of infection control, care planning, security of the premises, social activities, unplanned admissions, maintenance, 'assessing the home as a learning organisation', staffing and nutrition. One of the audits on nutrition included a discussion with relatives to gain their views about articles that had been in the press. Another audit on nutrition recorded, "Senior staff to do a full assessment for nutrition and hydration." We saw copies of these assessments in care plans and this indicated to us that improvements identified in audits were actioned. We saw that all audits were repeated on a regular basis so that any improvements that were needed could be monitored.

We saw that surveys had been sent out to people who lived at the home, relatives and friends, staff and visiting professionals to gain people's opinions about the service provided by the home. In addition to in-house surveys, a

Is the service well-led?

person external to the home carried out an annual quality audit of the service so that an independent view could be gained. The registered manager told us that the outcome of quality surveys were collated and displayed in the home.

People who lived at the home confirmed that they had completed a survey "Probably every year." The registered manager told us in the PIR that they were developing more dementia friendly communication tools, including a questionnaire that was written in a 'friendly' format that would be beneficial for people living with dementia.

We asked people who lived at the home and their relatives if they attended any meetings. No-one could recall attending a meeting but staff told us that meetings were held monthly. We saw the minutes of a meeting in January 2015 had been held specifically to share information about dementia with those people who were not living with dementia. The registered manager felt that this had helped people to be more understanding and patient with people who had a dementia related condition. The minutes of the meeting held in April 2015 recorded that people had been asked if they would like another pet at the home and if they would prefer fish or fish fingers to be on the menu on Fridays. One person has said that the picture on the lounge wall was depressing and, as a result, a new picture had been purchased to replace the existing one.

We saw that any comments made by visitors were recorded in a comments book, and that these were fed back to staff in staff meetings so that they could reflect on the comments made. The quality calendar recorded a variety of meetings that had been held for staff. We saw that a meeting was held for senior staff in January 2015 which included an overall reflection on how the service had operated during 2014; this evidenced that staff were invited to express their views about the successes of the previous year and how they could continually improve on them.

We asked the registered manager if they had received any awards or other kinds of recognition. She told us that they had been awarded a 'bronze' award in the Nutrition Mission organised by the Humber NHS Foundation Trust. As a result in taking part in the award, the registered manager told us that they had requested a list of ingredients for all food products from suppliers; this was so they could check the ingredients used in the preparation of all meals in respect of people's allergies.

We asked social care professionals to describe the culture of the home. One social care professional told us, "Staff appear to have a good values and ethics base which is reflected in care plans and interventions used." They also said, "The strengths of the service are evident, particularly around the manager's skills and effectiveness, as well as multi-agency working, understanding of dementia and risk management."

There were some examples of excellent practice; a confidential support service had been set up in-house, a library of information had been set up to provide visitors / relatives with information and a district nurse was assisting the registered manager to monitor accident and incident records so that any areas for improvement could be identified.

There were plans in place to hold celebration days at the home. The registered manager had recognised that some people had lived with each other at the home for a number of years. When a person died, there was no recognition of the anniversary of their death and the manager felt that this should be remembered; they would talk about the deceased person and 'say a prayer' for their family.

A social care professional gave us an example of effective care at the home. A person had transferred to Woodleigh Manor from another service that had not been able to meet their needs. They told us that there had been a vast improvement in the person's well-being since they had lived at Woodleigh Manor and they felt that this was because "There was a complete difference in thinking at Woodleigh Manor." They told us that the registered manager and staff listened to advice and followed it, and asked for advice appropriately. They said that communication at the home was positive, and that the registered manager shared relevant information with the staff team.

A health care professional told us that Woodleigh Manor rarely refused admissions, even in crisis situations. They said, "They have taken many residents that have failed in other residential environments."

Staff 'champions' had been identified. Champions are staff members who take on responsibility for a particular topic. It is their role to share up to date information with the rest of the staff group and to promote their topic within the home. Champions included those for weighing, nutrition and moving and handling.

Outstanding

Is the service well-led?

The registered manager, staff and people who lived at the home told us about how they maintained links with the community. One person went out into the town on their bicycle, and other people continued to take part in activities that they had enjoyed prior to living at the home, such as going out for a coffee, going shopping and going out for a newspaper. Visitors were made welcome and family and friends were encouraged to take part in activities at the home.