

# Colten Care (1693) Limited

## Woodpeckers

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Woodpeckers is registered to provide accommodation for persons who require nursing or personal care for up to 41 older people, some of who may be living with dementia or have a physical disability. On the day of our inspection 33 people were living at the home.

Accommodation at the home is provided over three floors, which can be accessed using stairs or passenger lifts. There are large garden and patio area's which provide a safe and secure private leisure area for people living at the home.

The home had a registered manager. 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 they felt safe and they enjoyed living at the home. Staff had received training in how to recognise and report abuse and had a good understanding of what to do if they suspected any form of abuse occurring.

# Summary of findings

Staff understood the needs of the people and care was provided with kindness and compassion. People, relatives and health care professionals told us they were very happy with the care and described the service as excellent.

The home had a robust recruitment and selection process to ensure staff were recruited with the right skills and experience to support the people who lived at the home.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and head of care understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People's care plans and risk assessments were person centred and current. They were reviewed and updated regularly to make sure they provided accurate information.

Staff were appropriately trained and skilled to ensure the care delivered to people was safe and effective. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities.

The registered manager assessed and monitored the quality of care consistently involving people, relatives and professionals. Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs.

People and relatives knew how to make a complaint if they needed to. The complaints procedure was displayed in the home.

# 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 was safe. Staff knew how to report concerns or allegations of abuse which ensured the safety of people.

There were suitable arrangements for the safe storage, administering, recording and disposal of medicines.

Robust recruitment practices were followed to ensure staff were suitable and safe to work in the care home.

Good



### Is the service effective?

The service was effective. Staff were supported in their role, and they had received an induction into the service.

Assessments had been completed on people's physical health, medical histories and psychological wellbeing.

The registered manager had a good understating of their duties under the Mental Capacity Act 2005 and had appropriately referred on to the local authority if they thought a person had been deprived of their liberty.

Good



### Is the service caring?

The service was caring. Staff interacted well with people and were kind and compassionate.

Staff respected people's privacy and dignity.

Staff had positive relationships with people and understood their needs. People's right to make choices about their lives was respected.

Good



### Is the service responsive?

The service was responsive. Care plans for each person had been reviewed monthly or as people's needs changed. Care plans were updated to reflect these changes to ensure continuity of their care and support.

The provider was proactively involved in building links with local communities.

People and their relatives were involved in care planning and on-going reviews of care to ensure care and support was appropriate and met their needs.

Good



### Is the service well-led?

The service was well led. People and their relatives were consulted and involved in decisions about how the service was run.

Staff felt supported by the registered manager and the provider.

Regular management checks were carried out to assess the quality of the service people received and identify where any changes were needed.

Good



# Woodpeckers

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14, 15 and 16 September 2015 and was unannounced.

The inspection team consisted of one inspector 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.

We had not asked the provider to complete a Provider Information Return before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also checked to see what notifications had been received from the provider. Providers are required to inform the CQC of important events which happen within the service.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe the lunch time meal experience in the dining area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 people living at the home, four relatives, the registered manager, head of care, one nurse, six care staff, the chef, the activities co-ordinator and the homes administrator. We also spoke with the provider's operations manager and quality assurance manager.

Following our inspection we spoke with five relatives and five health and social care professionals to obtain their views on the homes delivery of care.

We looked at six people's care records, six recruitment files and records relating to the management of the service.

We last inspected the home on 7 May 2014 where no concerns were identified.

# Is the service safe?

## Our findings

People told us they felt safe living in the home. One person said, “I feel completely safe as there is always someone here”. Another person said, “I feel very safe here. I have a buzzer on my lap if I need to call anyone for help”. A further person added, “I feel safe. People are so kind and will do all they can to help me. If they cannot do it straight away they explain why”. A visiting GP told us, “Woodpeckers is a very safe home. I have been associated with the home for a number of years and have never had any concerns”. A local authority care manager who had reviewed a person’s care in the service told us, “We have recently reviewed the care of two people living there and have no concerns”.

There were enough skilled staff deployed to support people and meet their needs. Staff were not rushed when providing personal care. People’s care needs and their planned daily activities were attended to in a timely manner. One person said, “There is always plenty of staff about all of the time. Staff are everywhere even Matron and the Chef”. Another person said, “When I have needed help and pressed my buzzer staff are there “in a flash”. One relative said, “I’ve never experienced an issue with staff. There always is enough staff about which is very reassuring.” Another relative said, “There always seems to be enough staff around during the day. Staffing seems to be at a good level”.

We viewed the call bell audits between 17 August and 14 September 2015. Call bell records confirmed that requests for help or assistance were attended to in a swift manner. During this period 99.2% of call bells were responded to in less than five minutes. People told us staff were quick to respond at any time, night or day. One person told us, “I rarely use my buzzer because I’m quite independent but a few months ago I was unwell and had a few days in bed. The staff were marvellous when I needed them. They came very quickly”. Another person told us, “I know they (staff) get busy but they always come when I press my buzzer. It takes just seconds”.

Staff were fully aware of how to recognise and protect people from abuse. The home responded to safeguarding concerns and worked with the local authority. They obtained advice from them when appropriate. The provider reported safeguarding issues accordingly. Staff told us and records confirmed they had received safeguarding training.

One staff member said, “If I saw anyone being abused I would not hesitate to report it.” Staff were aware of the procedures in place to keep people safe and the levels of concern they needed to report.

Risk assessments were in place for all people living at the home. Staff told us that, where particular risks were identified, measures were put in place to ensure the risk was safely managed. For example, we saw that people who were cared for in bed had easy and direct access to an alarm call bell. Staff told us, and we saw in the documented risk plans, that some people were unable to activate the alarm call bell so the level and frequency of observations of these people by staff were increased accordingly. We saw from the staff observation records that these welfare checks had been made on at least an hourly basis and were recorded accurately and in a timely manner.

We looked at the recruitment records of six members of staff. The recruitment process included applicants completing a written application form with a full employment history. Checks had been completed before staff worked at the home and these were recorded. The checks included taking up written references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Face to face interviews had been held. The recruitment process aimed to make sure people were appropriately skilled and suitable to work with people. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

There was a clear medication policy and procedure in place to support staff to manage people’s medicines safely. Staff designated to administer medication had completed a safe handling of medicines course. This had included a practical assessment to ensure they were competent at this task. Medicine administration records (MAR’s) included an up to date photograph of the person, together with a list of identified allergies. MAR’s had been completed to indicate when medicines had been given or had been refused. Each person had a record of homely remedies that could be given. The list had been authorised by the GP and was reviewed annually or as needs changed. This ensured that medicines were handled and given to people safely.

## Is the service safe?

Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD's). The CD's in the service were stored securely and records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Safety checks had been carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate people safely and quickly in the event of a fire. A 'grab box' containing PEEP's, torches, contingency plans and foil survival blankets was kept at the main entrance to the building. The provider ensured the premises and equipment were maintained. Health and safety records we looked at confirmed regular environmental checks were undertaken and any issues swiftly remedied.

# Is the service effective?

## Our findings

People told us the staff were excellent and always helped them. One person said, “The chef makes me nice cold orange squash which I like”. Another person said, “The staff know me as the person I am and how to help me. They come in and read the newspapers to me as my eye sight is not so good”. A relative told us, “It’s a lovely place. Goodness I feel so welcome and I’m staying for lunch today which I am looking forward to”. Another relative said, “It’s good to see my dad now wanting to go to the dining room for lunch. The staff have encouraged him over several weeks to be able to do this. He never wanted to mix but the staff have really worked closely with him. It’s good to see him smiling again”.

Woodpeckers had received positive comments from a paramedic and emergency care assistant following a visit to the home to attend a person who had sustained an injury after a fall. They wrote, ‘We were given a full, concise and relevant handover as to why we were called, what observations had been completed prior to our arrival and what injuries had been found. We would like to commend you on how professional your staff are, the excellent training that is obviously supplied and how happy the residents appear to be. It is very reassuring to us to be able to leave a nursing home knowing that the residents are receiving such a high standard of care’.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection two people living at the home were subject to a DoLS. Applications for a further 24 people had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The registered manager and head of care understood when an application should be made and how to submit one. They were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards

Staff had a good understanding of mental capacity and what to do if a person lacked capacity around their needs. All staff at Woodpeckers carried a card outlining the key principles of the MCA. The card also gave guidance to staff when considering if someone was being deprived of their liberty. They gave us examples of how they supported

people to make choices about what they wanted to wear and what they wanted to eat. One member of staff told us, “We know that people living with dementia can change from day to day. They can understand things one day but not the next. We know our people well enough to know when they might be making a decision that could expose them to danger. That’s when we would have consider a persons mental capacity and where appropriate make a best interest decision”. They went on to tell us who would be involved in a best interest meeting. For example, GP, care staff, social worker, family, people who knew the person well and the person.

Nutritional screening assessments had been carried out, with any support needed noted in people’s care plan. On admission to the home the chef spoke with people to ask about their dietary preferences, likes and dislikes and these were recorded in peoples care plans and in the kitchen. People’s weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake.

The menu for the day was displayed in the home and people confirmed they made their choices from the menu. There were three alternatives to the main meal which was usually the lunchtime meal and included a choice for vegetarians. However, if people wanted something different this was provided. Food and fluids were available throughout the day and this included, fruit, biscuits and cake. Dining tables were attractively set with napkins and the day’s menu.

The meals looked plentiful and appetising. People were enjoying the social occasion of the mealtime experience. There was laughing and talking between people, some of whom were being supported and encouraged by staff to eat their meals. One visiting relative said, “Look at that food, it’s beautiful, can’t complain about that”. One person told us, “They are really good here. If I want a bacon sandwich for supper or something different at any time the chef will always cook it for me”. The chef was knowledgeable about people’s specific dietary and diverse needs. Records confirmed what people had told us and showed that people were supported to eat, drink and maintain a balanced diet.

Staff were supported in their role and had been through the provider’s own corporate induction programme. This involved attending training sessions, and shadowing other staff. An induction programme which embraced the 15

## Is the service effective?

standards that are set out in the Care Certificate had recently been implemented. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager provided us with a copy of the training matrix. Staff training was up to date and relevant to meet the needs of the people who lived in the home. For example, 93% of staff had received training in safeguarding, 100 % had received training in basic life support and 100% in moving and handling. Training also included dementia awareness, The Mental Capacity Act, dignity and respect, infection control and basic food hygiene.

Staff had opportunities for training to understand people's care and support needs. Comments from staff members included; "We do a lot of training here, to be honest, it keeps everybody up to date with things", "I enjoy the training. It's important to keep up, new things are coming in all of the time" and "I have done loads of training".

Staff received regular one to one supervision, annual appraisal and on-going support from the registered

manager or head of care. This provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. Records of supervisions detailed discussions and there were plans in place to schedule appointments for the supervision meetings. Staff had annual appraisals of their work performance and a formal opportunity to review their training and development needs.

People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. One person told us, "The GP visits every week to make sure we are all fit and well but if I feel unwell at any time I can request a visit and he comes to see me". People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing. Arrangements were in place for people's healthcare needs to be monitored through a regular review process. Care records demonstrated people had received visits from health care professionals, such as doctors, chiropodists and opticians. The registered manager had been proactive in accessing appropriate health care and treatment for people, when it was needed.



# Is the service caring?

## Our findings

People told us staff were caring and compassionate. One person said, “They are very good to me, they never rush me”. Another person told us, “It’s really nice here. The staff are all very caring. I wouldn’t want to be anywhere else”. A relative told us, “It’s a very caring home. I can visit whenever I want to”. Staff were kind and respectful to people. We heard conversations and saw interaction between staff and the people who used the service. Staff spent time with people. We saw one staff member holding a person’s hand while they spoke with them. We saw other staff gently touch people on the arms or shoulders to raise awareness that they were there and wanted to interact with them.

Letters and cards we viewed from relatives in relation to the care and support people had received at Woodpeckers included the following comments, “I am particularly grateful for how you kept me informed of her condition, especially in the last few days”. “Thank you for taking care and making (person) last two and a half years as comfortable as possible” and “Thank you for all the care you gave me while I was there with you. We had some giggles didn’t we”?

Staff were knowledgeable about the people they cared for, and knew what they liked and disliked. We asked four members of staff about the care needs of the people they cared for. They were all able to tell us about the person, their dietary needs, care needs, what they liked or disliked, past history, social needs and what activities they liked to take part in. Care and support plans confirmed what we had been told.

Arrangements were in place to make sure people were involved in making decisions and planning their care. Care plans we looked at indicated care had been discussed with people on a regular basis.

People’s privacy was promoted and respected. A number of people we spoke with told us they liked to spend time in their rooms but could choose to sit in the communal areas if they wished. People’s bedroom doors were pulled shut unless the person expressed a preference to have the door open. Staff knocked bedroom doors and waited for

permission before entering. People told us staff always did this and that they respected their privacy one person saying, “Staff never come in without knocking the door first”.

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices. One person told us, “It’s all very good, I have freedom of choice”. Another person said, “The staff always have time for a chat. They are very accommodating and will listen to me. I’m treated very much as a person”. Staff provided care to people in a kind, attentive and compassionate way. For example Staff talked people through the care and support they were to offer them before and during the process, offering good explanations and reassurances to people.

Staff at Woodpeckers carried a card entitled ‘Cherishing You’. It outlined the provider’s five values of friendly, kind, individual, reassuring and honest. This was a commitment from the provider to ensure every member of staff was encouraged to live the provider’s values every single day. Staff we spoke had a good understanding of these principles. One member of staff said of the value ‘honest’, “Nobody is perfect. If we make a mistake we have to be open and honest about it, learn from it, apologise and move on. Another member of staff said of the value ‘Kind’, “Treating people how you would expect to be treated. Giving the best care you can”.

Staff understood that some people may have difficulty expressing their wishes verbally and knew how they would make their wishes apparent. One person said, “Staff talk to you about what they are going to do and always ask if it’s ok first”. Staff spoke to people in a calm and respectful manner. When staff supported people with moving from the lounge to the dining area they explained to people what was happening and asked them if they wanted to sit at the table for lunch. They also ask people where they wanted to sit. Staff respected people choices.

Staff promoted people’s dignity and showed them respect. One person told us, “Staff have been very good in allowing me to come to terms with things” and another person said the staff, “Are extremely kind”. We spoke with people as to their preferred titles and they told us staff always used these chosen forms of address. Staff were consistently friendly and jolly with people with lots of smiling and laughing seen from people and staff when they were talking to each other.

## Is the service caring?

We saw relatives visiting the home without restrictions. People were encouraged to form caring relationships by

sitting together and talking in small groups. One person told us their family member was always welcome at the home. A relative told us they felt unrestricted and could visit at any time.

# Is the service responsive?

## Our findings

People told us the home was responsive to their individual needs. One person told us, “I came to this home because I kept falling at home. They have been helping me with my medication and mobility. Next week they are going to help me to start walking again. The staff really are exceptional”. Another person told us, “The yoga teacher is a sweetie. He has helped me get my arms moving again. I can now eat my food without any help”. A relative told us, “When Dad came here from hospital he had been cared for in bed. He hadn’t stepped on the floor or sat in a chair for months. The staff here have been outstanding. They sensed they could do something for him and got a physiotherapist and occupational therapist to see him. Together they worked out some things and now Dad can with help, get out of bed and sit in a chair. This has changed his life”. A G.P. who visited the service to provide treatment to people told us, “People living at Woodpeckers benefit from a personal homely atmosphere which is combined with the high level of person centred care that is provided. The manager ‘pushes the boundaries’ to ensure peoples care is the best it can be”.

Staff respond to people’s individual needs and preferences. One person we spoke with had a hearing impairment. The member of staff explained to us that the person could lip read well. The member of staff also explained that if we spoke clearly and looked at the person we would understand each other well. The member of staff positioned a chair for us so that we sat directly in front of the person and at the same level. This enabled us to have a meaningful conversation with the person. People with a hearing impairment were issued with ‘vibrating pagers’ if they wanted them which would vibrate and alert them in the event of the fire alarm sounding. This ensured they were able to evacuate the building safely.

People’s individual assessments and care plans were reviewed with their participation or their representatives’ involvement. The plans had been updated to reflect these changes to ensure continuity of their care and support. This had been completed when people’s medicines or health had changed. Staff knew about the changes straight away because the management team verbally informed them as well as updating the records. Staff then adapted how they supported people to make sure they provided the most appropriate care. One relative told us, “The home reviews

the care plans regularly and we are always invited and updated on how our Mum is doing”. Another relative told us how their family member’s general wellbeing had improved since they had moved to Woodpeckers because staff had worked with them to ensure the care and support they received was tailored to meet their individual needs”. One person said, “The staff know what I like and what I don’t like. They know that sometimes I can walk without my frame and others times I struggle. They always ask me if I need my frame”.

Each person’s needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about and able to meet their particular needs and wishes. People’s care had been planned and these plans took into account people’s history, preferences and what was important to them. For example, people’s spiritual needs were met by local church ministers who were invited to conduct regular services in the home.

The home met the needs of people including those who were living with dementia. A relative told us, “The building is user-friendly. It’s very open, no dark areas. Very bright, modern and inviting”. The garden room overlooked the large enclosed garden that was well maintained. Flower beds were raised to help people do gardening in the warm weather and paths had been created to assist people to move around the garden. People told us they often went into the garden under the guidance of the providers visiting gardener to plant flowers and tend to the flower borders. One person said, “I always had a garden at home and its really good that I can carry on my hobby here”.

The activities programme was varied and extensive and had been specifically developed to respond to the needs of people living at the home especially those people living with dementia. Some of the activities focussed on recalling memories and the staff encouraged people to engage in activities and maintain their motivation and interest.

The arrangements for social activities were varied and met people’s needs. Weekly and monthly activities included Yoga sessions, motivation and exercise sessions, sing-along, visits from singers and musicians and visits from pet animals. People told us staff often joined in with singing and Yoga and encouraged people to do the same. On the second day of our inspection the home had arranged a themed, “Battle of Britain Memorial Day” which was being remembered nationally. All the staff were dressed in costume from that era. The home was decorated

## Is the service responsive?

with union flags, bunting and memorabilia. A singer sang songs in the garden room to people who were clearly enjoying themselves. A number of relatives were also visiting and they joined 21 people who lived at the home.

At lunch time people enjoyed a themed war time lunch where friends and relatives had been invited to join them. One relative told us, "Today has been really special. The home holds regular themed or special days. For example, just a few weeks ago there was an 'Alice in Wonderland' barbeque where all the staff dressed up. They really do throw themselves into it and I'm sure, no I know the residents love it".

The home had strong links with a nearby school and college and worked closely with them. Students from the college with a mild learning disability visited the home every Wednesday to talk with people and be involved in activities. The visits and interactions formed part of their foundation studies in Health and Social Care. People and relatives told us they enjoyed the visits and told us it was refreshing to have an outside influence involved in the home. The college tutor told us, "As a tutor it was so rewarding talking to the students on their return from Woodpeckers. They would always come back full of enthusiasm and great stories that they had heard from the residents. I am really grateful to Woodpeckers for this opportunity as the students gain so much more from hands on experience rather than just learning in a classroom". One student told us, "I love hearing the stories from the residents the ladies are gems of wisdom. I also learnt a lot from watching the staff with the residents like shadowing". Another student said, "It was good going on trips with the people and describing where we were going. We also got to see hands on demonstrations of caring for older people".

Woodpeckers also had strong links with a nearby school who visited the home regularly. The head teacher told us, "It's a lovely experience. We attend at least four times a year. For example, Easter, Christmas and Harvest Festival to dance and sing to the residents. We even visit people in their rooms and sing to them if they can't come down to the main lounge and ask us to. One person told us, "Last year when I was in bed and unwell it was lovely to have the children come and sing to me in my room. It certainly lifted my spirits". Another person said, "Its lovely to see the children coming in. They are so bubbly and full of beans. It really does cheer me up no end". The head teacher also told us how they take the children to Woodpeckers to be

involved in gardening with the residents and said, " It's a wonderful experience for the children and the people living there love to see us. Many times I have come back from Woodpeckers with renewed vigour for my own role in the community. It's a wonderful caring home".

For people who did not wish to join in with activities, or for those with specific welfare needs a social care period of time was made available by the home. This enabled staff to provide one to one personal support to people. One member of staff said, "It's very important people are not isolated but it's their choice if they don't want to join in. We try hard to take activities to those people to give them the opportunity for social interaction. Sometimes they just want to chat or have a cup of tea in the privacy of their room. This system allows us time to do this and engage with people. It also gives us the opportunity to tactfully find out why they don't want to mix. We have had several successes in getting people to join in because we have the time to talk with them".

People and their relatives told us they felt confident in raising any concerns or complaints if they were unhappy with anything. The complaints procedure was advertised throughout the home on notice boards and available in the service user guide under the heading of 'Did we meet your expectations today' It invited people to raise concerns or complaints with the home manager, head of care or the director of operations. It included details of how to contact the Care Quality Commission, the local Clinical Commissioning Group, Local Authority or Local Government Ombudsman Service if people were not satisfied with the homes response to any complaint. The home had received eight complaints since our last inspection May 2014. All complaints had been thoroughly investigated and resolved to the satisfaction of the complainant by the registered manager and responses sent in a timely manner. The registered manager told us, "If we make a mistake we will be honest, open and transparent in our responses. We aim to put matters right immediately where we can". The eight complaints we reviewed confirmed what the registered manager had told us.

The provider undertook a residents and relative's survey in May 2015. Thirty one relatives were sent surveys of which 5 responded. Of these 60% of people rated the quality of care provided at Woodpeckers as excellent whilst 40% rated it as good, 75% rated the activities as excellent and 25% as good. Overall comments regarding the service were

## Is the service responsive?

positive, for example, “Suits my mother perfectly”. “Bright happy atmosphere” “Plenty to do” and “Professionalism of staff is excellent”. At the time of the survey there were 37 people living at the home. Twelve people agreed to be interviewed by an independent researcher engaged by the provider. Of the 12 people interviewed 11% rated the service as outstanding, 78% good and 11% poor.

An action plan was put in place in June 2015 to investigate the comments relating to ‘poor’. For example, one person commented that ‘staff did not always give people the level of privacy they afforded’ and ‘the respectfulness of staff

towards them could be better’. The registered manager told us, “Following the comments made in the survey I spoke to all our residents sensitively to try and address any concerns they felt they had. All the conversations I had were very positive and I was unable to address any of the issues highlighted in the survey. I did however discuss the comments we had received at staff supervision and reminded all staff of their roles and responsibilities”. On the days we visited the home the inspection team did not receive any negative comments.

# Is the service well-led?

## Our findings

People, relatives and healthcare professionals spoke very highly of the service, the staff and the manager. They told us that they thought the home was extremely well run and completely met their needs. One health care professional told us, “I have always found staff to be welcoming, helpful and supportive. They are all very dedicated, caring and respectful and always treat people with dignity and respect”. One relative said, “My dad is very happy in here, the staff are really very good and I leave feeling happy with their care. The manager is excellent and really easy to approach to discuss issues and make suggestions to”. One member of staff said, “I have worked in other places but this is by far the best one. The manager has high standards and we do too”. Another member of staff said, “The staff team are friendly and helpful. We get help and encouragement from management. We are here because we want to help care for people and make it happy for them.

Each morning at 10am the registered manager or deputy manager held a ‘10 at 10 meeting’. The meeting was attended by the registered manager, head of care, chef, activities co-ordinator, registered nurse, and administrator. The meetings were designed to discuss and communicate any concerns that had arisen during the previous 24 hours and to talk about any impending issues into the next 24 hours. Staff told us they found this a good way to communicate ‘what was going on in the home’ and enabled them to keep up to date with the day to day running of the home and people’s changing needs.

The manager was knowledgeable about the people in the service and they spent time in all areas of the service daily and monitored staff and the delivery of care closely. Staff told us they felt part of a big team. One member of staff said, “We all work together as a team”. The staff we spoke with described how the registered manager and senior management constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager was an extremely visible leader who created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was excellent and that they were kept informed about matters that affected the service.

The registered manager was supported by the organisation that carried out an extensive programme of quality assurance audits. The operations manager and quality assurance manager were at the home during our inspection and were available to answer any questions we had about the organisational running of the home and to support the manager. Records showed that the both the operations and quality assurance managers visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. We also saw that regular three monthly meetings were held with the people who used the service. At these meeting people were actively encouraged to look at what could be done better. We found that their views and ideas were listened to and acted upon.

Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.