

Nellsar Limited

Woodstock Dementia and Residential Care Home

Inspection report

80 Woodstock Road
Sittingbourne
Kent
ME10 4HN

Tel: 01795420202
Website: www.nellsar.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The first day of the inspection was unannounced on the 16 August 2018, and the second day of the inspection the 22 August 2018 was announced.

Woodstock Dementia and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Woodstock Dementia and Residential Care Home provides support for up to 55 older people including those people living with dementia. It consists of two units and provides mainly single accommodation with some shared rooms. Accommodation is set over two floors and there is secure access to a garden area. At the time of our visit, there were 41 people who lived in the service. People had a variety of complex needs including communication difficulties, physical health needs and mobility difficulties.

There was no 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. The new manager had been employed at the service since March 2018 and told us that she had sent her completed application to us, to start the process to become the registered manager.

People gave us positive feedback about the service and told us they received safe, effective, caring, responsive care.

There were not always suitable numbers of staff deployed on shift to meet people's assessed needs.

Staff had attended training they needed however, specialist training and regular supervision had not always been undertaken to support staff in their role.

People's safety had not always been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified. However, not all individual risk assessments for people had been completed.

Systems to monitor the quality of care were not always effective. Potential risks were not always accurately monitored and recorded, records were not always accurate and up to date which could result in people receiving inappropriate staff support.

The provider followed safe recruitment practice. Essential documentation was in place for employed staff.

The manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths. The manager

had informed CQC about Deprivation of Liberty Safeguards (DoLS) authorisations that had been approved.

People are supported to have maximum choice and control of their lives and staff do support them in the least restrictive way possible; the policies and systems in the service do support this practice. Staff had an understanding of the Mental Capacity Act and supported people to make choices. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority by the manager.

Staff had a good understanding of what their roles and responsibilities were in preventing abuse. The safeguarding policy gave staff all of the information they needed to report safeguarding concerns to external agencies.

People's care was person centred. Care plans detailed people's important information such as their life history and personal history. However, they did not always inform staff of the care people required to meet their assessed needs.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the home was calm and relaxed. Staff treated people with dignity and respect.

Most medicines had been managed, stored securely and records showed that medicines had been administered as they had been prescribed. However, improvement in the storage and record keeping for some medicines was needed.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family members received.

People's views and experiences were sought through surveys and through meetings. People were listened to. People and their relatives knew how to raise concerns and complaints.

The premises were well maintained, clean and tidy. Decoration of the service followed good practice guidelines for supporting people who live with dementia. There were signs to direct people to different areas of the service such as to the dining area, lounge and garden area.

Management systems were in use to minimise the risks from the spread of infection and keep the service clean, although records did not always support this.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We recommended that the provider reviews the pre-admission assessment process to ensure it is fit for

purpose and that the provider reviews its consent forms to ensure that they are appropriately completed.

This is the first time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's needs were not always met as there were times when insufficient numbers of staff were on duty.

Potential risks to people's health and welfare were not always assessed, monitored or recorded.

People's medicines were not always accurately recorded.

Checks were in place so only suitable staff were employed.

People were supported by staff who had received training and understood their responsibilities in relation to safeguarding.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff required updates in training. Some staff had not been supported through regular supervision.

People had a choice of foods which supported them to stay healthy and people's nutrition was monitored.

People gave verbal consent to care and support. Staff supported people in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards.

People were supported to access health care as needed.

Is the service caring?

Good ●

The service was caring.

People spoke very positively about staff.

Most people and relatives told us they were happy with the service they were receiving.

Staff had good knowledge of the people they supported. Staff communicated in ways that were understood by the people they supported.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to make their own choices at the service. Staff would respect people's choice.

People at the service had access to a range of activities. People told us they were happy with the choice on offer.

The manager investigated complaints and the provider had ensured that people were aware of the complaints procedure.

The views of people and relatives were sought.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was no registered manager.

Quality assurance systems were not always effective in highlighting areas where improvement was needed.

Records did not always accurately reflect people's care and treatment and some records were not easily accessible.

There was an open and positive culture which focused on people. The provider sought people and staff's feedback.

Woodstock Dementia and 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.

This inspection took place on 16 and 22 August 2018, the first day of the inspection was unannounced. The inspection team consisted of two inspectors and an expert by experience. The expert by experience had an understanding of caring for older people and people who had dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in communal areas. We spoke with nine people and two relatives about their experience of the service. We spoke with the operations director, two operation managers, the manager, the deputy manager and five care staff.

We looked at a variety of records. This included five care plans, daily notes; a range of the providers policies including safeguarding and health and safety; the recruitment records of five staff; the training records for all the staff and quality audits.

Is the service safe?

Our findings

People and their relatives all told us that they felt safe at the service. People said that although they felt safe, there were times when staff were busy and they had to wait longer for their needs to be met. Comments included, "I feel much safer here than at home" and "I feel safe because there are always staff around". One relative told us, "Much safer here, she was a danger to herself at home".

People's needs were not always met. People told us there were times when staff were busy and they had to wait longer for their needs to be met. Comments included, "Not always enough staff particularly in the morning. I like to get up at 7.55am. This morning it was 7.00am, but sometimes I have to wait until 10.00am", "Sometimes, could do with more staff" and "At times, I do not think there are enough staff". There was a 'residents' meeting on the first day of the inspection and three people voiced their views about staffing levels. Staff feedback included, "Always short staffed. Weekends are the worst", "It is always at weekends – always short" and "There is not enough staff at all. They are often short. It has been worse recently".

The manager said that since starting at the service in March 2018 the staffing number had been increased and currently the staff rota showed that there were two team leaders and six care staff on a morning shift, the same on the afternoon shift, with one team leader and three care staff at night time. We reviewed the staff rotas from the 1st July to the 21st August 2018. The records showed that these staffing numbers had not been maintained. On 41 occasions there was one member of staff short and on 11 of these occasions 2 members of staff short on a shift. These examples indicate there were times when there were not enough staff to meet the needs of the people using the service. The manager said that they were actively recruiting for more staff.

The provider had failed to make sure that sufficient staff were deployed to meet people's needs. This was a breach of Regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Apart from the care staff there were a number of ancillary staff, such as activities coordinators, domestic and laundry staff, kitchen staff, maintenance and administration staff. The manager also had a deputy manager to support her.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as their risk of falling when moving around the service, of developing pressure wounds, nutrition and continence. Guidance about the action staff needed to take to make sure people were protected from harm was included in the risk assessments. However, there was inconsistency in how this guidance was followed by staff and how effectively people's safety was monitored and managed. There were no risk assessments in place for three people who had a history of epilepsy and no clear guidance for staff. It was found that two of these three people had had an epileptic episode recently and staff did not know what to do to keep the person safe.

The provider had failed to effectively manage and respond to risks to ensure people received safe care. This

was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored appropriately and safely, however, medicines were not always managed safely. One person said, "I have medicines at breakfast, painkillers at lunch if I need them, then again at teatime. Sometimes they run out and I have to wait". Medicines had not always been checked accurately when delivered and signed in correctly. Some medicines administration records (MAR) evidenced that the running total of stock was inaccurate. For example, for one medicine the quantity received was 28, the quantity carried forward was 27, however there was another box that contained 27 tablets that had not been included in the total number of tablets in stock.

For one person who required a thickening agent to be added to drinks to reduce the risk of choking, we found that the tub of thickener currently in use was dispensed by the pharmacy in May 2018. There were a further 4 tubs dated June 2018, but none for July and August. The operations manager told us that when the previous manager left there was found to be an overstocking of medicines, so stock had been reduced and returned to the pharmacy. She said that the thickening agent for July and August may have been returned in error at this time.

The provider had failed to effectively manage medicines safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored in a dedicated room, which was organised and clean. One person said, "Staff come regularly with medicines, they do not forget". One relative said, "Medicines good and regular". People were supported to have their medicines safely and in the way they preferred. Medicines were only administered by staff who had been trained and assessed as competent to do so. There were systems in place for the ordering, storing, dispensing and disposal of medicines. Protocols were in place for people who were prescribed their medicines to be given 'as required' (PRN) and these were understood and followed by staff. Medicines that required to be kept cool were kept in the fridge. The temperature of the room and fridge was consistently taken daily to make sure medicines were kept at the required temperatures so they were effective.

People at the service were protected against potential abuse. There was a safeguarding procedure in place, which staff could access for guidance and advice or if they had any concerns to report. The training records showed that 43 of the 53 staff had undertaken training in safeguarding people. Staff had a good understanding of their responsibilities in keeping people safe from abuse. Staff said they would have no qualms raising any worries they had and they were aware of who to contact outside of the organisation should this be necessary. Safeguarding alerts that had arisen were appropriately managed and any necessary action taken to ensure people remained safe.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People were protected from potential cross infection as they lived in a clean environment. People and their relatives told us that the service was cleaned daily and was maintained to a high standard. Housekeeping staff cleaned surfaces and floors throughout the day. The housekeeping staff worked hard to ensure there

were no unpleasant odours throughout the service.

The maintenance of the property was well planned and good records were kept. All essential servicing had been carried out to ensure the safety of the building and equipment. A comprehensive range of environmental risk assessments had been carried out to help keep people, staff and visitors safe from potential harm.

A fire evacuation procedure was in place. Fire evacuation drills had been undertaken and recorded. All fire maintenance checks and servicing had been carried out including daily and weekly checks of equipment, fire doors and signage. People had personal emergency evacuation plans (PEEP's) that were individual to the person and their specific support needs. This meant that staff knew how to support people safely, in the event of an emergency evacuation of the premises.

Records showed that there were arrangements in place to keep people safe in an emergency. The policies and procedures identified the service contingency plans to guide staff as to how they should react in an emergency; for example, if there was a fire, flood or loss of electricity at the service.

Incidents and accidents were recorded. Learning from these was communicated to staff, in support plans and at handover meetings. Learning from accidents and incidents minimised the risks of avoidable harm.

Is the service effective?

Our findings

People and their relatives told us staff knew people well and provided them with the care they needed. Although most staff felt supported, some staff said they had not received specialist training they required and supervision on a regular basis.

New staff completed an induction which included reading policies and procedures, shadowing senior staff, understanding responsibilities and undertaking training essential to their role. Staff said this gave them the skills and knowledge they required to support people. The information provided by the manager indicated that not all mandatory training for staff was up to date, and that staff had not undertaken specialist training, for example, epilepsy training. On the second day of the inspection the manager provided evidence that epilepsy training was now booked and would shortly be undertaken by staff. However, on the day of the inspection it could not be assured that staff knew how to recognise and respond to a person have an epileptic seizure to ensure their health and well-being.

The manager checked how staff were performing through a programme of supervision (one to one meetings), and an annual appraisal of staff's work performance. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff reported an inconsistency in regular supervisions. Some staff told us they had had regular supervision, however one member of staff said, "I cannot remember the last time I had it. I have only had one I think since I have been here".

The provider had failed to effectively support staff to update their training, and to ensure staff received regular supervision. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs had been assessed before they moved to the service to check whether it could meet their needs. Assessments included aspects of people's health, social and personal care needs including their medicines, communication, nutrition, continence, skin integrity and mobility. However, we found for one person that the assessment was not fully completed and there were gaps in the information that would be required when making a decision as to whether their needs could be met.

We recommend that the provider reviews the pre-admission assessment process to ensure it is fit for purpose.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity showed that decisions had been made in their best interests. Care plans demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Capacity assessments had been undertaken where appropriate. A record was kept of the decisions people took for themselves and the areas where they needed support. For example, people may have made all their own day to day choices and decisions but preferred to have a loved one help with financial decisions. Where it was identified people may require the use of bedrails to keep them safe from falling out of bed, consent to the use of bed rails formed part of their care plan.

Staff asked people verbally for consent when it was required. Staff asked for permission before carrying out personal care or assistance with daily tasks. When staff were assisting people into the dining room, staff asked people where they wanted to sit and allowed them to choose. The staff showed a kind approach and were patient. The provider had ensured that systems were in place to obtain formal consent from people for sharing information, such as photos. People who had capacity signed the forms and these were available in care plans. However, we found that not all forms had been completed.

We recommend that the provider reviews its consent forms to ensure that they are appropriately completed.

The service made referrals and sought advice from other professionals, such as a person's GP, district nurse, speech and language therapist, tissue viability nurse and dietician when required. Care plans identified that the provider involved a wide range of external health and social care professionals in the care of people. Comments from people included, "They (staff) look after me, even if you need a doctor in the middle of the night they stay with you until the doctor arrives" and "Staff accompany me to hospital appointments". One relative told us, "Very quick with the doctor". Each person had a professional visit log that identified that a person had been seen by a health professional and recorded any guidance given.

We checked to see if people's nutritional and hydration needs were being met and care plans contained nutritional assessments. People told us there was a choice of meals on offer. Comments from people were, "The food is very nice, you get a choice, I cannot fault anything", "The variety of food is good, would just like it a bit hotter" and "Not bad the food, they always find me something if I do not like what is on the menu". People's needs in relation to food and fluids were assessed and the support they required was detailed in their care plan. People's weights were monitored and when there had been concerns about people losing weight, professional advice was sought. For people at risk of dehydration or malnutrition a record was kept of the person's daily food and fluid consumption. However, we found that these records had not been accurately completed, not always totalled and did not contain information as to the amount of fluid intake to aim for. It could not be assured people were receiving sufficient amounts of fluid to remain healthy.

There were signs to direct people to different areas of the service such as to the dining area, lounge and garden area. People living with dementia benefit from an environment which has signage, memory aids and tactile features to help orientate and stimulate them.

Is the service caring?

Our findings

When asked if staff treated them with kindness people and their relatives said that staff were kind and caring. Comments from people included, "Staff are all pretty good", "Staff are charming" and "I think it is an excellent place. I could not ask for anything better. I usually come for day care, but I am staying at the moment. I would not hesitate to move, in they are so caring". One relative told us, "They are just so caring, they know what to say, they never get flustered, they are just good at their jobs".

Woodstock Dementia and Residential Care Home had a pleasant atmosphere where staff were relaxed going about their work and clearly knew people well. We saw many good interactions between all staff and the people they were supporting.

People benefitted from staff that showed concern for their well-being and responded in a caring and meaningful way. Staff greeted people by name when they saw them, asked them how they were and took time to listen to their responses. Staff used appropriate physical touch. They touched a person to reassure them, offering a helping hand to guide a person and joined in hugs if they were offered or initiated them when people were upset which had a calming effect. Staff listened to people and talked to them in an appropriate way so they could understand. When speaking to people staff adjusted themselves so they were at the same level as the person and maintained eye contact so it was easier for the person to hear and join in the conversation. Staff also made people feel valued and praised them for their achievements. They commented to some people on their smart appearance and how good people looked.

We saw that staff worked in a variety of ways to ensure people received the support they needed. Equality and diversity was covered in people's care plans and it detailed people's preferences and individuality. For example, one person liked to be called a certain name and this is the name used when staff spoke with them.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and included them when making decisions about how they wanted their support provided. One person said, "(Staff) Always knock and put their heads round and say who they are. They do not take advantage of you at all". One relative told us, "Her dignity is kept at all times". Staff demonstrated respect for people's dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people's privacy and dignity.

People's cultural and religious preferences were respected. One person said, "Church comes in once a week". People's care plans stated if they followed any religious beliefs and documented any cultural preferences such as food choices.

People and their relatives were involved in decisions about their care and treatment. One person said, "I can get up and go to bed when I want. I mainly choose my own clothes". Care plans and daily records showed that people and their families were involved with their care as much as possible. One relative told us, "If

anything happens they are straight on the phone to me".

Several people had relatives who were actively involved in their care and support. Some had legal authority to be involved in making decisions in the persons best interests and the provider requested confirmation of this.

The manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes. People told us they were aware of how to access advocacy support. Advocacy information was on the notice board for people to access.

Visitors were welcome at any reasonable time of the day. There were visitors in and out throughout the day. Visitors knew staff well and they chatted together. Visitors commented that they were able to visit their family members at any reasonable time and they were always made to feel welcome. One relative said, "Always feel welcome and always offered a drink, I usually come at coffee time!".

Arrangements had been made to ensure that private information was kept confidential and secure. Staff had been given training and guidance about how to manage information in the right way so that it was only disclosed to people when necessary. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People told us they took part in activities that were suited to their choices and preference. The two activity coordinators produced a monthly newsletter that contained a plan of the activities for the month. Activities were also discussed at the 'residents' meeting held on the first day of the inspection. This discussion included reminding people that local young people would be visiting and providing a coffee morning for people. There was also, a discussion about the forthcoming Summer BBQ. Activities took place daily. The activities coordinators consulted people and took their preferences and suggestions in consideration before planning the activities programme.

There were group activities and one to one sessions for people who preferred or who remained in their room. Activities included card games, identification of photographs and reminiscence, bowling, exercise, music, dancing, and arts and craft. One to one sessions included arms and hands massages, reading aloud and sing-along. One person said, "I enjoyed the trip to the fish and chip shop". One relative told us, "Lots of activities, they painted the small houses that are in the trees when you approach the service". Another relative said, "We held her 80th birthday party here, it was absolutely wonderful".

The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, using technology to ensure records were accessible to people with different communication needs.

People and their relatives had been involved in the planning and review of their care. The care plans were person centred, however not all of the information about the person was in the care plan. Different pieces of information about the person were found in the communication book and the handover form and had not always been recorded in the care plan. The manager agreed to review the system of storing information.

The complaints procedure was displayed so all people were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). Following discussions, the manager agreed to review the procedure as there was a telephone number missing and a couple of errors in the wording. People told us that they were very comfortable around raising concerns and found the manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction. Relatives told us, "If I needed to make a complaint I would" and "If I have a problem I go straight to the team leader".

People and their family members were asked about any future decisions and choices with regards to their care. This included if they had any religious or spiritual beliefs, choices about where they wanted to be cared for at the end of their life and an advance care plan was completed as appropriate. Advance care plans set out what is important to a person in the future, when they may be unable to make their views known. Relatives said they were involved in discussions about how to support people at the end of their lives. The

service worked in partnership with the local hospice to make sure that people's changing needs were regularly reviewed. Staff told us that anticipatory medicines were in place to manage symptoms and pain at the time when it was needed.

Is the service well-led?

Our findings

People and their relatives were positive about people's experiences at the service. One person commented, "Manager very approachable and easy to talk to". Relatives knew who the management were and were confident in approaching them with any problems if they had any. One relative told us, "Manager and deputy easy to talk to, I feel listened to" and another relative said, "Manager very approachable and hands on".

There was no registered manager at the service, as the last registered manager left the service in March 2018. The current manager said during a telephone conversation on the 14 September 2018, that she had completed and sent to us the application form to apply to become the registered manager.

The quality monitoring systems for the service had failed to identify shortfalls and inconsistency in practice across the service in relation to maintaining sufficient staffing levels, staff training and supervision, record keeping and audits. Therefore, the service could not demonstrate it was continuously evaluating and learning from events to drive forward improvements in service delivery. Records in respect of people's care and treatment were not always comprehensive, accurate or easily accessible, which meant that people may not receive the support and treatment they required to meet their needs.

The quality monitoring systems in place required further improvements to drive the service forward to ensure people were receiving safe, effective, caring, responsive and well led care.

The provider's quality assurance systems had not always been effective in identifying shortfalls within the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Compliments received by the service included, "The staff at Woodstock are all very welcoming and friendly. They treat all the people with dignity, respect and genuine affection. For the very first time in years I have been able to relax when I am not with Mum knowing that she is getting the best possible care available" and "Thank you all so much for the care and affection you gave to my Mother".

Staff spoke highly of the manager and found them to be approachable and supportive. Staff said that management team had an open door policy, that they felt supported and their views were listened to. Staff said they were proud to work for the service, knew people well and showed compassion and genuine interest in people's welfare. People thought the staff worked well together. The manager held meetings with staff however, the minutes of these meetings were not always fully recorded.

The manager was proactive in keeping staff informed on equality and diversity issues. There was a policy in place and staff attended training. They discussed wellbeing, equality and diversity issues with the staff team regularly. We observed that the staff group were diverse from various ethnic backgrounds. Staff told us that they all worked well together as a team.

The manager had a clear vision for the service which was based on providing support that was led by and focused on the person and developing the service for the future. The provider was supporting the manager to make improvements.

The provider worked in partnership with other agencies to enable people to receive 'joined-up' or integrated care as appropriate. The service welcomed representatives from churches and local young people had recently been involved in a coffee morning.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to effectively manage and respond to risks to ensure people received safe care.</p> <p>The provider had failed to manage medicines safely.</p> <p>Regulation 12 (2)(a)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place for assessing, monitoring and improving the service were not robust.</p> <p>People's care and treatment records were always accurate, to ensure people received the care they required.</p> <p>Regulation 17 (2) ((a) (b) (c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to deploy sufficient numbers of staff to meet people's needs.</p> <p>The provider failed to ensure staff had received the necessary updated training and regular</p> <p>Regulation 18 (1)(2)</p>

