

Ridgewood Care Services Limited

Woodcote

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Woodcote is a residential care service for six younger adults and older people who need support due to having learning adaptive needs/autism.

At the time of this inspection there were six people living in the service. All the people had complex needs for support. Two people used individual forms of sign-assisted language to express themselves.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who live in the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning adaptive needs/or autism to live meaningful lives that include control, choice, and independence.

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

People's experience of using the service:

People and their relatives were positive about the service. A person said, "I like it here." Another person said, "Good, good" when we asked them about their home. A relative said, "I'm happy knowing my family member lives in Woodcote because I know that they have what they need and will have it after I'm gone."

People were safeguarded from the risk of abuse.

People received safe care, treatment and support in line with national guidance from support staff who had the knowledge and skills they needed.

There were enough support staff on duty and safe recruitment practices were in place.

People were supported to use medicines safely.

Lessons had been learnt when things had gone wrong.

People had been helped to receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Most of the accommodation was well maintained and there were plans to address one shortfall.

Support staff were courteous and polite.

People's privacy was respected and confidential information was handled in the right way.

People received person-centred care and they were supported to pursue their hobbies and interests.

There were robust arrangements to manage complaints.

There were arrangements to treat people with compassion at the end of their lives to enable them to have a pain-free death.

People had been consulted about the development of the service.

Good team work was promoted and regulatory requirements had been met.

Why we inspected:

This was a planned inspection based on the previous rating. At the previous inspection on 16/17 April 2018 there was a breach of regulations. This was because the registered persons had not established sufficiently robust arrangements to monitor and evaluate the operation of the service. At this inspection in June 2019 suitable provision had been made to ensure the smooth running of the service and the breach of regulations had been resolved.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Woodcote

Detailed findings

Background to this inspection

The 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 checked whether the registered persons were 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.

We visited the service on 14 June 2019.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Woodcote is a care home that provides accommodation and personal care for six younger adults and older people who need support due to having learning adaptive needs/autism. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

This inspection was announced. This was because the people who lived in the service had complex needs for support and benefited from knowing in advance that we would be calling to their home.

What we did:

We used information the registered persons sent us in their Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection in April 2018. These are events that happened in the service that the registered persons are required to tell us about.

We invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.

We spoke with all the people living in the service using sign-assisted language when necessary.

We spoke with two support staff, the deputy manager and the registered manager. We also spoke with two service managers to whom the registered manager reported and to the managing director of the company who ran the service.

We reviewed documents and records that described how support had been provided. This included the support plans that described the assistance provided for three people living in the service.

We examined documents and records relating to how the service was run including health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used by the registered persons to assess, monitor and evaluate the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains as Good.

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting staff to keep people safe from harm and abuse, systems and processes:

- People were safeguarded from situations in which they may be at risk of experiencing abuse. Support staff had received training and guidance. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. A relative said, "I'm very satisfied that Woodcote is a safe place as the staff really do want the best for all the people who live there."
- The registered manager had an audit tool that was used to list any concerns raised with them. They used the tool to ensure there was a detailed account of the action they had taken including notifying the local safeguarding authority and the Care Quality Commission.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. A person said, "I like doing things for myself and the staff let me get on with it."
- People's independence was promoted by support staff who enabled people to take reasonable risks. An example of this was a person being helped by a member of support staff to safely use appliances when in the kitchen. The member of staff quietly reminded the person to use the hot tap carefully so water did not spill on to their hands.
- People received safe support. Each person had a 'positive behavioural support plan'. These plans described how each person wanted support staff to help them avoid and manage potentially stressful situations. Support staff had received training and were implementing the guidance contained in the plans. An example of this was support staff assisting a person who was at risk of becoming upset and involved in difficult situations when out in the community. Support staff helped the person to avoid places that were too noisy. They also supported the person to undertake everyday tasks in the community in the right way. This included reminding the person to only take one item at a time off a shelf when shopping. This was so they did not end up with a basket full of products they did not have the money to buy. In the past this situation had led to the person becoming upset at the checkout when unwanted items had to be returned to the shopkeeper.
- People had been helped to avoid preventable accidents. Hot water was temperature-controlled to reduce the risk of scalds. Windows were fitted with restrictors so they only opened wide enough for them to be used safely.
- The service was equipped with a modern fire safety system that was designed to enable a fire to quickly be detected and contained. Support staff had regularly checked that the fire safety system remained in good working order.

Using medicines safely:

- People were helped to use medicines in line with national guidelines. There were suitable systems for ordering, storing, dispensing and disposing of medicines. Whenever possible people were supported to manage their own medicines.
- Support staff had received training and had been assessed by the registered manager to be competent to safely support people to take medicines. There were guidelines for support staff to follow that said when and how each person needed to use medicines. Support staff followed these guidelines and helped people to take medicines in a safe way.
- There were additional guidelines for support staff to follow when dispensing variable-dose medicines. These are medicines that a doctor had said can be used when necessary. An example of this was medicines used to assist a person when they became upset and needed extra help to be reassured.
- The registered manager had sought advice from a healthcare professional when a person had experienced difficulties swallowing tablets. Support staff were following the guidance they had received and were assisting the person to mix tablets in yoghurt so they were easier to swallow.
- Support staff completed an accurate record of each occasion on which they assisted a person to use medicines.
- The registered manager had regularly audited the systems and processes used to order, store, dispense and administer medicines to check they were being managed in the right way.

Staffing and recruitment:

- The registered manager had calculated how many support staff needed to be on duty. When doing this they had considered the support needs of the people living in the service. This included whether two support staff were needed to assist a person. An example of this was a person who needed two support staff to be present when they went out into the community. This was so the person felt reassured and could enjoy their trip out.
- Records showed that sufficient support staff were routinely on duty to provide people with the assistance they needed. We saw people promptly being assisted to undertake a range of everyday activities. This included using the bathroom, going to and from their bedroom and using the kitchen. A person who had special communication needs smiled and held the hand of a nearby member of support staff when we used sign-assisted language to ask them about the help they received.
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. People who lived in the service were invited to be part of the recruitment process. They met applicants and gave feedback about whether they wanted a particular person to work in their home.
- References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct.

Preventing and controlling infection:

- There were suitable measures to prevent and control infection. There was written guidance for support staff to follow to reduce the risk of infection. They had received training about the importance of good hygiene and knew how to put this into practice. Support staff correctly described to us the importance of regular hand washing.
- Support staff had been provided with antibacterial soap. Support staff correctly described to us how they used disposable gloves when providing people with close personal support.
- There was an adequate supply of cleaning materials. Fixtures, fittings, furnishing, mattresses and bed linen were clean. A relative said, "The service has got a homely feeling. It's clean and lived-in at the same time."
- The registered manager had completed regular audits to ensure that suitable standards of hygiene were maintained in the service.

Learning lessons when things go wrong:

- The registered manager used an audit tool to promptly analyse accidents, near misses and other incidents. This was so that lessons could be learned and improvements made. The audit tool contained information about what had happened and the causes so that trends and patterns could be seen. An example was the audit tool identifying the location where a person had nearly tripped over suggesting it would be helpful to remove any obstructions in that area.
- When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was support staff arranging for a person to see their doctor if they appeared to have become unsteady on their feet due to being unwell.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant that people's outcomes were consistently good and people's feedback confirmed this.

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

- The Mental Capacity Act 2005 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 make 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, treatment and support with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- At the inspection in April 2018 we found that the registered persons had not carefully established each person's mental capacity to make both everyday and significant decisions about the support they received. Significant decisions included making choices about where a person lived and their receipt of medical care involving a general anaesthetic. Furthermore, when a person lacked mental capacity to make significant decisions suitable steps had not always been taken to show that relatives and healthcare professionals had been consulted to ensure that decisions were made in a person's best interests.
- At this inspection in June 2019 new and more robust arrangements had been introduced that addressed our concerns. Each person's mental capacity to make decisions had been reassessed by support staff and recorded in the correct way. Whenever possible people had been supported to make everyday decisions for themselves. Examples of this was people being supported to make decisions about the clothes they wore and how they organised their day.
- All the people living in the service needed assistance to make more significant decisions about the support they received. New and more robust systems had been introduced to ensure that relatives and healthcare professionals were consulted in the right way. These measures included more carefully establishing who needed to be consulted in relation to each decision. Also, more detailed records were being kept of the recommendations made by relatives and healthcare professionals. These steps helped to reduce the risk of misunderstandings and mistakes occurring so that decisions were made on the best evidence available. A relative said, "The manager and the staff do keep in touch with me so I know what's going on. I can then be involved in a decision if I need to be."
- The registered persons had established robust systems and processes to ensure that people only received

lawful care. The registered manager had applied to the appropriate supervisory bodies to obtain authorisations for each person living in the service. This had been done so that the supervisory bodies could complete the checks necessary to ensure that people were receiving the least restrictive support possible. The registered manager knew about the need to comply with any conditions placed upon an authorisation. At the time of this inspection no conditions were in force.

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

- The registered persons had the necessary systems and processes to establish each person's wishes and choices before they moved into the service. This was so their support achieved effective outcomes in line with national guidance and met each person's expectations.
- The assessment process was also designed to establish what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. An example of this was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of support staff who provided their close personal care.

Staff support: induction, training, skills and experience:

- New support staff had received introductory training before they provided people with assistance. Support staff had completed training that was equivalent to the Care Certificate. This is a nationally recognised system to ensure that new support staff know how to assist people in the right way. New support staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
- Support staff had received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely provide first aid and how to support people who experienced reduced mobility. They also included how to help people safely manage healthcare conditions such as epilepsy and diabetes.
- Support staff had regularly met with the registered manager to review their performance, the training they had received and to promote their professional development.
- Support staff had the knowledge and skills they needed. This included knowing how to provide emergency first aid and how to support people to manage their money so they had enough left to buy what they wanted.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were helped to eat and drink enough. Support staff assisted each person to be involved in planning, shopping for and preparing their meals.
- People had been consulted about the meals they wanted to have. They were offered a variety and choice of meals that provided them with a balanced diet.
- People were positive about their meals. A person said, "We have really good food and I like it." A person with special communication needs gave us a 'thumbs up' sign when we pointed towards the refrigerator in the kitchen to ask them about the meals they received.
- When necessary people who needed help to eat and drink enough were assisted in the right way. We saw a member of support staff sitting beside a person at lunchtime gently assisting them to use their cup in the right way. This was necessary because the person had become upset as they were not sure which cup was theirs. This had led them trying to hold more than one cup at the same time. A member of support staff gently encouraged the person to put down all the cups that had been used to serve drinks to other people. This enabled the person to safely hold and drink from their own cup.
- People had been offered the opportunity to check their body weight. Support staff had liaised with doctors and dietitians if there were concerns that a person might not be eating enough.
- Support staff had also contacted speech and language therapists when a person was at risk of choking. This had been done to establish if the person's food needed to be prepared in a particular way. Support staff were following the advice they had been given. This included the person having their food modified so it was

easier to swallow.

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

- The registered manager and support staff helped people to receive coordinated care when they used or moved between different services. Each person had a 'hospital passport' that contained important information that needed to be passed on to hospital staff. This included information about a person's healthcare conditions and how they were likely to respond to being in a setting that was not familiar to them. This was done so that the person's hospital treatment could be provided in an effective way.
- Support staff had promptly arranged for people to see their doctor if they became unwell. They had also offered people the opportunity to regularly go to the dentist and to have sight tests at the local optician.

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

- The accommodation was designed and adapted to meet people's needs and expectations.
- There was enough communal space and each person had their own bedroom. People had been supported to personalise their bedroom. One person had chosen to paint their bedroom in bright colours and to display a lot of ornaments.
- Most parts of the accommodation were well maintained. However, in one of the communal bathrooms the bath was badly scratched and looked unsightly. The registered manager assured us and records confirmed they had already noted the defect. Records also confirmed that the bath was due to be replaced in the near future.
- There was a small front garden that had been imaginatively laid out with small flags and other ornaments. This had been done to make it an attractive space for the people who lived in the service. At the back of the property there was a level patio area. This had been decorated with some colourful bunting again to make it a space that engaged people's interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remains as Good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were positive about the care they received. A person said, "I like the staff and they're my friends." A person who had special communication needs laughed and clapped their hands in an appreciative way when we pointed in the direction of a support worker.
- A relative said, "I think the staff are fine and have no concerns at all about them. They know each person in the service really well and take care of them like they're family."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy, dignity and independence were respected and promoted. Support staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. Support staff knocked and waited for permission before going in to bedrooms, toilets and bathrooms. When providing close personal support staff closed the door and covered up people as much as possible.
- People had been assisted to wear clean casual clothes of their own choice. Support staff helped people to use everyday objects in the right way. An example of this was an occasion on which a person attempted to balance a magazine on their head. A member of support staff gently suggested that the person hold the magazine in the right way so they could continue to leaf through its pages.
- Support staff were consistently courteous, polite and helpful. They spoke about the people who lived in the service in a respectful way emphasising the value of their role as members of the local community.
- Support staff addressed people using their chosen names and put people first before any other tasks they were doing. An example of this was a person who came and went when we were reviewing some documents with the registered manager. On each occasion the registered manager put aside the documents, chatted with the person and generally involved them in what was going on.
- Support staff recognised the importance of providing support in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. This included a person who had been supported to meet their spiritual needs by attending religious services held at a local church.

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

- People had been supported to express their views and be actively involved in making decisions about their support as far as possible. An example of this was a member of support staff showing a person two cardigans so they could decide which one to wear when they went out to a birthday party. The person said,

"I like different things on different days and I can choose."

- All the people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. In addition, the registered manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.
- Private information was kept confidential. Support staff had been provided with training and guidance about the importance of managing confidential information in the right way. They asked to see our inspector's identification badge before disclosing sensitive information to us.
- Support staff only discussed people's individual support needs in a discreet way that was unlikely to be overheard by anyone else.
- 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.
- Support staff knew about the importance of not using public social media platforms when speaking about their work.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains as Good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and giving them choice and control:

- Support staff had consulted with each person, their relatives and healthcare professionals about the support to be provided. They had recorded the results in a person-centred support plan. Each person was being assisted by support staff to regularly review their support plan. This was so that the support plan accurately reflected the person's changing needs and wishes.
- Relatives told us that support staff provided their family members with all the assistance they needed as described in their support plans. A relative said, "I can see from how my family member is and how they dress that they get a lot of help every day." A person said, "The staff help me lots. They're really good to me."
- People received personalised care that was responsive to their needs. This included their right to have information presented to them in an accessible manner. Important parts of each person's support plan presented information in an easy-read way using pictures, photographs and drawings. We saw support staff referring to this easy-read material when discussing with people the support they were being offered. This process successfully engaged people whom we saw smiling and using signs to indicate their agreement to receiving assistance. If it appeared a person had not understood what had been said, support staff used other means to engage the person's interests. An example of this was a member of support staff going to the front door and pointing to the sky. They did this to indicate that the weather was changeable and so the person may wish to consider taking a coat with them when they went out into the community.
- People had been supported to keep in touch with their families. With each person's agreement support staff telephoned family members to let them know about important developments in a person's needs for support. Also, support staff assisted people to telephone their family members and send cards at birthdays and Christmas. Family members told us that they were always welcomed by support staff when they called to the service. A relative said, "The staff do a birthday tea for each person and we're always invited and it's a happy affair."
- Support staff supported people to pursue their hobbies and interests. This included going out into the community using the service's vehicle to go shopping, have meals out, meet up with friends and visit places of interest.
- Each person had the opportunity to be supported to go on holiday with the cost being met by the service.

Improving the quality of care in response to people's concerns and complaints:

- People and their relatives had been given a copy of the service's complaints procedure. The procedure presented information in an easy-read way using pictures, drawings and diagrams. It reassured people about their right to make a complaint and explained how complaints would be investigated. A relative said,

"I've never had to make a complaint. It's not really that sort of set up as the staff genuinely want what's best for the residents."

- Support staff recognised that the people living in the service did not have mental capacity and/or had special communication needs and so might not be able to speak about any concerns they may have. Consequently, they looked out for indirect signs that a person was dissatisfied with their support. These signs included a person declining to accept support or becoming anxious during its delivery. Support staff said that when this occurred they discussed the matter with the registered manager so that any necessary further enquiries could be made.
- The registered provider had a procedure for the registered manager and service managers to follow when managing complaints. This required the registered manager to clarify what had gone wrong and what the complainant wanted to be done about it. The registered manager and service managers told us that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and solutions offered.
- Records showed that the registered persons had not received a formal complaint in the 12 months preceding our inspection visit.

End of life care and support:

- There were suitable arrangements to support people at the end of their life to have a comfortable, dignified and pain-free death.
- The registered manager said that in consultation with relatives and healthcare professionals a person nearing the end of their life would be asked how they wished to be supported. The registered manager was aware of the need to carefully approach this subject so that a the person was not unnecessarily upset.
- The registered manager told us that arrangements could be made to enable the service to hold 'anticipatory medicines'. This is so that medicines are available for support staff to quickly dispense in line with a doctor's instructions if a person needs pain relief.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

The service was consistently managed and well-led. Leaders and the culture they created had promoted high-quality, person centred care.

Continuous learning and improving care:

- At the inspection in April 2018 the registered persons had failed to establish sufficiently robust systems and processes to monitor and evaluate the operation of the service. This had led to a number of shortfalls occurring in the service's ability to consistently provide people with safe care, treatment and support. These shortfalls included oversights in the way staff training was recorded. This had increased the risk that some support staff would not receive all the training they needed. There were also oversights in the steps taken to ensure that people could quickly be supported to move to a safe place in the event of the fire alarm sounding. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the registered persons sent us an action plan that described the steps they had taken to address our concerns.
- At this inspection in June 2019 enough improvement had been made and the registered persons were no longer in breach of Regulation 17. Suitable arrangements had been made to ensure the smooth running of the service. New, more detailed and better completed quality checks had been introduced. These improvements were reflected in the provision in the way staff training was recorded and managed. In particular, records of the training received by each member of support had been checked to ensure they were accurate and up to date. Also, there was a new colour-coded planning document that had been created to identify when a member of support staff needed to undertake additional training.
- Additional checks had also been completed to ensure that robust arrangements were in place to keep people safe in the event of the fire alarm sounding. New and more detailed 'personal emergency evacuation plans' had been prepared. These documents described the support each person needed to move to a safe place. The plans considered factors including a person's mobility, mental capacity and their likely response to hearing the alarm. In addition, parts of the plans presented information in an easy-read way and as far as possible each person had been engaged in preparing their plan. Support staff had been given more detailed guidance and knew how to provide each person with the individual assistance they needed to quickly move to a safe place in the event of a fire.
- People and their relatives considered the service to be well-led. A person who had special communication needs smiled and held a favourite object close to them when we asked them about their home. A relative said, "Woodcote is how it should be really. It's just a homely and well-run place that meets my family member's needs."

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

- People and their relatives had been offered the opportunity to comment on their experience of using the service. There were regular 'residents' meetings' at which people had been invited to suggest improvements to their home. People and their relatives had also been invited to complete questionnaires to give feedback about the service. People's suggestions had been actioned including changes being made to the menus, the decoration of communal areas and the choice of social activities provided.
- Support staff had also been invited to complete annual questionnaires. This was so they could give additional feedback about their experience of working in the service. The results of the most recent questionnaires showed that support staff considered the service to be well-run.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Support staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a senior member of staff on call during out of office hours to give advice and assistance to support staff.
- Support staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Records showed that at recent meetings they had discussed important subjects such as each person's changing needs for support.
- Support staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Support staff were confident they could speak to the registered manager, service managers or the managing director if they had any concerns about people not receiving safe support. They also knew how to contact external bodies such as the local safeguarding authority and the Care Quality Commission.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered persons had established a culture in the service that recognised the importance of providing people with person-centred care. A relative said, "The service has an open feeling to it and there's no 'us and them' with the staff. I think everyone wants the best for the people who live there."
- The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission. There was a system to identify incidents to which the duty of candour applied so that people with an interest in the service and outside bodies could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission 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. The registered persons had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others:

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The

registered manager subscribed to a number of professional publications relating to best practice initiatives in supporting people who need support to maintain their mental health.

- An example of this was the registered manager knowing about important changes being made to the strengthen the provision made to ensure people only receive support that is lawful and the least restrictive possible. This had enabled the registered manager to anticipate the changes and ensure that the service was ready to implement them.