

Friends of the Elderly

Woodcote Grove Residential Care Home

Inspection report

Woodcote Park, Meadow Hill, Coulsdon CR5 2XL
Tel: 02086602531
Website: www.fote.org.uk

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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?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

We visited the service on 15 December 2014 and the inspection was unannounced.

At the last inspection on 10 September 2013 we found the service was meeting the regulations we looked at.

Woodcote Grove is a care home that provides accommodation, nursing and personal care for up to 32 older people. There were 29 older people residing at Woodcote Grove when we visited. Half the people using the service were living with dementia and 13 people had nursing needs. Some people also had end of life care needs.

Accommodation is arranged over several floors and includes 32 single occupancy bedrooms all with en-suite toilets and wash hand basins. Communal areas include an assisted bathroom, a wet room, two showers, two main lounges, a dining room, and three pantries/kitchens for people who live at Woodcote Grove and their visitors to use, a chapel and a guest room with its own bathroom and kitchen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

We have made a recommendation about the opportunities people using the service have to participate in meaningful leisure and recreational activities that reflect their social interests.

People were safe living at Woodcote Grove. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these to keep people safe from harm or injury.

Staff were properly trained to meet people's needs. People told us, and we saw, that staff had built up good working relationships with people using the service and were familiar with their individual needs and preferences.

People received their medicines as prescribed and staff knew how to manage medicines safely.

People told us they were happy living at Woodcote Grove and staff who worked there were kind and caring. Our observations and discussions with relatives during our inspection supported this. For example, we saw staff treated people with dignity, respect and compassion.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing. Staff also ensured health and social care professionals were involved when people became unwell or required additional support from external services.

People had a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

People told us Woodcote Grove was a comfortable place to live. We saw the environment was well maintained. People could access all areas of their home and move around it independently.

Each individual was involved in making decisions about their care and had personalised care plans that they had

helped create. People had agreed to the level of support they needed and how they wished to be supported. Staff supported people to make choices. Where people's needs changed, the provider responded and reviewed the care provided.

We saw staff encouraged and supported people to be as independent as they could and wanted to be.

When people were nearing the end of their life they received compassionate and supportive care.

People were encouraged to maintain relationships that were important to them. There were no restrictions on when people could visit the home and staff made visitors feel welcome.

The service had a clear management structure and people who lived there, relatives and staff felt comfortable about sharing their views and talking with the manager and staff about any concerns or ideas to improve the service they might have. We observed an open and inclusive atmosphere in the service and the manager led by example. The manager demonstrated a good understanding of their role and responsibilities, and staff told us the managers were competent, supportive and fair.

There were effective systems in place to monitor the safety and quality of the service provided at Woodcote Grove. The provider regularly sought people's views about how the care and support they received could be improved. Where improvements were needed, action was taken.

The registered manager understood when a Deprivation of Liberty Safeguards (DoLS) application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it. Risks were identified and steps were taken to minimise these without restricting people's individual choice and independence.

The environment was safe and maintenance took place when needed. Management consistently monitored incidents and accidents to make sure the care provided was safe and effective.

There were enough staff to meet the needs of people using the service. People were given their prescribed medicines at times they needed them.

Good



Is the service effective?

The service was effective. Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Good



Is the service caring?

The service was caring. People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to people and ensured their needs were met. People were fully involved in making decisions about the care and support they received. People were supported to be independent by staff.

People received compassionate and supportive care from staff when they were nearing the end of their life.

Good



Is the service responsive?

The service was not as responsive as it could be. People did not have enough opportunities to participate in meaningful social activities that reflected their interests.

Requires Improvement



Summary of findings

The support people received was personalised and focussed on an individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

There were systems in place to deal with complaints. People felt comfortable to talk to staff if they had a concern and were confident it would be addressed.

Is the service well-led?

The service was well-led. People spoke positively about the registered manager and how they ran the service.

The registered manager ran the service in an open and transparent way. We saw good leadership and the service had clear values, which included promoting people's choice, dignity, respect and equality.

The provider regularly monitored the care, facilities and support people using the service received. Ongoing audits and feedback from people was used to drive improvement.

Good



Woodcote Grove 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 checked 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 15 December 2014 and was unannounced.

The inspection team included an 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 services for older people living with dementia.

Before the inspection we reviewed the information we held about the service. This included the provider information

return (PIR), notifications and safeguarding alerts and outcomes. The PIR 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.

During the visit we spoke with 12 people who lived at Woodcote Grove, six relatives and/or friends of people using the service, the registered manager, the deputy manager, three nurses, nine care workers and four domestic members of staff.

We also spent time observing care and support being delivered in communal areas. 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 could not talk with us.

Finally, we looked at various records that related to peoples' care, staff and the overall management of the service. This included seven people's care plans, six staff files, the complaints log, medication administration records (MAR) sheets, accident and incident forms and quality assurance tools.

Is the service safe?

Our findings

The service took appropriate steps to protect people from abuse, neglect or harm. People told us they felt Woodcote Grove was a safe place to live. One person said, “I feel safe here.” A relative also told us, “My mother is definitely safe here. The staff see to that.”

We saw policies and procedures about safeguarding people from abuse provided staff with clear guidance on how to prevent and where appropriate report abuse. Staff confirmed they were required to read these policies and procedures as part of their induction. We saw contact details for the local authorities safeguarding adults' team were accessible to staff. It was clear from comments we received from staff that they knew what constituted abuse and neglect and the action they would take if they witnessed or suspected people had been abused or neglected at the home. Records showed that all staff had received up to date training in relation to safeguarding adults.

Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary and had responded appropriately to any allegation of abuse and/or neglect. Where safeguarding concerns had been raised, the provider had liaised with the local authority and other professionals to investigate events. This showed they had followed the correct safeguarding protocols.

The provider managed risks appropriately so that people were protected. Care plans we looked at each contained personalised risk assessments that identified the hazards people might face which provided staff with clear guidance on how they should prevent or manage these identified risks. These included environmental risks and those associated with people's individual health care and support needs. It was clear from discussions we had with staff that they were fully aware of the potential risks people using the service may face. Staff gave us examples of the risks some people may encounter when they ate or had a bath and the support these individuals needed to keep them safe. The manager confirmed that the risk of people falling was assessed on an ongoing basis.

The service managed accidents, incidents and safeguarding concerns appropriately. Records of accidents and incidents we checked were appropriately maintained

by staff and regularly reviewed by the manager and senior staff to determine whether or not any themes or trends had emerged. There was evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them. For example, we saw risk assessments had been reviewed and updated accordingly to reflect recent changes in one person's mobility needs and another individual's diet. Staff told us they would keep a record of any accident or incident involving people who lived at Woodcote Grove and the actions taken by the service to minimise the likelihood of similar events reoccurring.

There were arrangements in place to deal with foreseeable emergencies and the provider had contingency plans developed to help staff cope with unforeseen events, such as fire and flooding. Staff were trained in basic first aid. The home was also well maintained which contributed to people's safety. There were up to date servicing and routine maintenance records for the premises and utilities such as gas and electricity. Wheelchairs and hoists were regularly checked to make sure they were safe for people to use. Fire alarms and equipment were also routinely tested and there was a fire evacuation procedure. It was clear from comments we received from staff that they knew what to do in the event of an unforeseen emergency, such as a fire.

There were sufficient numbers of staff available to keep people safe. People told us there were always enough staff available in the home. One person said, “There always seems to be plenty of staff around.” One person's relative told us, “As you can see the staff are highly visible and there's usually someone on hand to help you out when you need them”. The manager told us staffing levels were flexible and determined according to the number and dependency levels of the people using the service. During our inspection we saw care staff were always highly visible in communal areas, such as the main lounges and dining area. Staff confirmed, and duty rosters we looked at showed us, there was always at least one qualified nurse available on every shift during the day and at night.

People whose medicines were managed by staff told us they received their prescribed medicines on time. Each person had a profile which explained what their medicines were for and how they were to be administered. It included information about any allergies, the type of medicine, the required dose and the reasons for prescription. We saw all medicines were kept secure in locked medicines cabinets

Is the service safe?

and a trolley stored in the homes clinical room. We checked five people's medicines administration record sheets and saw they were up to date and contained no recording errors.

There was an up to date procedure for the safe management of medicines. Nursing staff told us their competencies to handle medicines safely was assessed annually, which the registered manager and senior nursing staff confirmed. It was clear from feedback we received

from nurses that they understood how to store, administer, record and dispose of medicines safely. Senior nurses had responsibility for the auditing of medicines. This helped ensure people received their medicines as prescribed. The supplying pharmacist had recently completed a full medicines audit and their subsequent report stated that they were satisfied the services medicines handling arrangements were safe.

Is the service effective?

Our findings

People received care from staff who were appropriately trained and supported. People we spoke with felt staff knew what they were doing and were very good at their jobs. One person said, “The staff seem to know what they’re doing most of the time.” Relatives also said staff were suitably trained and knew how to look after their family members. One relative told us, “I think the training staff receive must be pretty good because most of them are good at their job”. Staff spoke positively about the training they had received which they said was on-going. Staff also felt the training and guidance they had been given enabled them to perform their jobs well and meet the needs of the people they supported.

It was clear from training records we looked at that all new staff had to complete a thorough induction before they were allowed to work unsupervised with people using the service. This was confirmed by staff who also told us their induction had included a period of ‘shadowing’ experienced members of staff carry out their duties.

Staff training records showed us that all staff had completed the provider’s mandatory training programme and had regular opportunities to refresh their existing knowledge and skills. Staff confirmed they had received dementia awareness training, which the registered manager told us was refreshed annually. It was clear from discussions we had with staff that they had the right mix of knowledge, skills and experience to effectively care and support people who may have nursing needs and/or are living with dementia.

Staff had effective support and supervision. Staff told us they felt well supported by the registered manager and senior nursing staff who worked at the home. Staff told us they usually had an individual meeting with their line manager at least every six weeks and group meetings with their peers once a quarter. Furthermore, their overall work performance was appraised annually by the registered manager. Records we looked at showed that staff had regular opportunities to review their working practices and personal development. This was confirmed by discussions we had with the registered manager and senior nursing staff.

Relatives told us best interests meetings took place where complex decisions about the care and support their family

member received needed to be discussed. The registered manager told us the service was considering referring more people to the local authority for capacity assessments. Staff gave us examples of referrals the service had recently made to the local authority regarding Deprivation of Liberty Safeguards (DoLS) because it was felt the restrictive use of bed rails could not be safely removed for some people. Records also showed the service had involved people close to the person who lacked capacity as well as other professionals such as an advocate, care manager and GP in best interests’ decisions about aspects of people’s care.

We saw there were policies and procedures in place regarding the Mental Capacity Act (2005), DoLS and consent. Staff told us these policies and procedures had helped them understand their responsibilities. Staff were clear that they would only deprive someone of their liberty if a person could not make decisions about their care and treatment when it was in their best interests and there is no other way to look after them safely. Training records showed that all staff had attended Mental Capacity Act (2005) and DoLS training.

Everyone told us they enjoyed the experience of eating their meals in the dining room and on the whole liked the food they were served. One person told us, “The food is lovely and the atmosphere in the dining room is usually pretty relaxed and pleasant at mealtimes.” Another person said, “No complaints about the meals. You’re always given a choice and it usually tastes pretty good.” Feedback we received from relatives was also complimentary about the meals provided at the home. One relative told us, “The food is always well presented and usually smells pretty good as well.” The atmosphere in the dining room remained unhurried and congenial during lunch.

We saw people could choose what and where they ate their meals. People confirmed they could choose what they ate at mealtimes and if they did not like what was on the menu that day the cook would always offer to make them an alternative meal. We saw people could choose to eat their lunch in the dining room or in the comfort of their bedroom. We also observed staff take their time to support people who needed assistance to eat and drink. For example, we saw one member of staff patiently explain to a person they were assisting at lunchtime what they were doing and what they were eating.

People’s nutrition and dietary needs had been assessed and reviewed regularly. For example, we saw care plans

Is the service effective?

included information about people's food preferences and the risks associated with eating and drinking. Staff told us they monitored people's nutrition and fluid intake using food and fluid charts and weight charts where this was required. Care plans also contained information where people needed additional support. For example, where people had swallowing difficulties and needed a soft diet, the care plans explained how the person should be supported.

People were supported to maintain good health. A relative told us, "The staff always let the GP and us know straight away if my mother is unwell. The home is good that way." Records showed that people were in regular contact with community based health care professionals, such as GP's, district nurses, podiatrists, opticians, dentists, dietitians and palliative care specialists. Care plans set out in detail

how people could remain healthy and which health care professionals they needed to see to achieve this. Staff told us everyone who lived at the care home was registered with a local GP surgery and that they would always contact health professionals if they had any concerns about a person's well-being. We saw timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes. For instance, a nurse was able to give us an example of a referral they had recently made to a dietitian to seek advice about significant changes in one person's weight. The registered manager also told us one member of staff who was suitably trained organised weekly exercise sessions which helped increase people's mobility and reduced the risk of people falling.

Is the service caring?

Our findings

People told us they would give the home 8 or 9 out of 10 for the care they received and were consistently positive about the caring attitude of the staff who worked there. People said they were treated well by the staff and typically described them as “caring and professional”. One person said, “The staff are brilliant...They’re so good to me.” Another person told us, “I’m quite content and happy; I think this is a good establishment. I sleep well at night”. Feedback we received from peoples relatives’ and friends was also complimentary about the standard of care and support provided by staff at the home. For example, one relative told us, “The staff are always professional and friendly when I visit [my relative].” Another said, “I think it’s a good care home because of the people that work here. They’re all fabulous.”

Throughout our inspection the atmosphere in the home remained pleasant and relaxed. One person said, “There’s often a jolly atmosphere in the dining room at mealtimes”. We saw a lot of friendly banter between staff and people living at the home throughout our visit and these interactions with people were characterised by respect, warmth and compassion. The staff were also friendly and patient when providing support to people. For example, we observed staff on several occasions chat and carefully explain to people what they were about to do before they used a mobile hoist to transfer individuals from one place to another. We also saw one member of staff give appropriate and timely reassurance to a person who became anxious during our visit.

We saw staff respected people’s rights to privacy and dignity. Relatives told us they felt staff always respected their family member’s privacy and dignity. One relative said, “Staff always address my mother by her name and knock on her bedroom before coming into her room”. We saw staff kept bedroom, toilet and bathroom doors closed when they were providing personal care and sought people’s permission to enter their private space before doing so.

We saw a call system was located in bedrooms and throughout the home, which enabled people to summon assistance from staff when they needed it. People told us staff responded quickly to people seeking support through the use of their call bell system. For example, we observed staff on six occasions respond to call bells within a couple

minutes of them being activated. The manager told us staff were expected to respond to call bells within four minutes. We saw people could access their call bell easily when they needed to gain staffs attention.

The registered manager told us they had links to local advocacy services to support people if they could not easily express their wishes and did not have any family or friends to represent them. Advocates are people who are independent of the service and who support people to make and communicate their wishes. During our inspection we observed staff use a variety of different communication methods to enable people to make informed choices about the things they wanted to do. For example, we saw staff use easy to read large print and pictorial information to help some individuals choose what they ate for their lunch during our visit. One member of staff told us they often used pictorial communication aids to find out what certain people wanted to eat at mealtimes.

People were supported to be as independent as possible. People told us they could keep and administer their own medicines, which staff confirmed. For people who chose to self-medicate we saw lockable drawers to store their medicines safely were available in their bedrooms and self-medicating risk assessments in their care plan. Staff also told us they encouraged people to do as much for themselves as they were willing and able to do safely. For example, we saw staff encouraged people with mobility needs to use walking frames to move independently around the home. During lunch we saw some people with offered adapted plates and cruelty to enable them to maintain their independent living skill of eating their meals with any staff assistance.

When people were nearing the end of their life they received compassionate and supportive care. People told us their key-worker or key-nurse had helped them decide how they wanted to be supported with regards their end of life care, which we saw was reflected in care plans we looked at. One person said, “I don’t want to die in a hospital and the staff have been doing everything they can to make sure I remain well looked after here. The staff have been marvellous to me.” It was clear from discussions we had with staff that they were familiar with people’s end of life wishes. One member of staff told us, “It was the philosophy of the home to allow people to die in a place of their choosing wherever possible”. Staff confirmed they had received end of life care training. The registered manager

Is the service caring?

told us the staff followed a the Gold Standards Framework (GSF), which is a nationally recognised and accredited programme, that aims to improve the quality of care for people nearing the end of their life. The registered manager

also told us she had obtained a professionally recognised qualification in palliative care and that the service was in regular contact with palliative care specialists to seek their advice and input of end of life care matters.

Is the service responsive?

Our findings

People told us they had been included in developing their care plans. One person said, “The staff asked us lots of questions about what I liked to eat and do when I first moved here”. We saw care plans included assessments of people’s needs, choices, and abilities, which staff told us were carried out before people were offered a place at Woodcote Grove. These initial needs assessment were then used by staff to develop people’s individualised care plan. Care plans we looked at were all personalised and set out clearly what staff needed to do to meet people’s needs and wishes. People told us they had each been allocated a keyworker or key-nurse who were familiar with their abilities and needs. We saw for ourselves and relatives told us staff were familiar with their family member’s life histories, strengths, likes, preferences and needs. For example, one member of staff was able to tell us in detail about the work history, food preferences and spiritual needs of the one person they key-worked for.

People’s changing care and support needs were regularly reviewed. People told us they were involved in reviews of their care plan and that staff regularly updated to reflect any changes in people’s needs. We saw care plans were routinely updated to ensure the information they contained remained accurate and current. All the care plans we looked at had been signed and dated either by the person using the service and/or their representative to show they agreed with their contents.

People were encouraged to make choices. People told us they could decide what time they got up and went to bed, what they did during the day, who they socialised with and what they ate and drank. People also told us they could choose the gender of staff who provided their personal care. One person said, “The staff do respect your choices here and are always asking us what we want to do”. Throughout our inspection we saw staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was conveyed to them.

People were supported to maintain relationships with their families and friends. Relatives told us that they were able to visit their family members whenever they wanted and were not aware of any restrictions on visiting times. One person said, “I visit my mother whenever I can which sometimes is in the evening. Visiting times have never been an issue and

the staff always make me feel welcome”. Care plans identified all the people involved in a person’s life, both personal and professional. The homes statement of purpose makes it clear that visitors are welcome at any time. We saw the home had a guest room with its own bathroom and kitchen, which the registered manager confirmed people’s visitors used when they stayed overnight.

People told us they felt comfortable raising any issues or concerns they might have with the registered manager or staff. Two relatives gave us examples of issues they had raised with the manager and felt their concerns had been dealt with quickly and to their satisfaction. Another relative said, “I haven’t had to make a formal complaint, but if I did I’m pretty sure the staff would listen to us and do their level best to sort my problem out.” People were given a copy of the provider’s complaints procedure when they first came to live at Woodcote Grove. We also saw copies of the provider’s complaints procedure were available throughout the home in communal areas. The procedure clearly outlined how people could make a complaint and the process for dealing with this. We noted all complaints received by the service were logged by the manager and the actions taken to resolve these had been well documented.

Relatives told us staff were responsible for arranging social activities in the home, such as sing-a-longs, life music, various parties and religious services. Throughout our inspection we observed small groups of people sitting together in various communal areas socialising and after lunch we saw staff actively encourage people to help them decorate the Christmas tree. We also saw a range of leisure resources were available in the main communal areas such as books, films, music, board games, cards and puzzles. The registered manager told us staff organise afternoons of entertainment two or three times a months, which includes tea and birthday parties, a seaside themed day, a barbeque, film nights, a pop up pub, visiting petting animals, aromatherapy sessions and monthly church services. The registered manager also gave us good examples of community based activities a few people regularly participated in, which included attending a local day club, golf club and church.

However, these positive comments notwithstanding, we received more mixed feedback from people about the range of social activities they could choose to participate in

Is the service responsive?

at the home. Half the people we talked with told us they enjoyed just sitting with their friends in the main communal areas most days and often chose not to join in activities organised by the staff, while the rest felt there was not always enough to do in the home. One person said, “I enjoy being in my room on my own with a good book and don’t like to get involved with any of the activities the staff organise here”, while two others told us, “the staff are great, but they don’t have any time to sit with us. It can be boring here sometimes” and, “staff are usually too busy to organise outings or play cards with us.” Similarly, although half the visiting relatives we talked with felt there was usually enough stimulating things to do at the home, most agreed that opportunities for their family members to join in meaningful social activities had decreased recently.

It was clear from discussions we had with the registered manager and some staff that they felt reappointing an

activities coordinator would provide a daily structured provision of activities as an addition to what is offered at present. One member of staff told us, “I think we need to employ an activities coordinator again. They did a fabulous job before”. Another person said, “I would love to arrange social activities for people, but we just haven’t got the time to do that and meet peoples personal care needs”. The registered manager told us the provider was considering employing a new part-time activities coordinator.

We recommend that the provider review the provision of activities in the home according to national guidance, including the social care institute of excellence (SCIE) guidance called, “Activity provision: benchmarking good practice in care homes.”

Is the service well-led?

Our findings

People using the service and relatives told us the home was well run by an experienced manager. One relative said, “The manager is very experienced and extremely good at their job”. The registered manager told us they had been a qualified nurse for over 30 years and had managed nursing homes for older people living with dementia for at least 10 years. The registered manager also holds professionally recognised management and palliative care qualifications.

The service had a clear set of values. These included respecting people’s choice, dignity, and equality and diversity. It was clear from discussions with the manager and staff that they understood and implemented these values. For example, several staff said they felt they were particularly good at treating people with respect and dignity. Two members of staff told us people could choose how they lived their life at the home. These values formed part of staffs mandatory induction programme and on-going training.

People were supported to express their views about the home. People using the service and relatives told us they felt able to express their views about how the home was run at any time. Records showed us people had regular opportunities to express themselves during bi-annual residents meetings, individual meetings with their designated key-worker or key-nurse and their care plan review. People using the service, their relatives and staff told us every year they were invited to complete a satisfaction survey to feedback their views about the home. The registered manager told information from these was used to help improve the service and the quality of support being offered to people. Two people gave us examples of changes they had wanted to about the seating arrangements at mealtimes and what action the registered manager had taken in response.

The registered manager also encouraged the views of the staff who worked there. Staff told us there were regular team meetings where they were able to discuss issues openly and were kept informed about matters that had adversely affected the service and the people who lived there. Staff also told us if they had to speak with the manager about any concerns they might have and were confident that they would be listened to. One member of staff told us, “The manager is very experienced and is always on hand to offer us advice and support”.

Staff had clear lines of accountability for their role and responsibilities and the service had an effective management structure in place. Staff felt the team worked well together and there were good systems in place for communication to inform them about the needs and any changing circumstances of people using the service. Staff told us and records showed, that any changes in people’s needs and incidents were discussed at their team meetings, daily shift handovers or recorded in the communication book to ensure everyone was aware of what had happened and the improvements that were needed.

The provider completed various audits to assess the service quality and drive improvement. The registered manager told us a regional manager visited the home every month to ensure people continued to receive good quality care and support at Woodcote Grove. Staff also told us members of the executive team and Trustees regularly visit the home. The manager told us they and designated senior nursing staff regularly undertook internal audits which included care planning and reviewing practices, risk assessments, medicines management, infection control, fire safety, food hygiene, staff training and supervision and record keeping. We saw that where any issues had been found an action plan was put in place which stated what the service needed to do to improve and progress against the actions.

The provider has systems to ensure information from investigations and complaints are used to improve the service. We saw records of accidents, incidents, safeguarding and complaints included an analysis of what had happened and improvements that could be made to prevent similar events reoccurring. The registered manager gave us an example of an incident involving the mismanagement of medicines at the home. It was clear from discussions with the registered manager and nursing staff that lessons had been learnt from this incidents and an action plan put in place that made it clear what the service needed to do to minimise the likelihood of a similar event reoccurring.

CQC records showed that the manager had sent us notification forms when necessary and kept us promptly informed of any reportable events. A notification form provides details about important events which the service is required to send us by law.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.