

Horizon Care Homes Limited

Wood Hill House

Inspection report

522 Grimesthorpe Road
Sheffield
South Yorkshire
S4 8LE

Tel: 01142430983

Date of inspection visit:
31 January 2018

Date of publication:
02 July 2018

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 

Summary of findings

Overall summary

We carried out this inspection on 31 January 2018. The inspection was unannounced. This meant no-one at the service knew we were planning to visit.

Wood Hill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Wood Hill House is registered to provide accommodation for persons who require nursing or personal care and treatment of disease, disorder and injury. The service is a detached property within its own grounds and can accommodate a maximum of 83 people. There are a total of five floors, including a ground and lower ground floor. The service was organised into six units; Longley 1, Longley 2, Devonshire, Endcliffe, Weston and Richmond. At the time of the inspection there were 67 people living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

People spoken with were very positive about their experience of living at Wood Hill House. They told us they were happy, felt safe and were respected.

We identified improvements were needed to the design, adaptation and decoration of the service to make it more stimulating for people living with dementia.

The service provided a programme of activities to suit people's preferences. People spoken with gave mixed feedback about the quality of activities provided.

Sufficient numbers of staff were provided to meet people's needs. We saw staff responded in a timely way when people required assistance. We spent time observing lunch on each unit and saw that there was a relaxed and calm atmosphere on all units. Devonshire unit differed slightly; we observed less social interaction taking place and staff appeared more rushed when serving food.

We found systems were in place to make sure people received their medicines safely so their health needs were met. Medicine protocols were in place to guide staff when to administer medicines prescribed on an 'as and when' basis to meet people's health needs.

Staff recruitment procedures were in place. The registered provider ensured pre-employment checks were carried out prior to new staff commencing employment to make sure they were safe to employ.

Staff were provided with relevant training, which gave them the skills they needed to undertake their role. Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People's care records contained detailed information and reflected the care and support being given.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice.

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 remains Good.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

People and relatives spoken with gave mixed feedback about the quality of activities provided at the service. We observed the quality of activities on each unit was not always consistent.

People's care plans contained a range of information and had been reviewed to keep them up to date.

People living at the home, and their relatives, were confident in reporting concerns to the manager and felt they would be listened to.

Requires Improvement ●

Is the service well-led?

The service remains Good.

Good ●

Wood Hill House

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 was 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 31 January 2018 and was unannounced. The inspection team consisted of one inspection manager, three adult social care inspectors and three experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience in caring for older people.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority's contracts team who also undertake periodic visits to the home. They gave us feedback from their recent visit which took place in November 2017.

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. The PIR was completed and returned as requested. This information was considered as part of our inspection.

During the inspection we spoke with 18 people who used the service and nine visiting relatives. We spoke to visiting health and social care professionals. We spoke with the senior management team, registered manager, the deputy manager, three team leaders, one nurse, nine care assistants and the cook.

We spent time observing daily life in the home including the care and support being offered to people.

We looked at documentation relating to the people who lived at the service, staff and the management of

the service. This included ten people's care records, nine staff records, and the systems in place for the management of medicines and quality assurance.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us; "I feel safe here, [staff] treat me well." Relatives of people living at the service told us they felt their family member was safe and well looked after. One relative commented; "I think it's a lovely place [Wood Hill House], just great. I come every day so I would notice if there was anything wrong but there isn't. My [relative] is very safe here."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made. We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked showed staff had been provided with relevant safeguarding training.

Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe.

We saw the registered provider kept a safeguarding log which documented all safeguarding incidents which had occurred at the home. We saw the registered provider responded to risk, followed procedure and took appropriate action to safeguard people from harm. We saw that safeguarding incidents corresponded with our own records, which demonstrated the registered provider was adhering to reporting requirements under regulation. We saw the registered provider looked at monthly trends based on recorded safeguarding incidents in order to improve practices at the service and keep people safe and had taken appropriate action where necessary. This showed that systems were in place to promote people's safety.

We looked at three staff files and found safe procedures for recruiting staff were followed. Staff we spoke with told us they had completed pre-employment checks before they commenced their employment with the provider. This included references from their previous employment and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at ten people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments covered all aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We checked staffing levels to make sure enough staff were provided to meet people's needs. The staffing

numbers were worked out using a dependency tool. This identified the level of dependency for each person, such as low, medium and high dependency. We saw 17 care assistants, six senior care assistants, four nurses and one deputy manager working at the service on the day of the inspection. We looked at staff rotas and found they reflected the number of staff working. For night time shifts the rota showed 12 care assistants and one senior nurse who acted as night manager scheduled for duty. The registered manager told us some people living at the service received additional support on a one to one basis, which meant the individual received support from a dedicated care assistant. This time was protected and considered separately from the overall staffing levels at the service to ensure adequate numbers of staff were deployed across each unit. The deputy manager told us they reviewed staffing and people's dependency daily.

People spoken with all gave positive feedback about the staffing levels at the service, with the exception of Endcliffe unit. On the Endcliffe unit the visiting families we spoke with expressed mixed views on staffing levels. Three people said there were enough staff and two felt the unit was short staffed. Comments from people living at the service included; "I think there are enough staff" and "I am not kept waiting." People also commented positively on the response time to call bells or when asking care staff for assistance. One person said; "[Staff] come straight away, [staff] are always there when you need them." A relative told us; "There has never been any impact on [their relative's] care, even when staff are on sick leave." We were satisfied that staffing levels were adequate to keep people safe.

We found people's medicines were managed in a safe way. Medicine was administered to people by the care staff. We checked three people's Medicine Administration Records (MAR) and found they had been fully completed. The stocks of medicines corresponded with the records kept. Medicines were stored securely. The registered provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the three CD records checked. This showed safe procedures had been adhered to.

All of those spoken with were happy with the support they received for their medicines. One person commented; "I get my pills at roughly the same times every day."

We looked to see if medicines were stored safely and at the right temperature. If medicines are not stored properly they may not work in the way they were intended to, and so pose a potential risk to the health and wellbeing of the person receiving the medicine. We saw people's medicines were stored securely within their own bedrooms and room temperatures were taken daily. We felt improvements were needed to the systems that regulated room temperatures. We asked staff how they regulate the room temperature if a person's bedroom became too hot and they told us they could reduce the ambient room temperature by opening their bedroom window. This measure would not be effective, if for example, the outside temperature was equal to or greater than the ambient room temperature. Staff opening a person's bedroom window may also interfere with their preferences. Although we felt improvements were needed to these systems, in records we checked we found medicines were stored under conditions which ensured that their quality was maintained. We fed back our concerns to the registered provider and asked them to consider implementing a more robust contingency plan so that medicines are always stored under optimal conditions.

During our checks of the environment we found an infection risk which we feedback to the registered manager. We saw the Richmond unit sluice room was untidy, the sink looked dirty, not all linen sheets were sealed in plastic bags and unused boxes were piled on top of a mobile hoist which blocked easy access. The registered manager responded immediately to our feedback and addressed concerns in the sluice room before the end of the inspection. With the exception of the basement sluice room we saw the home was

clean and domestic staff were observed using protective clothing and colour coordinated cleaning materials to reduce the risk of cross contamination. Everyone we spoke with told us hygiene standards at the home were good. One person said; "It is immaculate here, [staff] are always cleaning." We saw the service carried out regular checks of the environment and in their December 2017 infection control audit the registered provider identified no issues. This showed there were satisfactory systems in place to control the risk of infection.

Is the service effective?

Our findings

People's care needs were assessed in a range of areas to help ensure effective outcomes. People living at the home and their relatives said staff were competent and had the right skills to care for them. One person living at the service told us; "[Staff] are well trained, I am not used to being waited on, it's luxury." One relative said; "[Staff] have awareness of the different ways dementia affects people and how to respond to these individuals." On the day of the inspection, staff demonstrated skills to meet each person's individual needs.

The registered manager told us all new staff received a structured induction programme, which involved in-house training and shadowing experience. Training was a mixture of face to face training, eLearning, workbooks, reading lists and competency-based assessment. We saw training records were stored electronically, which were not easily accessible on the day of the inspection and meant we were not able to carry out all necessary checks of individual staff training records. We asked the registered provider to submit further evidence after the inspection to demonstrate staff were appropriately trained. The registered provider submitted evidence to the CQC for four staff members we identified at inspection. In the four records we checked we found staff had received appropriate training to support them to carry out their roles effectively and this was renewed regularly. We saw evidence that training was tailored to the needs of the service in delivering care for people whose behaviour can be challenging. This helped ensure staff had the practical skills to meet people's needs.

We saw that some staff members were designated 'champions' at the service. We saw champions of health and safety, nutrition, person-centred care, deprivation of liberty, dementia, dignity and infection control. The role of champion is allocated to staff who have an interest or knowledge of their chosen area and can support other staff by giving information or advice. The registered manager told us that champions are supported in their roles by being offered relevant training and the opportunity to attend meetings to discuss good practice.

Staff received regular supervision, appraisal and observations of their care and support practice. This helped ensure effective care. Staff told us they felt well supported by the management team.

The service had adapted the premises to meet people's individual needs. There were suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. We saw people's bedrooms were appropriate to their individual needs. Some people who used the service were living with dementia. We saw evidence of dementia friendly signage on each unit, such as the names of staff who were on duty, activities and meals of the day. Corridors were wide, well-lit and people's bedrooms were clearly marked. We observed some people living at the service walked up and down the unit corridors for long periods. Corridors were clean and functional but looked repetitive and bland. The walls lacked points of interest and interactive elements to help people engage with their environment and provide positive diversions other than walking. After the inspection the registered provider told us they removed wall art from certain areas of the service. The reason for this was due to the complex behaviours and needs of the people

on that suite in order to ensure the safety of people living at the service. In spite of this we felt improvements were still needed to make the unit corridors more stimulating and consideration for specialist equipment that also meets the needs of people with complex behaviours should be given. We recommend the registered provider consider relevant guidance when making improvements to the environment.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs and dentists. We observed health professionals visiting people during the inspection. This showed the registered provider was working in partnership with other agencies so people received effective care and their health needs were met.

We saw in care records that people had their nutritional needs assessed, including likes, dislikes, allergies or special diets. We saw that referrals to relevant professionals were made, such as dieticians, so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency. We saw the service used Malnutrition Universal Screening Tool (MUST) so emerging risks could be quickly identified. MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also provides clear guidance for staff so they know when to escalate concerns around nutrition to a health professional.

People who lived at the service spoke positively about the meal options available. One person told us; "There is plenty of variety, plenty of choices, I just have to ask." Another person told us; "Food is good here. If you ask for anything special, they do their best to oblige. Can't expect exactly what you like. But it's edible and done properly. And I am a bit fussy, so I can say that it is good." Visiting relatives spoken with all gave positive feedback about the meal options provided. One relative told us; "I think the food here is good and [relative] has put on some weight since they have been here, which shows [relative] is eating well." Another relative told us; "The meals are lovely. I stop and have tea with [relative] sometimes. I can't fault the meals, they're brilliant."

We carried out observations on each unit during lunchtime and saw that there was a relaxed and calm atmosphere on all units. We observed meaningful interactions between staff and people who used the service. Observations on Devonshire unit differed slightly during lunchtime. We saw less social interaction and periods where all staff members were involved in serving meals and seemed to be overstretched as they were trying to support the people in the lounge and dining room as well as other people in their bedrooms. We saw two people were assisted to eat, but they had to wait until other people had been served. Once staff had finished serving we saw one to one assistance was delivered appropriately and kindly with the staff member focused on the person they were helping. On all units we heard staff offering people a choice of meal and, if a person did not wish to eat any of the choices given, they were offered alternatives. Staff were aware of, and respected, people's food and drink preferences.

We found a varied and nutritious diet was provided to support people's health. We saw people were regularly offered drinks and snacks. We looked at menus and found they incorporated fresh fruit and vegetables. We saw that meal options were displayed and people were offered their meal options to help them decide.

We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs people required and we saw this information had also been shared with the kitchen staff. The cook was able to tell us about people's nutritional needs and how these were being managed. This included fortifying foods with higher fat alternatives to encourage weight gain. This demonstrated that people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs.

We looked at the care records for ten people who used the service. We found evidence that people were consulted about how they wanted to receive their care and consent was obtained for care and treatment, as part of the registered provider's admission process. We saw people were asked consent before care and support interventions were provided. This was reflected in feedback and one person said; "[Staff] always ask me first."

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 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 so that they can 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. At the time of the inspection the registered manager told us there were 20 people living at the home who were subject to a standard authorisation. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. This demonstrated that the provider was working to the principles of the MCA.

Is the service caring?

Our findings

People who used the service all made positive comments about the care they received. People told us they were well cared for by staff that knew them well. Comments included; "The caring staff are excellent, very friendly and helpful" and "[Staff] are ever so nice here. So much so, I'm not sure I'm going to go home." Most people said that the carers had time during the day to sit and have a chat with them. One person told us, "[Staff] often come in to my room to have a chat." This showed staff were caring and took an interest in people living at the service, and respected their privacy and dignity by having personal conversations in people's bedrooms. People told us they felt that as far as possible they were supported to be independent and their loved ones were always made to feel welcome at the service.

All visiting relatives spoken with said staff were caring and respectful of people's preferences. They told us people who used the service had a say about their care. One relative told us; "The staff and nurses ask you for your view, and about how I think [relative] is doing. They are knowledgeable about [relative]." Other comments included; "The staff are excellent and they do their best to make it a family atmosphere," "I get on with staff here. I think they're brilliant. They get to know you" and "[Relative] is supported to do as much as [relative] wants to do." In the November 2017 visitor satisfaction survey we saw all participants either 'agreed' or 'strongly agreed' that staff were friendly, caring, open and honest.

We observed caring interactions throughout the inspection. We observed staff providing support to people during mealtimes and found that staff were able to meet people's needs and did so in a caring manner. For example, we observed the care team consistently communicated at eye level when people were seated. We also observed staff chatting with people who used the service in a friendly and familiar way. This demonstrated that staff were caring and committed to meeting people's needs.

Staff told us they enjoyed working at the home and said the staff worked well together as a team.

We did not observe staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss personal information in public or disclose information to people who did not need to know. Any information which needed to be passed on about people was done so in a discreet fashion. For example, during staff handovers. This helped to ensure only people who had a need to know were aware of people's personal information.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission to enter their rooms. This was also reflected in comments from people who used the service; "They [staff] always knock on the door and make sure the curtains are closed if I am having a shower," "They [staff] always knock on my door, there is plenty of privacy" and "I keep my door closed by choice." This showed staff respected people's privacy.

We looked at the services Statement of Purpose, which sets out their visions and values. This was clearly displayed in the entrance. We observed staff interactions encompassed the service's aims and values, such

as being respectful and honest.

Is the service responsive?

Our findings

We saw the service provided a range of activities, the details of which were displayed in communal areas of the service. This included lunch outings and musical performances. We also saw a daily activity plan displayed, which included activities like 'chairbics', cookery and wellbeing hair and nail sessions. At inspection we saw a whole service event was taking place, which everyone living at the home had been invited to take part in. The event was called 'Day at the pub' and included food, singing, quizzes and dancing. We saw some people participated and appeared to be enjoying themselves. We asked people and their relatives about the quality of the activities provided at the service. Comments included, "There are enough activities to occupy my mind, I don't take part in much," "I go out for bingo, singers and coffee mornings," "There's always something happening, but it might not be very good or very big. If people don't know what is going on, they get bored" and "I used to go out in the afternoon and have a couple of pints. Can't do that here. Used to play all the sports. Not here. Everybody is so different and a bit unpredictable." Relatives also gave mixed feedback about the activities provided. Comments included; "[Relative] doesn't join in with any of the activities" and "There are enough activities, [relative] only goes out to the Pub, [relative] doesn't join in with anything else." During the inspection we observed what activities took place at the service. We found the quality of activities varied in each unit. On Richmond and Weston units, we saw activities were tailored to the individual. We saw one person playing football in the corridor with a care assistant. We saw several people utilising sensory items and care assistants joining in. On the Longley unit we saw care staff were carrying out one to one activities and small group activities, such as dominoes and 'connect four'. However, on the Endcliffe and Devonshire units, we observed periods where no activities were taking place. On the Devonshire unit we saw the TV was on most of the day, but nobody appeared to be watching it. Although the interactions from staff were kind and caring, they were predominantly task-led. We saw two people had newspapers in front of them, but no care staff were seen helping them to look at any of the articles. We did not see sensory equipment being used in the lounges like on the other units, even though we saw people who would benefit from this type of activity. We recommend the register provider respond to people's views about the provision of activities at the home.

People and relatives said that care needs were met by the service. One person told us; "They know me as a person, not just somebody in a room. Relatives said that communication with the home was good and they were always informed if there were any changes in their relatives' needs or condition. One visiting relative told us, "They [staff] keep me involved and invite me when they have meetings about [relative]. [Relative] has an advocate too, who asks about the care and what I think about things." Other relatives spoken with told us they and their family member were fully involved in the admission process.

We saw the service used an electronic care plan system. This meant people's care and support plans were stored electronically and accessed by computers. Staff spoken with were confident accessing people's electronic records and knew how to make changes where necessary. For example, when a person's care and support needs had changed. Throughout the inspection we observed staff accessing people's electronic care plans on the service's computer. We looked at copies of ten people's assessments and care plans. Care records we checked demonstrated people were supported to receive their care and support in a way they liked. There were documents in place regarding the person's life history, preferences and activities they

enjoyed so that staff could support people to meet their wishes and aspirations. During the monthly reviews of care and support plans, information was updated or added to, to ensure it was correct and relevant and were aware of key information about any changes to people they supported.

Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day.

We saw that community health professionals were visiting regularly to make sure that people received the right care and support at the service. When we spoke with health professionals they told us staff met people's needs well and made appropriate referrals for their intervention.

The registered provider had a complaints procedure and the registered manager kept a record of any concerns received. We looked at the complaints received in 2017 and saw in each case the registered provider had followed their policy and responded appropriately. We saw people had access to a copy of the complaints policy in the reception area. People living at the home and their relatives told us they knew how to complain and felt confident raising concerns informally if they were unhappy with any aspect of their care. One person told us; "If anything's wrong, I have a chat with the manager and they put it right." A relative told us; "I have no complaints, if I had I would talk to the staff." This demonstrated the management team were approachable and transparent about their complaints policy and procedures.

The service had a strong commitment to supporting people living at the home, and their relatives, before and at the end of their lives. Some people had end of life care plans in place. We saw next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and relative as appropriately.

Is the service well-led?

Our findings

We saw the registered manager and the deputy manager were visible and fully accessible on the day of our inspection. We also met the senior management team during our inspection and saw that they actively supported the registered manager with the inspection process. This meant that people living at the service and staff had a clear and accessible support structure should they need to escalate any concerns.

Staff spoke positively about the management arrangements. Staff told us they felt well-supported, valued and confident about bringing any issues to the attention of the management team, as these would be resolved quickly and effectively.

We saw the registered provider had a strategy in place to drive continuous improvements at the service. This included plans to reduce the need for hard copy records by transitioning to an electronic system. The electronic system maintained a secure and contemporaneous record of all people living at the service and persons employed. The system was able to show when people's records were accessed or updated by staff, which meant there was a clear audit trail of recorded actions. The system included effective monitoring systems to ensure that staff followed timescales as set out in the registered provider's policies and procedures. For example, the system prompted staff when actions were about to become overdue, such as a care review or complaint response. The registered provider told us this was of particular benefit for serious matters such as safeguarding, where it is important to meet quality and safety standards quickly. In safeguarding records we checked on the system, records were clear and matters were always progressed in a timely manner. This showed the registered provider operated effective systems to monitor and improve the quality and safety of services provided. We saw in the registered provider's December 2017 Newsletter they communicated changes to the record keeping systems. This demonstrated their commitment to involving people and staff at the service.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed when practice guidance and legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff were kept up to date with current legislation and guidance.

We found that the service supported people to express their views and be actively involved in making decisions about their care, treatment and support. We saw the service carried out a satisfaction survey in May 2017 with service users and visitors. The results from this were displayed in a user friendly format in the service's reception area. This included a summary of the results and any follow up actions taken by the registered provider. For example, the registered provider set up a carer's forum group for relatives to meet up and discuss issues about their family member's care. This was in response to people's feedback that they wanted to know their Wood Hill Community more. We saw evidence of carer's forums group sessions being advertised in the reception area. This showed the registered provider listened to feedback from relevant persons for the purposes of continually evaluating and improving such services. We saw there was a range of information and leaflets accessible in communal areas of the service to help people make informed

decisions about their care and treatment. For people who wished to have additional support whilst making decisions about their care and treatment, information on how to access an advocate was also available.

We saw an inclusive culture in the home. All staff said they were part of a team and enjoyed their jobs. We saw evidence that regular staff meetings took place which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management team listened to staff and supported them.

We saw monthly checks and audits had been undertaken to monitor service delivery. Those seen included audits of the environment, housekeeping, medicines, care plans and infection control. We saw audits were being carried out monthly and any issues were acted on. For example, we saw an audit of the environment identified a fault with a door on Devonshire unit. We saw a completed action to fix the door. This showed monitoring systems were effective.

We saw that the service complied with Local Authority and Clinical Commissioning Group (CCG) visits. The CCG is a National Health Service (NHS) organisation which is responsible for commissioning healthcare, which includes services people receive in a community setting.

We also saw that the registered provider carried out their own visits to the service. In their most recent visit on 8 January 2018 they identified a nurse room was left unlocked and unattended. Staff were to be reminded the importance of locking this room and the registered manager was responsible for completing this action. We saw the registered provider's report was updated once this action had been completed. This demonstrated that the registered provider was able to question practice and identify areas of improvement.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.