

Calvercare Limited

Woodlands Park Care Centre

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

Woodlands Park Care Centre is a residential care home providing personal care to 26 people aged 65 and over at the time of the inspection. The service can support up to 35 people. The care home supports people living with dementia, mental health conditions, those with sensory impairments of physical disabilities.

The care home is set in rural Buckinghamshire and overlooks country fields. There is an extensive garden around the entire building. The care home accommodates people across two floors, each of which has separate adapted facilities. The ground floor has communal areas such as lounge areas, dining rooms and conservatories, as well as people's bedrooms. The first floor has more people's bedrooms.

The care home is part of the Forest Healthcare group.

People's experience of using this service and what we found

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.

People were protected from abuse, neglect and discrimination. Risk assessments were appropriately completed for both people's care risks and any arising from the premises. Incidents and accidents were correctly recorded, investigated and acted upon. There was good evidence that incident and accident trends and themes were detected and shared within the care home and the larger care home group. There is an ongoing staff recruitment drive, but all shifts are filled with regular (agency) workers. People's needs were met with the number of staff deployed on each shift.

People had enough food and drinks provided to them. Staff were knowledgeable, skilled and experienced. They received a good level of training, support and had regular checks of their competency. There was some training in more current topics such as sepsis. The care home was nicely decorated for the people who lived there. It was equipped to be dementia friendly, promote reminiscence and had tactile, visual and sensory experiences throughout. The service was compliant with the requirements set for gaining consent and restricting people's liberty. People's preferences, likes and dislikes were recorded and respected. We made a recommendation about community healthcare professionals' record-keeping.

Staff were caring and kind with people they supported. Relatives provided positive feedback when asked about care at the home. People were asked for their opinions, but some could not communicate to us their feedback. For those that could express their comments, they told us they liked living at the home, they liked the food and they "loved" the care staff. People's dignity and privacy was respected. People's independence, as far as possible, was maintained and promoted.

Care plans were very person-centred. There was good evidence of people's life history and their stories.

There was a very active social life and a passionate and energetic activities coordinator who liked to explore new ideas and provide people with social inclusion. This ensured that they had a good lifestyle, even where they did not leave the premises. There was an appropriate complaints mechanism in place. The service checked for people's end of life preferences and ensured that they had a dignified and pain-free death.

There was a positive workplace culture. Staff were satisfied and happy, smiling and working hard to ensure people received good support. The registered managers and team leader were knowledgeable, experienced and took their responsibilities seriously. The service demonstrated transparency when things went wrong. There was a good governance and audit system in place, and an action plan was used to capture and mitigate risks and work through improvements. There was good evidence of partnership working. People, relatives, health or social care professionals and staff were involved in and had a say in how the service was operated and led.

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

Rating at last inspection

The last rating for this service was Good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

However, the inspection was prompted, in part, due to concerns received about people's night time care, provision of adequate food and people's access to drinks or fluids. A decision was made for us to conduct the inspection as originally scheduled, but to further examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Effective sections of this full report for further details.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Woodlands Park Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Woodlands Park Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, the clinical commissioning group and professionals who work with the service. We checked records held by other agencies, such as the Information Commissioner's Office, Companies House, the Food Standards Agency, the fire brigade and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

As there were concerns raised prior to the inspection, our site visit took place on two dates. The first part of our inspection was conducted during a night shift. The second part of our inspection was completed during a day shift on a weekend.

We spoke with nine members of staff including the chief executive officer, two registered managers, team leader, activities coordinator and four care workers. We received feedback from four people who used the service about their experience of the care provided. We also spoke with three relatives. A visiting district nurse spoke with us regarding a person's care. The local authority and fire brigade provided written information to support the inspection.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the service to validate evidence found. We looked at documents related to the premises and quality assurance records. The registered managers sent us further written information about points we raised during our site visit. We also received written comments and feedback from a variety of staff, relatives and professionals who we had contacted.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Although we had received information before the site visit, we did not find any concerns related to staffing levels. There was an appropriate number of staff deployed on each shift to ensure that people's care was safe, and they were adequately supported.
- Our night time site visit found people received appropriate and safe care. They were able to choose when to go to bed. Bedrooms had appropriate safety equipment for anyone at risk of falls. Enough staff were deployed to ensure people's needs were met during the night shift.
- There was dependency tool and score completed monthly for each person, which showed how much care they required. These were updated when there was a change in a person's condition, for example if the person had a deterioration in health.
- We reviewed rotas and observed staffing levels throughout the site visit. All shifts were filled; some of the care shifts were filled with agency staff. The agency staff however were regular, to ensure consistency for people. Staff such as the cook, the maintenance worker and the head housekeeper were also trained in care and completed regular shifts caring for people.
- The registered managers explained the actions they had taken to recruit new staff to existing vacancies. These measures were successful and ongoing.
- Personnel files contained all the necessary checks and documents required to ensure only 'fit and proper' staff worked at the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and neglect.
- Staff receive training in safeguarding yearly. This occurs during induction and ongoing. Staff completed competency assessments to refresh their knowledge and ensure their understanding of the safeguarding process.
- The registered managers liaised with the local authority regarding any allegations and fully cooperated with any requests for information.
- There was a log of safeguarding records kept. This was in line with the information we received from the local authority team.
- A company-wide whistleblowing process was in place, where staff could anonymously report any concerns. There are posters placed in staff areas containing the contact details they could use.

Assessing risk, safety monitoring and management

- Risks at the service were appropriately assessed, reviewed and reduced to ensure everyone's safety.
- Risk assessments were in place for health and safety purposes. These include fire, water and other risks

related to the premises. Evidence showed action was taken to ensure compliance with other statutory requirements related to premises and equipment.

- For new admissions to the service, a pre-admission assessment was completed in the community or an acute healthcare setting. The registered managers ensured that the service could meet the needs of people before they commenced living at the care home.
- Personal risk assessments were completed for personal care support, which included moving and handling, skin, malnutrition and falls risks. They were reviewed monthly, using the 'resident of the day' method. 'Resident of the day' is when a single person's care is reviewed on a given day each month by all relevant staff.
- Any changes to people's care were reflected in amendments to risk assessments by the responsible staff.

Using medicines safely

- People's medicines were managed safely. We saw there was appropriate medicines storage, administration records, and medicines were only given to people by trained staff.
- Competency assessments were completed by the registered managers to ensure staff who administered medicines safely.
- Satisfactory procedures were in place for controlled drugs (those subject to strict control), 'as required' medicines, covert medicines and the management and monitoring of high risk medicines.
- An external pharmacy consultant visited the service to give advice and perform medicines optimisation and other checks. Medicines optimisation is when a pharmacist checks people's medicines to see if they need any adjustments.
- There were spot inspections of medicines safety. Reports showed actions that needed to be taken to ensure the service followed best practice guidelines. There was evidence that improvements were made to ensure medicines were safely managed.

Preventing and controlling infection

- The premises and equipment were clean, tidy and there was no malodour.
- There were dedicated cleaning staff, however all staff took responsibility for infection prevention and ensured good hygiene practices were followed.
- There were appropriate handwashing facilities, signage, waste management and disposal. Kitchen hygiene was audited by the local council environmental health officers and found to be "very good".

Learning lessons when things go wrong

- The registered managers had a good knowledge of any incidents and accidents that occurred. There was clear documentation maintained.
- Investigations were completed, as necessary, to determine how any incident occurred and what actions could be taken to prevent recurrence.
- Information from incidents and accidents was used at the care home and within the larger company. The findings meant that any themes or trends could be identified and acted upon.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- We had received concerns that people did not receive enough nutrition and hydration. The inspection site visit checked people's eating and drinking during both day and night shifts.
- We found the information was not credible. There was evidence that people received enough food and drinks to ensure their wellbeing and a healthy lifestyle.
- There was evidence that some people did not have easy access to fluids. For example, it was not always visible or within their reach in communal settings and in bedrooms. However, we observed that people were offered regular drinks rounds. We also saw that people had consumed their drinks that staff offered and prepared.
- Meals were cooked fresh to order. There was a menu in place and people could choose different options if they preferred something else. The food was appetising and well-presented.
- The meal service was timely, and people could eat at their own pace. Where people required support, staff were available and assisted them with eating and drinking.
- There was also evidence of fine dining provisions which encouraged people to enjoy mealtimes and focus on eating and drinking.
- People's weights were routinely measured and recorded. Risk assessments and food and fluid charts were in place, if a person was at risk of malnutrition or dehydration. Referral to community dietitians were made if specialist advice or intervention was required.
- Following the site visit, the registered manager provided written assurances about additional action they had taken to ensure people's access to food and fluids. This included more jugs and cups in bedrooms, a hydration station in the communal dining and lounge areas and staff regularly offering snacks to people.

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

- A holistic approach to care was used at the service. People's physical, mental and emotional needs were assessed prior to them moving into the home.
- People's care was reviewed regularly to ensure the home continued to meet their needs. Likes, preferences and dislikes about every aspect of people's support were recorded. Example included what they preferred to wear, times for eating or having a shower and meal preferences.
- People's care documentation reflected the information staff had gathered over time about them. The care plans provided staff with guidance about the support people needed and the aspects of their care they could manage independently.
- 'Flash cards' were created about people and used routinely by staff. These cards were useful information at a glance about a person's life, preferences, support needs and contained pictures and photos that could

be used for reminiscence when support was provided.

Staff support; induction, training, skills and experience

- Staff had the necessary support from the service to ensure they had the knowledge, skills and experience to ensure people's care was effective.
- Staff completed e-learning and practical training, including reading relevant policies and procedures. Competency assessments were used to check staff knowledge and skill.
- Training topics included fire awareness, moving and handling, food safety, safeguarding, and health and safety. The training records showed staff training was up to date in all the topics. Where refresher training was due, this had been booked for staff to complete.
- Advanced training was provided to staff in to ensure the best care for older adults, and those living with dementia.
- Staff received regular supervisions (one to one meetings) to discuss their work. Staff were also required to complete performance appraisals with the managers, to create objectives and work towards improving their knowledge, skills and experience.
- Staff were offered the opportunity to undertake additional nationally recognised qualifications in health and social care. The registered managers had the necessary qualifications to ensure an effective service.

Staff working with other agencies to provide consistent, effective and timely care

- There was evidence of good working with other organisations to ensure effective care for people.
- The registered managers provided information about other agencies that they routinely worked with to ensure people's care needs were met. For example, this included the local authority, mental health and acute hospitals, the district nursing team and GPs.
- An aromatherapist contacted us to provide very complimentary feedback of their experiences with the care home. They had worked with the service for ten years and provided therapeutic massage to and relaxation for people. They explained the service had a positive, engaged approach for people's care.

We recommend the provider implements a method to ensure visiting community healthcare professionals provide relevant notes about any treatment they carried out at the care home.

Supporting people to live healthier lives, access healthcare services and support

- The service ensured people's health was maintained and protected. There was ready access to community health and social care professionals for routine reviews and check-ups, or when intervention was required.
- We noted a district nurse visited to assist with a person's syringe driver. They also completed a wound dressing for another person.
- People were supported to maintain good oral care and personal hygiene. Care plans gave staff clear guidance to follow in supporting people with these aspects of care.

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

- Careful thought had been placed into the design and decoration of the premises. There was a clear, thoughtful approach to how people living with dementia behaved and what the surrounding environment should provide.
- People's bedrooms were personalised. They contained sentimental items and things that were unique to the person. The decoration was tasteful and neutral; people and relatives had a say in how the bedroom should appear.
- Hallways were decorated in different themes selected by people who used the service. For example, there was a garden design and another represented landmarks of London. Each hallway had visual and tactile

talking points which interested people and sparked conversation or memories.

- Communal areas were bright, spacious, well-furnished and had nice views over farmland. A dedicated capital expenditure programme was in place for decoration and refurbishment.
- A mannequin was used in a common space to display seasons, events and special celebrations. For example, at the inspection the mannequin was dressed in traditional clothing that represented Chinese New Year. There was evidence of decoration for cultural and faith-based events throughout the year.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's consent was obtained and recorded in line with legislation. Where consent could not be obtained due to impaired capacity, then best interest decisions were made for people.
- Copies of enduring or lasting power of attorney documents were kept where another person could legally consent on behalf of someone.
- Each person who was restricted and did not have mental capacity to make specific decisions had a DoLS application made to the relevant local authority. Where authorisations were granted, all relevant documentation was on file. Where renewals of the DoLS were required, we saw evidence that these had been applied for and people were awaiting a best-interest assessment review.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback from people, relatives and others about the care and support at the service. Comments were consistent and even recommended the care home to others.
- Staff were friendly, courteous and professional. People and staff were smiling and joining in conversations together.
- Three relatives we spoke with at the site visit all expressed how happy they were with the care the staff provided. They felt the staff were kind and understood people well. They stated that the environment was well suited to people's needs. They were also satisfied that the staff were knowledgeable and experienced.
- A relative who wrote to us commented, "I haven't got any concerns. They (staff) seem very responsive. They look after everyone very well. [It's] a lovely care home; they hold the residents at the centre of everything they do."
- Another relative stated, "As far as I'm concerned this care home is brilliant. Staff work so hard and their treatment of the people in there is a 100%. They treat them like family; the friendliness to both people living in there and visitors is the best."
- The service ensured people living with dementia were appropriately supported. There were jumble boxes for tactile and sensory stimulation. Postcards and storytelling were used to trigger people's long term memories and encourage reminiscence. 'Fiddle' blankets were knitted with the assistance of a community organisation, which people could touch and interact with to provide reassurance.
- People's birthdays and anniversaries were celebrated by the care home with the provision of a specially made cake or meal. The service also had a cat and chicken that people could interact with.
- Staff had a good knowledge of equality, diversity and human rights. They received appropriate training in this topic. The registered managers explained how people's characteristics under the Equality Act 2010 were recorded and respected.

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

- People were included and involved in their care planning and delivery. Where people could not express their own views, this was recognised by the service and other parties such as relatives, were invited to provide their input.
- We observed discussions between people, relatives and the registered managers. We reviewed documentation of communication between the service and relatives. There was good evidence of working together to ensure people's preferences for care were recorded and imbedded into everyday care processes.
- Care documentation reflected the views of people who used the service. Staff knowledge of people's

routines was also included in the care plans, which demonstrated information was used to ensure the right care was planned and provided.

- A relative commented, "One of the reasons I feel Woodlands stands out from other dementia care homes is their reputation for taking on patients with particularly challenging behaviour, when turned down by other care homes. Often the only other option for their caring relatives is for them to be placed in a more secure and restrictive environment, often many miles away. My mother was one of these cases and I will always be extremely grateful that Woodlands offered to give her a trial stay...which lasted nearly four years."

Respecting and promoting people's privacy, dignity and independence

- The service and staff provided dignified and private care. Systems and process in place ensured that people's independence was fostered.
- A daily spot check called "behind closed doors" was completed by senior care workers. The check examined the performance of other care staff and the support people received. The check included people's emotional status when with a care worker, if dignity and privacy was maintained and how the staff member reacted to people's needs. This was an innovative way of measuring how people's dignity and privacy was respected. The results were positive.
- The last Healthwatch from report from 2019 stated, "We saw excellent interaction between staff and residents. Some residents were addressed by their first names and others by surname; "Thank you Mr X". They treated each other as equals and chatted freely. Staff had the time to interact positively with the people around them. We also saw staff know when to leave residents to sleep and when to wake them for lunch."
- The service placed no restrictions on visiting times. The service had an open approach, ensuring people could readily connect and maintain contact with those that mattered in their life.
- The service worked with an external organisation to enable trips into the community, such as to pantomime and garden centres. There were also armchair exercised to encourage people's motivation and encourage independence.

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 has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who were very skilled to provide individualised care and worked hard to help people achieve personal outcomes.
- There were very detailed care plans in place. These contained specific guidance for staff to follow in supporting people to maintain and build on their everyday routines. Staff we spoke with were knowledgeable about people's care needs and the information provided matched the care records.
- People had allocated staff appointed as their key workers. Key workers were responsible for ensuring care plans remained up to date and reflected people's choices, needs and goals.
- People were not restricted. Those living with dementia had the ability to walk about and explore different aspects of the care home, especially the themed areas. People were treated individually, and staff respected their requests and ensured their needs were met in a timely way.
- A relative had expressed that a person had remained very quiet over an extended period. The activities coordinator involved the person and saw how they become more active and engaged in conversation. The relative expressed their joy about the change in the person's personality and emotional state.
- The service embraced people's and staff's differences and fostered inclusivity. For example, there were themed days where Romanian and Nepalese foods were served and staff explained and demonstrated cultural differences.
- The care home was proud of their "People like me" scheme. Each person's life story was recorded and continued to be expanded each day and be recorded about the person. Activities coordinator worked with a mental health professional to research a person's life story where they did not have a family member to ask. They were able to find relevant information and how they could enrich a person's life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans provided information about people's sensory impairments. We saw people were able to attend the audiology clinic and opticians when required.
- People were assisted with technology or adaptations to assist with understanding of information and communicating with others.
- Pictures were provided on documents and within the premises, to assist people who may no longer comprehend words. Signage included large text and symbols to help people living with dementia recognise areas of the care home and what was behind a door. Bathrooms, toilets and communal facilities were

clearly indicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People at Woodlands Park Care Centre were encouraged to have an active social life. The activities coordinator and staff were very mindful of ensuring links with the community and encouraging people's independence.
- We observed activities during the day site visit. People were encouraged to take part and demonstrated their clear enjoyment during the session.
- Staff had empowered a person who had socially excluded themselves within the care home. They encouraged the person to leave their room and enjoy various activities. There was evidence the person had attended a fete, participated in dancing, completed gardening and attended the dining room for meals. They had not previously done this due to social anxiety.
- The activities coordinator explained people liked poetry writing, art classes, karaoke, and chair-based exercise classes. For a Chinese New Year event people helped make spring rolls and made themed decoration. The staff member said, "I believe that activities involves sitting and observing. If people do not necessarily want to participate, they will sit in and watch, and they love doing it that way."
- A person's care record stated, "[The person] attended the activity today (a chair-based exercise class). [She] enjoyed being within a large group and attempted all of the exercises..."
- A relative had asked whether they could take people out strawberry picking. People visited the field but there were no strawberries left. The service used a 'You said, we did' approach instead and organised a local church to bring raspberry jam and sandwiches to people.
- People were visited by primary school students at Christmas and were provided with handmade cards. The students enjoyed being with and speaking with the people at the care home.
- Other social events included external singers, care home Olympics, a Route 66 day, a royal wedding celebration and a pantomime. People were also involved in the painting of a fence and beach hut. The service supplied sand and a paddling pool to replicate a beachside for people to enjoy.
- People who used the service were recently involved in the re-creation of a well-known movie. One person, who speaks very little due to living with dementia, was actively involved and was announcing the scenes and filming. This had a positive impact on the quality of life for people who were involved in the activity.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people to follow if they wanted to make a formal complaint.
- People and relatives we spoke with expressed no concerns or complaints about the service.
- Records showed that any concerns were responded to in line with the service's policy. The registered managers preferred to take actions about any concerns raised and attempted to prevent dissatisfaction leading to formal complaints.
- Signage was displayed within the building explaining how to make a complaint.

End of life care and support

- People's end of life care preferences were assessed and recorded. Palliative care people received was sensitive and pain free.
- End of life care was discussed sensitively with care and compassion.
- One of the registered managers explained they encouraged people to receive their end of life care at the care home rather than in acute settings.
- Palliative care teams and district nurses were actively involved in people's end of life support to ensure maximum comfort.
- Following a person's death, the service completed an "end of life analysis". A registered manager stated

these were completed to check, "If there [was] anything we could have done better." One analysis stated a person was, "At Woodlands...close friends with him at time of death...read his favourite prayers and music."

- Staff participated in a six week training course for end of life care and the service was also involved in specific palliative care research.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and relatives were positive about the management of the service. Staff told us the registered managers were approachable and always available for advice and support. The registered managers were knowledgeable about all the people living at the service.
- The chief executive officer was passionate about the care planned and provided by the group. They articulated senior executive team changes, ways of transforming services and steps taken to ensure the best possible care was available for people.
- Family members were actively involved in planning people's care and support and people experienced good outcomes and support towards their care objectives.
- There was a clear statement of purpose. This set out the service's values and objectives. A copy was available for people, relatives and staff in the building. This was in addition to the provider's own ethos of care.
- The last CQC inspection rating was clearly displayed in the care home and on the provider's website. This demonstrated transparency about the findings from our prior inspection. A copy of the inspection report was also printed and available for anyone to read.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service demonstrated complete responsibility when things went wrong. The management team displayed accountability and explained how they tried to prevent recurrence of any incident which fell short of their professional standards.
- One registered manager had a good knowledge of duty of candour and acted transparently to ensure an open and honest culture.
- We viewed evidence of how the service responded to any allegations about care and serious injuries that occurred. These were well documented, investigated and the registered managers took ownership for any actions that were required to ensure people's safety.
- The service worked with the local authority to report any issues about the quality of care. The local authority confirmed that they worked successfully with the service to monitor and ensure good care for people.
- Notifications about potential or actual harm were made to the local authority and CQC, in line with the applicable regulations. This ensured that external agencies and stakeholders could effectively monitor the care at the service and ask for additional evidence about how risks were reduced.

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

- The management team were competent and understood their roles in ensuring quality and safety of care. They demonstrated a firm commitment to the quality of support people received.
- The two registered managers had worked together for 11 years to continuously improve the service. This demonstrated a sustainable management team.
- The service had a standard schedule of audits in place. These were used by the service to measure and assess the quality of care provided to people. Audits included areas like care plans, infection prevention and control, kitchen hygiene and medicines management.
- The provider was very supportive of the registered managers and the care home. The operations manager visited regularly, checking the quality and safety of care and flagging up any issues with the local management team.
- There was an up to date, extensive continuous improvement plan in place. Any items considered as risks or actions arising from visits or audits were recorded in the single central plan. There was a clear approach to change management and actions taken were thoroughly documented.
- One registered manager was completing additional advanced level training in health and safety. They would be able to use the knowledge and skills gained as part of their leadership of the service.

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

- Staff we spoke with were satisfied in their respective roles and there was a very positive workplace culture.
- There were regular meetings with staff to explore various aspects in the operation of the care home. This was also an avenue for staff to provide feedback to management.
- Regular 'residents' and relatives' meetings were scheduled. Minutes we viewed showed discussions about activities, purchasing equipment and feedback from people or relatives. The provider's executive team attended the meetings for specific purposes, for example to discuss a contentious issue or when the care home proposed an improvement.
- One relative stated, "They show understanding, great care, and indeed affection toward [the person], despite the many difficulties that his dementia can pose. At the Christmas meal last December, my father was in a particularly difficult mood due to his dementia, and despite staff being extremely busy at the time, there was such compassion and care shown toward him demonstrating what a wonderful and caring environment there is at Woodlands...it is very much appreciated by us how much love he gets in their care."
- The service completed annual quality surveys with people and relatives. The most recent results showed very positive feedback about all aspects of care.

Continuous learning and improving care; Working in partnership with others

- The service and provider were always exploring different ways of working. This ensured that new ideas could be tried, tested and if found effective they could be implemented.
- The chief executive officer explained the provider was building a dementia framework and had employed a dementia expert to work on the care principles and practices. One of the registered managers had trained staff, families and some visitors to become 'dementia friends'. 'Dementia friends' is an Alzheimer's Society initiative to help others understand how dementia affects people.
- The chief executive officer explained that they would undertake a 'road trip' with the provider's property manager, to visit each care home to review the design of the service. The chief executive officer explained this would allow the registered managers to point out any priorities and would involve people in the decision-making process.
- There was good engagement with external organisations. This included a positive working relationship with the community mental health team and nearby acute mental health services. This ensured good care

for people when they required these services and professionals.