Sussex Housing and Care

Woodlands

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

The inspection took place on 03 October 2016. Woodlands is a residential care home that provides accommodation and personal care for a maximum of 40 older people. There were 40 people living in the service at the time of our inspection, some of whom lived with dementia.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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. The registered manager was supporting a newly recruited manager who had already taken over the daily running of the home. The registered manager was in the process of de-registering with the CQC and the new manager had applied for their registration. We consulted the manager in post during our inspection.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with utmost kindness and respect.

Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered. Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. When applicable, meetings were held to make decisions in people's best interest, as per the requirements of the Mental Capacity Act 2005.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People told us they enjoyed the food and their meal times. Staff knew about and provided for people's dietary preferences

and restrictions.

People's individual assessments and care plans were person-centred, reviewed monthly or when their needs changed. Clear information about the service, the facilities, and how to complain was provided to people and visitors.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

A wide range of meaningful activities and outings were provided. People were involved in the planning of activities that responded to their individual needs.

Staff told us they felt valued and supported by the manager, the management team and the provider. The manager was open and transparent in their approach. They placed emphasis on continuous improvement of the service and promoted links with the community.

There was a robust system of monitoring checks and audits to identify any improvements that needed to be made. The management team acted on the results of these checks to improve the quality of the service and care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

Is the service effective?

Good

The service was effective. Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

People were supported to make decisions and were asked to consent to their care and treatment. Where they were unable to make their own decisions the principles of the Mental capacity Act 2005 were followed to protect their rights. The manager had submitted appropriate applications in regard to the Deprivation of Liberty Safeguards and had considered the least restrictive options.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them

with kindness and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to. They respected their privacy and dignity.

Appropriate information about the service was provided to people and visitors.

Is the service responsive?

Good

The service was responsive to people's individual needs.

People or their legal representatives were invited to be involved with the review of people's care plans. People's care was personalised to reflect their wishes and what was important to them.

The delivery of care was in line with people's care plans and risk assessments. There was a suitable amount of daily activities that were inclusive, flexible and suitable for people who lived with dementia.

People and their relatives' views were listened to and acted on.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted an open and positive culture which focussed on people. They promoted links with the community.

The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. They welcomed suggestions for improvement and acted on these.

Emphasis was placed by the management team on continuous improvement of the service. A robust system of monitoring checks and audits identified any improvements that needed to be made and action was taken as a result.

Woodlands

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 carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 03 October 2016 and was unannounced. The inspection team included three inspectors and an expert 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 manager had received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report. Before our inspection we looked at records that were sent to us by the manager and the local authority to inform us of significant changes and events.

We looked at 11 sets of records which included those related to people's care and medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We reviewed documentation that related to staff management and six staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the services' policies and procedures.

We spoke with 16 people who lived in the service and seven of their relatives to gather their feedback. We spoke with the registered manager, the manager in post, the deputy manager, six members of care staff, the chef, and the person responsible for the maintenance of the premises. We also spoke with two local authority case managers and a district nurse who oversaw people's care and treatment in the service. We obtained feedback about their experience of the service.

When we last inspected this service in September 2014, no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They told us, "There is always someone near at hand", "They [staff] always come as quickly as possible when needed" and, "All the doors are either locked or supervised and we have a code to get in and out". A relative told us, "It's much safer for my mother here; she used to have 'night falls'. Now she has a large room with space and no hazards to trip her. There are no steps and she has her own familiar furniture, her safety is my peace of mind."

There was a sufficient number of staff to meet people's needs in a safe way. Staffing rotas indicated sufficient numbers of care staff were deployed during the day, at night time and at weekends. The manager reviewed staffing levels regularly taking into account people's specific needs and the provider had ensured a budget was available to recruit additional staff. Additional staff had been deployed when necessary, such as when people's needs had increased and they had needed one to one support. A recent increase in staffing levels ensured that activities were provided twice daily.

Staff who worked in the service understood the procedures to follow for reporting any concerns. All the staff we spoke with were able to identify different types of abuse and were clear about their responsibility to report suspected abuse. Their training in the safeguarding of vulnerable adults was up to date. They had access to the service's safeguarding policy that reflected local authority's guidance. The page for essential local safeguarding contacts was blank however staff we spoke with knew how to access the necessary information. Staff were aware of the whistle blowing policy and told us they would feel confident that any reported concerns would be addressed appropriately by the management.

The premises were safe for people because the premises, the fittings, equipment and portable electrical appliances were regularly checked and maintained. There was a clear timetable for the carrying out and recording of checks and servicing through the year, and a three-year planned maintenance schedule for the home. The person responsible for maintenance carried out the flushing of water outlets, checks of water temperatures and windows restrictors. Everyday breakages and shortfalls were notified and signed off in a maintenance diary and external contractors were quickly accessed if repairs could not be undertaken in-house. There were standing contracts for servicing and repairs of the passenger lifts, hoists and individual slings, heating and fire prevention equipment. Fire risk assessments and Legionella testing were carried out by external contractors and documented. Environmental risk assessments included people's bedrooms although they did not include communal areas and the manager told us this would be remedied. There were recorded evacuation drill exercises every two months that highlighted any learning points. A contingency plan dated June 2016 included local emergency accommodation arrangements in the event of an evacuation.

Accidents and incidents were managed to ensure people were safe in the service. Care plans were reviewed after each incident and the manager audited accidents and incidents monthly to identify any trends or patterns in order to identify and minimise future risks.

Risk assessments were centred on the needs of the individual and were reviewed monthly, or sooner when

people's needs changed. Staff were aware of the risks that related to each person. There were specific risk assessments in place for people who may experience choking, skin damage and who were at risk of falls. Each risk assessment included clear measures for staff about how to keep people as safe as possible, taking into account their circumstances and preferences. A person at risk of falls had been provided with a hospital bed that could be lowered and a sensor mat to alert staff when they got up at night so they could be helped if needed. Another person whose skin was at risk had been provided with a special mattress and staff ensured they were repositioned at regular intervals when they remained in bed.

All aspects of people's medicines were overseen by the deputy manager who carried out weekly and monthly audits to ensure medicines were managed safely. All records relevant to medicines were checked to ensure they were appropriately completed. People had their medicines at the time they were to be taken. Systems for ordering, stock control and returns of medicines were orderly. The room and fridge in which medicines were kept were checked daily to ensure the correct temperatures were maintained. Medicines were administered by senior staff by day, and by medicines-trained care assistants at night. The competency of staff who were involved in the administration of medicines was checked annually. The service's medicines policy did not describe or explain the approach to homely medicines nor made reference to protocols for PRN medicines (to be taken as required). However the use of PRNs was routinely mentioned in handovers between shifts, such as when they may need or ask for pain relief. Appropriate records were kept for people who needed a certain medicines in relation of their blood test results; who used topical creams; or who self-medicated.

Thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. Staff members had provided proof of their identity and right to reside and to work in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and references were obtained from the most recent employer where possible. Disciplinary procedures were followed and action was taken appropriately by the manager when any staff behaved outside their code of conduct. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed. They told us, "They [staff] know what they are doing", "They are efficient, they understand what I need", and, "I used to be in the Army so I know they are good leaders and they have a good cookhouse." Relatives told us, "They are very efficient", "They react well to any emergencies; my mother had a severe nose bleed; they had the paramedics here promptly and informed me; she did not have to go to hospital because they controlled it" and, "My mother felt unwell and the manager called the GP who came out the same day." People described the food as "excellent" and "very good". They told us, "We are given a choice and if nothing suits you they will make you something else." A local authority who oversaw a person's care in the service told us, "The staff are definitely efficient, they communicate well with us."

Staff received essential training to enable them to carry out their roles effectively. New staff received a thorough induction that incorporated the Care Certificate during the first twelve weeks. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Essential training was provided that included moving and handling, fire, first aid, infection control, health and safety, safeguarding, mental capacity and food hygiene. Additional training that was relevant to people who lived in the home was offered and delivered to staff, such as medicines, dementia awareness, diabetes, end of life care and care planning. There was an effective system to record and monitor staff training and highlight when refresher courses were due. Staff were reminded to attend scheduled refresher courses.

The staff we spoke with were positive about the range of training courses that were available to them. A member of staff said, "If I felt I needed something to develop my role I could approach the manager and she would find training for me as an individual or for other colleagues; I am currently doing a training course on mental health." The manager, the deputy manager and senior staff carried out spot checks and observations of staff practice to ensure good standards of practice were maintained. As a result of an observation of practice, a member of staff had been re-trained in manual and handling procedures.

Staff were encouraged to gain qualifications and progress their careers through the service. They received quarterly supervision sessions and were scheduled for annual appraisal of their performance. Staff told us they were able to obtain informal supervision and support at any time. A new recruit told us, "I have a one to one every few days to see how I am coping, if I enjoy the job, or see if there is anything I need support with." Staff were encouraged to enrol in a programme of studies and gain qualifications in Health and Social Care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

Staff were trained in the principles of the MCA and the DoLS and were able to accurately describe the principles of the MCA. Assessments of people's mental capacity were carried out when necessary. When people did not have the mental capacity to make certain decisions, meetings were held with appropriate parties to decide the best way forward in their best interest. An assessment of a person's mental capacity had been carried out for a person who chose to go out unaccompanied, and for several people in regard to their consenting to their care plans. Staff sought consent from people before they helped them move around, before they helped them with personal care and with eating their meals. People's legal representatives had been invited to attend reviews of people's care plans with their consent, and had been requested to sign on people's behalf when appropriate. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interests and were unable to come and go as they pleased unaccompanied. The manager had considered the least restrictive options for each individual.

People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to be. There was a key workers scheme and people we spoke with knew who their key worker was. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. There was a robust system of communication between staff to ensure effective continuity of care. Senior staff started their shift half an hour early so there was an overlap between shifts and updated information about each person's care was handed to the staff on the next shift three times a day. Information about new admissions, accidents and incidents, referrals to healthcare professionals, people's outings and appointments, medicines reviews, people's changes in mood, behaviour and appetite was shared by staff in a comprehensive 'delegation sheet'. Follow up action was taken from one staff shift to another.

People told us they enjoyed the food they had and told us they were satisfied with the standards of meals. They told us, "You can have what you want for breakfast. I had muesli and toast", "I have a soft diet because I have lost so many teeth, they are very accommodating" and, "The food here is tasty; I can choose what I want from the menu." Several people had their breakfast late in the morning as they preferred, and cooked breakfasts were available when requested. People were shown the menus every morning for them to choose what they wanted to eat on the day. The lunch was freshly cooked, hot, well balanced and in sufficient amount. A lighter cooked meal was served at supper time and people were served a selection of refreshments and home-made cakes or biscuits seven times a day. Monthly catering meetings took place where people were encouraged to give their feedback about menu ideas. A questionnaire about food preferences had been completed and people's suggestions had been added to the menus. A daily handover book was used to record people's meal requests.

People were weighed monthly or weekly when there were concerns about their health or appetite. When fluctuations of weight were noted, people were referred to the GP or a speech and language therapist (SALT) when necessary, and their recommendations were followed in practice, such as providing them with thickened fluids or helping them sit in a particular position when eating.

People's wellbeing was promoted by regular visits from healthcare professionals. People were able to retain their own GP or were registered with a local GP surgery. A chiropodist visited every six weeks to provide treatment for people who wished it. An optician service visited yearly or sooner when needed. A local dentist visited upon request when people were unable to go to the dental surgery. People were offered routine vaccination against influenza when they had consented to this. When people had become unwell, they had

been promptly referred to healthcare professionals. For example, to a GP, a Parkinson's nurse and to a mental health team. People were escorted to visit hearing clinics when necessary. Emergency services had been called appropriately when people had become seriously unwell, such as when experiencing chest pains. Therefore staff responded effectively when people's health needs changed.

The accommodation was spacious, comfortable and welcoming. There were quiet spaces where people and their visitors could sit and relax, including a lounge with a bar where people could access alcohol or alcohol-free beverages. There was an activities room, a library, a hairdresser's room, a sun room, and a chapel room which was in progress of being completed. There was a board with staff photographs displayed, and a few people who may need help locating their room had their photographs displayed on their bedroom doors. A large information board provided information for people about daily activities and daily menus. We noted that this information was not pictorial to help people who lived with dementia and discussed this with the manager who told us this was in progress. Samples of pictorial menus and pictorial programmes of activities were organised and provided during our inspection.

Good

Is the service caring?

Our findings

People told us they were very satisfied with how the staff cared for them. They said, "We are well looked after and the staff are very kind", "We live in wonderful surroundings and the only battle they have is with the deer who invades the garden at night." Relatives told us, "My mother is generally happy here and is beginning to refer to Woodlands as her home", "My mother is making friends here; the staff are ever so kind and helpful, they really care" and, "When I was visiting for the first time, to choose a home, I was struck by the smiling faces of the staff; they did not try to hide anything and they were welcoming and cheerful." A district nurse who provided treatment to a person told us, "The staff here are very caring."

Visitors were welcome at any time without restrictions and were warmly greeted by staff. A relative said, "There is a hotel atmosphere here but with family warmth." We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service and frequent friendly and appropriately humorous interactions between staff and people whom staff addressed respectfully by their preferred names. Staff had built a positive rapport with people that promoted friendship and respect. Staff had visited two people who had been hospitalised, with their families' permission, to wish them well in their recovery. People were encouraged to personalise their bedrooms as they wished and bring their own articles of furniture to make them feel at home from the beginning of their stay.

People were able to have as many baths or showers as they chose and told us that staff were mindful to respect their dignity and privacy. A person told us, "They respect my dignity when they wash and change me; I don't mind if the care worker is male or female but if you object they would change them at once." A relative told us, "My mother has two baths a week and they are very discreet." People we spoke with confirmed that staff "Always knock before entering bedrooms or bathrooms." There was a privacy screen used in the communal lounge to respect people's dignity when necessary.

Staff knew how to communicate with each person. Staff were lowering their position so people who were seated could see them at eye level. They used people's correct and preferred names, spoke clearly and smiled to engage people who smiled in return. They showed interest in people's response and interacted positively with them. People had a specific information sheet in their files that informed staff how best to communicate with people. There were instructions for staff to be mindful of a people's sight or hearing impairment and use clear tones of voice or write in large format. We observed staff follow these instructions in practice.

Staff were careful to speak about people respectfully and maintained people's confidentiality by not speaking about people in front of others. People were given the choice of having their doors open or closed; People's records were kept securely to maintain confidentiality. A service that provided independent mental health advocates (IMCAs) was available to help represent people's views at best interest meetings when families were not available.

Staff encouraged people to do as much as possible for themselves. Staff checked that people were appropriately dressed and all people were well presented with comfortable clothing and footwear. People

washed, dressed and undressed themselves when they were able to do so. People followed their preferred routine, for example some people chose to have a late breakfast, remain in their bedrooms, or stay in bed. At mealtimes and during activities, people chose where they liked to sit. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their independence. A person visited local shops independently, three people who liked housework were helping staff folding napkins, dusting, using a carpet sweeper and collecting cups from the lounges. The manager told us, "We encourage them to do what they want to do and as much independently as possible so they can retain their skills."

Clear information about the service and its facilities was provided to people and their relatives. A welcoming pack included the service's statement of purpose, explanations about the pre-admission assessment process and a 'Residents' handbook'. This handbook was comprehensive and provided a wealth of information about every aspect of the service including how to complaint. There was a website about the service and sister services that was informative, well maintained and user-friendly. Information was also available through social media. The provider issued a six monthly magazine to Woodlands and their sister homes, that provided information on staff, local registered charities, new activities, and forthcoming events. It also celebrated events with articles and photographs, such as when Woodlands had hosted a 'Come Dine with Me' for people, their families and friends; a street party held during the National Care Home Open Day, and a Country and Western 'Shindig'. There was a display of informative leaflets in the entrance about dementia, living with a terminal illness, care planning, advocacy services, and a guide to 'staying as fit as a fiddle in residential care'. Keyworkers' names were displayed in each person's bedroom to help them remember who they were.

Good

Is the service responsive?

Our findings

People gave us positive feedback about how staff responded to their needs. They told us, "My daughter speaks to the care worker or manager about my care when she comes in and they can put everything right if needed", "Once a month we have a residents meeting where we can discuss anything; we have a say", "There is a lot of activities, always something going on" and, "They know what I need, I only have to ask." Relatives told us, "I helped complete the care plan when my mother first came to Woodlands. Now we talk about it monthly", "All my mother's needs are met, we couldn't ask for more really" and, "Entertainment is excellent here."

People's needs were assessed before they moved into the service by the manager or a senior care worker who had been especially trained. These assessments indicated whether the service could meet people's individual needs. They gave a clear account of needs relating to medicines, communication, nutrition, skin integrity and mobility. Information was gathered on their life history, their interests, and special requirements about their routine. This helped staff understand their perspective. People were invited to stay for short periods before they made an informed decision about coming to live in the service. Risk assessments were carried out before people moved into the service, to ascertain control measures that could reduce those risks such as falls or skin damage. Equipment was put in place from the onset such as pressure relieving mattresses, sensor mats and walking aids.

People's care plans were reviewed and updated monthly or sooner when needed, for example following an illness, any incidents, a medicines review or a period of hospitalisation. Staff sat with people to involve them during the review of their care, when they were able and willing to do so. A comprehensive annual review of each person's care was carried out and people's legal representatives and/or families were invited to attend and contribute.

People's likes, dislikes and preferences about food, daily activities and routine were taken into account. Staff were able to describe to us how several people liked their coffee or tea, what type of food they favoured, how long they liked to stay in bed, and how they enjoyed to spend their day. They were aware of people's 'Life story books' where information about their past had been collected.

A wide range of activities that were suitable for older people and people living with dementia was available. They included reminiscence, games, quizzes, arts and craft, gardening, sing-alongs, music, and exercises. The provider had ensured two members of staff had been trained by an organisation specialised in improving physical mobility, social interaction and mental stimulation. The service had celebrated special events such as the Queen's birthday with a street party and the National Care Home Open Day with a Country and Western party. Staff were planning the next party for celebrating Halloween. There were cheese and wine tasting events where families were invited to participate. A person told us "This is ever so popular, we love it." A knitting group had been formed where people could socialise. A monthly Gentlemen's Club was run by two male care workers where male residents could enjoy a beer, have a wet shave, and discuss their special interests such as football and war models. This had been created in response to people's request.

Attention was paid to reduce people's isolation. Staff had formed a choir and performed in front of people and their relatives three times a year. A group of four volunteers and students from a local school provided one to one company for people. A person was getting ready to accompany a vicar to a 'Young at heart meeting' at the local church. People's families were involved in activities, such as taking part in memory box sessions when people recalled important memories. Entertainment was also sourced externally and musicians, performers, singers and pets were regularly invited to the service. Outings were organised twice a month, such as shopping trips, fish and chips meals at the sea front, pub meals, and visits to garden centres.

People's feedback was sought and acted on. Residents were involved in all decisions made about the environment in which they lived. Residents council meetings were held monthly where people and relatives were able to discuss any concerns in confidence, as no staff were present at the meetings. Activities planners were given out monthly and included in discussions at residents council meetings, checking whether people wished to see any other activities introduced. The minutes of these meetings were given to the home manager to respond to by the next meeting, and action was taken as a result. Residents and staff catering meetings were also held monthly, enabling people to have an input in the menu choices. Relatives forums were scheduled every two months and awareness sessions were provided such as dementia awareness and advance care planning. An annual 'Residents' Survey' was carried out to seek feedback on all aspects of the service. The last survey indicated that people were 100% satisfied with the overall standard of the service and 96% were 'happy living here'.

People's special requirements were responded to. A person who had an interest in war memorabilia and transport was paired with a member of staff to go through books on the subject and build a model of a tank. A person had their room re-decorated with a colour of their choice, and another was taken to a garden centre to choose new shrubs for the garden. When people had requested additional drainage due to frequent water outside the main entrance, this had been remedied.

People and relatives were aware of how to make a complaint. They had been provided with a leaflet which clearly explained the service complaint policy and the steps to follow should they wish to lodge a complaint. A copy of the policy was displayed on a notice board in the communal area. However, people told us that, as action was taken without delay when people talked with care workers or managers, this was seldom used. A person told us, "Why put anything in writing when all you have to do is say your piece and you are listened to?"

Good

Is the service well-led?

Our findings

People were complimentary about the way the home was run. They told us, "The manager comes and joins us for breakfast and has a chat, she also visits everyone in their room at least once a month and we can always talk to her", "The manager is lovely" and, "All the staff are organised like a good crew." A relative told us, "My mother has been in three different care homes - this is the best." A local authority case manager who oversaw people's care in the service told us, "This place is well-run."

The manager had been in post for four months and was in the process of applying for their registration with the CQC. They were previously the deputy manager. They were supported by a registered manager who was in the process of de-registering with the CQC. The manager told us, "This way there is an overlap to ensure good continuity of management." Management responsibilities were clearly defined. The provider held a senior management structure that oversaw Woodlands and sister homes. The manager was supported by a deputy manager and senior care workers on each staff shifts.

Staff were positive about the support they received from the manager and appreciated their style of leadership. They described the manager as, "really nice", "understanding' and, "available at any time." A relative told us, "The manager is so approachable and she gets things done." Staff reported that they could approach any member of the management team with concerns and that they were confident that they would be supported. They told us, "I feel the managers are able to help me grow as a person and in my work; they want us to develop our skills and qualifications; I know I will be supported to progress here and I feel like part of a team", "Our regional manager and the home manager are very good, they are always ready to listen and quick to act. They are supportive with shift patterns so staff have time for family commitments."

The manager involved people with the running of the service. For example, they had invited four people to attend interviews during the staff recruitment process. They had asked relatives if they were interested in also attending and this was due to take place. They interviewed four people at random every month to gather their impressions of the service in relation to the service being safe, effective, caring, responsive and well-led. Satisfaction surveys results were analysed and led to an action plan that was monitored until completion. For example, as a result of a survey, staffing levels had been increased. The minutes of 'Residents' council' meetings were scrutinised to identify how the service could improve. As a result of the last meeting, an information notice board, a gardening club and the purchase of new chairs had been implemented.

The manager encouraged the staff to be involved with the running of the service. They chaired monthly staff meetings with senior care workers, catering staff; quarterly general staff meetings with day and night care staff and domestic staff. They attended monthly meetings with other regional managers of sister homes to exchange ideas and share their experience about the running of their service; fortnightly recruitment meetings with members of the senior management team. In addition, they held an informal weekly staff forum to gather staff feedback. The deputy manager had suggested a system of colour coding files to enable staff to find them more quickly and this had been implemented. A member of staff had flagged that the service needed new signage and this had been acted on both inside and outside the building.

There was a robust system in place to monitor the quality of the service and drive improvements. The manager and deputy manager carried out daily walk-rounds of the premises, taking time to talk with residents and observe staff practice. This system complemented regular audits that were carried out which included care and medicines documentation, infection control, maintenance, staff records, accidents and incidents, weighing charts, complaints and satisfaction surveys. When an audit had identified a shortfall, the manager checked that an action plan was set up, monitored the plan until completion and signed it off when satisfactorily completed. As a result of recent audits, gaps in people's care plans and staff files documentation had been filled; protocols regarding medicines to be taken 'as required' had been added; first aid boxes had been replenished. The manager had an improvement plan for the year ahead that included the redecoration in all communal areas, the introduction of coloured plates at mealtime and the creation of champion roles in end of life, dementia, nutrition and a customer relations lead. The last improvement plan had included the purchase of new carpets, new furniture, the creation of a tea and coffee station, and the fitting of three new baths. This plan had been fulfilled by the provider. There was a performance objectives plan set up for the manager to follow that was monitored by the regional manager.

The manager ensured the service maintained links with the local community. The service had held a coffee morning to raise funds for a charity and this was scheduled to be a regular occurrence. Woodlands had opened its doors to people's families and the community at this event, during the National care Home Open Day and at their party events.

The provider's mission included, "To help people live their later lives to the full; to provide high quality, seamless, housing, support and care services with opportunities for everyone to get involved, all designed around the person and their life choices." We spoke with the manager about their philosophy of care. They told us, "We want to provide the best of care; it is all about the residents, their needs, their higher needs, and we want to give them the best quality of life possible." From our observations and the feedback we collected, staff followed this philosophy in practice.

The registered manager and managers were open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They were fully aware of updates in legislation that affected the service. The service's policies and operating procedures were appropriate for the type of service and clearly summarised, to help staff when they needed to refer to them. They were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. Records were kept securely and confidentially. They were archived and disposed as per legal requirements.