Charing Way Limited

Woodside Residential Care Home

Inspection report

Whitfield Hill
Dover
Kent
CT16 3BE

Tel: 01304825713
Website: www.charinghealthcare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 8 June 2016 and was unannounced.

Woodside Residential Care Home can provide accommodation and personal care for 32 people living with dementia. Accommodation is arranged over three floors and comprises of five double rooms for couples or those wishing to share, and twenty two single rooms. At the time of the inspection there were 26 people living at the service.

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

People were protected against the risks of potential abuse. All staff had attended training about safeguarding people from harm and abuse, and staff knew about different types of abuse and how to raise concerns. People were supported with their finances to ensure they had access to cash when they wanted to.

Risks to people were identified and assessed. Care records included risk assessments of people's mobility, and their potential risk of falls; however they did not always have step by step guidance to move people safely and consistently.

There were systems in place to identify and manage any risks to people's health and wellbeing. Accident and incident records and monthly fall audits was reviewed. Any concerns were investigated and action taken such as referrals to the falls clinic for further assessment.

The staff carried out regular health and safety checks of the environment and equipment. This helped to ensure that people lived in a safe environment and that equipment was safe to use. People had a personal emergency evacuation plan (PEEP) in the event of an emergency, and staff were involved in fire drills.

People received their medicines safely and there were robust systems in place to ensure that medicines were stored correctly and safely.

There were sufficient numbers of staff on duty at all times. Staff had support from the registered manager to make sure they could care safely and effectively for people. The registered manager and head of care were involved with supporting people on a day to day basis. Staff had received regular one to one meetings and an annual appraisal with a senior member of staff.

People received care from staff who had been trained to meet their individual needs. Staff completed induction training when they first started to work at the service, which included shadowing established staff

before they worked on their own.

The policies and procedures to recruit staff ensured that staff employed to support people were suitable to do so. All the checks that needed to be carried out on staff to make sure they were suitable and safe to work with people had been completed.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection some people had DoLs authorisations in place and the registered manager had applied for further authorisations for other people who were at risk of having their liberty restricted. There were mental capacity assessments in place to assess if people needed to be considered for any restrictions to their freedom.

Before people decided to live at the service their support needs were assessed by the registered manager to ensure their needs would be met. People and their relatives were involved in the assessment. Care plans contained details of people's preferences and choices, however, in some cases further detail was required to show how people's personalised care was being provided. This was an area for improvement. The plans had been reviewed to make sure staff were aware of people's current care needs. People's health care needs were monitored and met, with health care professionals being involved in people's care when required.

People were encouraged to eat a healthy diet. The cook knew people's preferences and choices. . People enjoyed their lunch, which looked appetising. If people needed further support with their dietary needs, food was monitored and if required further advice and support from health care professionals such as a dietician was sought.

People were engaged in activities throughout the inspection. Staff explained to people what they were doing and respected their wishes if they did not want to take part. The activities were tailored to individuals to encourage people to join in. People's bedrooms were personalised with their own possessions and other things that were important to them.

Relatives told us that they did not have any complaints but would speak to the registered manager if they had any concerns. The complaints procedure was on display in the hall with information to encourage people to raise any concerns or issues. Staff told us that they had not received any complaints from people and they would know if people were unhappy through their behaviour.

Staff knew people well and supported them with their daily routines. They spoke with people in a caring manner, taking their time to let people speak at their own pace and responding patiently to their requests. People were treated with dignity and people were supported to go back to their rooms if they wanted some privacy.

There were regular checks carried out on the service being provided. Feedback was sought from people, relatives, staff and health care professionals involved in the service. People spoke positively about the service and were satisfied with the care being provided.

The registered manager and head of care were passionate about continuous improvement of the service. The visions and values of the organisation were promoted and staff were motivated and enthusiastic to make sure people received the care they needed. There was a culture of openness and transparency within the service and staff felt valued.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can

see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people were assessed but guidance was not always detailed enough to make sure all staff knew what action to take to keep people as safe as possible.

People felt safe and systems were in place to protect people from potential abuse.

Staff had been recruited safely and there was sufficient staff on duty to meet people's needs.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Good

The service was effective.

People and their representatives were involved in making decisions about their care and support.

People received care from staff who had been supervised and trained to meet their individual needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were supported to make choices about their day to day lives.

People had accessed appropriate support and treatment to make sure their health care needs were fully met.

People's nutrition and hydration needs were assessed to ensure they were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good

The service was caring.

People and relatives told us the staff were kind and caring.

Staff treated people with respect and spoke with them in a positive way to support them to make decisions.

Staff took time to speak with people; they patiently listened and responded when people needed support or became anxious.

People were encouraged to maintain their independence and do as much as they could for themselves.

Is the service responsive?

Good

The service was responsive.

Care plans contained details of people's preferences and choices, however, in some cases further detail was required to show how people's personalised care was being provided.

People were supported in carrying out their daily routines and to take part in activities of their choice.

People and relatives were encouraged to raise concerns, which were listened to, taken seriously and responded to promptly.

Is the service well-led?

Good

The service was well led.

Systems were in place to assess the quality and safety of the service. Regular checks were undertaken at the service to make sure it was safe and to monitor the quality of care being provided.

The staff understood the vision and values of the service by treating people
with dignity, respect and compassion. They told us the registered manager and head of care were approachable and there was an open door policy to ensure staff had the support and guidance they needed.

People, were asked their opinions of the service and these opinions were acted on.

Records were stored securely.

Woodside Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned 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 took place on 8 June 2015 and was unannounced. It was carried out by two inspectors.

The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document prior to the inspection. 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. We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We used a number of different methods to help us understand the experiences of people who lived in the home. For example, we used the Short Observational Framework for Inspection (SOFI) because some people were unable to talk with us about their experiences. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people living at the service, two relatives and six members of staff, which included the registered manager and head of care. We assessed if people's care needs were being met by reviewing their care records. We looked at five people's care plans and risk assessments. We looked at how people were supported throughout the day with their daily routines and activities. We observed staff carrying out their duties. These included supporting people with their care, encouraging people to be involved with their daily routines.

We looked at a range of other records which included four staff recruitment files, the staff induction records,

training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We looked around the communal areas of the service and some people gave us permission to look at their bedrooms.

We last inspected this service in September 2014. There were no concerns identified at this inspection.

Requires Improvement

Is the service safe?

Our findings

People told us and indicated they felt safe at the service.

There were systems in place to identify and manage any risks to people's health and wellbeing. However risk assessments did not always show what measures staff should take to reduce the risks. For example, one moving and handling risk assessment stated that the person suffered from dizziness when mobilising, and the person was to be observed at all times, assistance to be provided when walking, but it did not give details of what 'assistance' meant and what measures staff needed to take to make sure the person was safe. Care plans also stated 'bath using bath hoist' but there were not step by step guidelines to explain how staff did this safely.

One person had bed rails to reduce the risk of them falling out of bed, and the risk assessment had been completed as follows, 'unaware of dangers and likely to roll out of bed. Staff to make sure that the bed rails are up when this person is in bed and this person may get out of bed during the night'. There were no further measures in place to reduce the risks of this person climbing over the bedrails to get out of bed, which presented additional risk to their safety.

Some risks to people had not always been communicated between the staff group and management. On one occasion a person had been seen by a district nurse as there were concerns raised about their skin condition. The district nurse had placed a dressing on the affected area. This had not been recorded or monitored by staff. There was no follow up to check the area. The registered manager, head of care and senior on duty were unaware of the dressing and the reason it had been applied. No one had reported that the dressing was in place and no one had checked to make sure the persons skin was alright for a number of days. There was a risk that the person's skin could have deteriorated, and become infected or broken down.

Staff were able to tell us what they would look for if people living with diabetes had unstable blood sugar levels. However, this information was not included in the care plans and risk assessments to ensure that all staff would be aware of what signs and symptoms would indicate that a person may need medical attention.

Care and treatment was not provided safely as risk assessments were not always completed and there was a lack of guidance to show what measures were in place to mitigate the risks. This is a breach of Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt the service was a safe place. One person said, "The girls are always around if you need anything".

Staff told us what they did to make sure people remained safe, for instance, by ensuring that people who needed help to move from one area to another were supported by a staff member, such as when they left the lounge. Throughout the inspection there was always a staff member in the lounge to make sure people were safe and there was always staff around if people needed anything.

Staff had attended safeguarding adults training and were aware of what potential signs of abuse might be in people with a dementia related condition. Staff felt able to raise any concerns or queries they might have about people's safety and well-being, and felt the registered manager would act on their concerns.
People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was only accessed by senior staff. People could access the money they needed when they wanted to.

There were accident and incident records and a monthly fall audit. If a person had three falls or more it triggered further action to be taken, including advice from relevant healthcare professionals to maintain people's wellbeing and referrals to the falls clinic. The staff looked for any patterns and trends of accidents and incidents for example, if accidents happened at certain times or in certain areas.

Special equipment, such as pressure mats were used to alert staff when people who were at risk of falls when moving, and special cushions and mattresses were provided to keep people's skin as healthy as possible.

Staff carried out regular health and safety checks of the environment and equipment to ensure the premises were safe. These included checks on the electrical, gas appliances and equipment such as hoists. Regular checks were carried out on the fire alarms and equipment to make sure they were in good working order. Each person had a personal emergency evacuation plan (PEEP) in place to safely evacuate people from the premises in the event of an emergency such as fire.

There were systems in place to recruit new staff. The registered manager carried out the interviews and used set questions to ensure that they only employed staff that were suitable to work in a caring environment. We looked at four staff recruitment files. Before staff were confirmed in post they ensured an application form was completed, including provision for staff to provide a detailed employment history. The provider had recently identified a shortfall when obtaining the employment history of new staff. They had only been requesting employment history for ten years. The regulations state it should be a full employment history. The provider had now rectified this situation.

Other checks were carried out, including obtaining employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Appropriate documentation and checks were in place and staff did not start work at the service before the DBS and references had been received. Staff confirmed they had been through the full application and approval process before they started working at the service.

The staff said they worked well together as a team and covered and supported each other. The said that they had not needed to use agency staff for over two years because if someone was unable to come to work someone else would step in. One staff said, "Nobody minds being called up and asked to do extra shifts, because you know someone would cover for you if it was needed". The registered manager calculated the staffing numbers required across the service to ensure there was adequate staffing. This was based on the numbers of people and their levels of dependency.

Staff and people said that there was always enough staff on duty. The rota showed that staff worked as a team to cover for sickness or annual leave. On the day of the inspection staff were busy but they spent one to one time with people. People were not rushed and staff supported and cared for people at their pace. There was always a staff member in the communal lounge to make sure people were safe. During the

inspection staff responded promptly to people when they needed care and support. When people needed something the staff went to them immediately. Nobody was kept waiting.

People said that their medicines were given to them when they needed them. One person said, "I rely on the staff to give me my tablets, it's much better this way as I don't have to worry". Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practice remained safe.

Medicines were given to people at their preferred times and in line with the doctor's prescription. People were asked by staff if they were in pain and if they needed any 'pain relief'. Staff observed that people had taken their medicines. Medicines were recorded on medicines administration records (MAR). Records included a photograph of the person to confirm their identity, and it highlighted any allergies. When people were receiving antibiotic medicines for infections as well as signing in the MAR sheet the head of care kept a separate record so they could see at a glance when people had last received antibiotic treatment, whether it had been successful or whether more treatment was needed. They used this record so they could quickly inform doctors and other visiting professionals about the success of the treatment and take prompt action if more intervention was needed.

Medicines were stored in a locked room and were administered from a medicines trolley. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the medicines administration records (MAR). The medicines given to people were accurately recorded. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Hand written entries of medicines on the MAR charts had been consistently countersigned to confirm that the information was correct and to reduce the risk of errors. Regular checks were done on the medicines and the records to make sure they were given correctly. If any shortfalls were identified the registered manager took immediate action to address them. The staff completed records accurately and consistently when people had creams and sprays applied to their skin to keep it healthy and intact.

Checks were done daily by the staff to make sure people had received all the medicines they needed at the correct times. The senior staff did a weekly audit on medicines and the head of care did a monthly audit. There were robust procedures in place to make sure no mistakes were made when giving people their medicines. If an error had occurred the systems made sure it was identified and rectified quickly.

Good

Is the service effective?

Our findings

People and relatives told us the staff knew how to care for people, that the food was good, and they felt involved and consulted by the staff. One person said, "The girls are the back bone, they are all very nice and treat everyone very well". "I have not been here long but I get everything I need".

Staff said that they knew people well and how they like things to be done. One care staff told us, "We have done lots of dementia courses. The registered manager makes sure we get enough training and we have lots of extras".

People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction training programme, which included competency tests, to make sure they understood the training and were gaining the skills in their new role. New members of staff completed a full induction programme, which included shadowing more experienced members of staff to get to know people and their routines. Staff told us that they completed an induction and they felt very well supported by the registered manager and other staff members.

There was a training programme that ensured staff received the basic and specialist training they needed to support people. Training courses were held regularly so that staff had the opportunity to keep their training up to date. In addition to basic training staff had received Mental Capacity and Deprivation of Liberty (DoLs) training, dementia training, end of life care, diabetes, nutrition and skin integrity . This ensured that staff had the skills and knowledge they needed to look after people in the best way. Staff told us that the training programme was effective. The staff were keen to tell us about the recent dementia training they had received. The trainer was accompanied by a person who had early onset dementia and was able to explain to them the problems and experiences they had while living with dementia. Staff said that this was meaningful and gave them insight into what it was like for the people they cared for. One staff member said, "It really made me think about what people are going through and how they must be feeling. This training has really helped me understand more and I can now support people in a much better way."

Some staff had completed vocational qualifications in health and social care or were in the process of being registered to complete the award. These are work based awards that are achieved through assessment and training. To achieve vocational qualifications candidates must prove that they have the competence to carry out their job to the required standard.

Staff received regular one to one meetings and a yearly appraisal from the registered manager. This gave them the opportunity to discuss their roles and responsibilities, and to highlight and discuss any further development or training they required. Staff told us that the management team were always available for guidance and support to enable them to carry out their role effectively.

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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. Staff had been trained about the principles of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed. The registered manager and staff knew people well and had a good awareness of people's levels of capacity.

If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest, including the involvement of advocates. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Some applications had been considered, checked and granted for some people, ensuring that the constant supervision was lawful. Other applications were still under consideration by the local authority DoLS office. The registered manager said they always used the least restrictive ways to support people and people were free to come and go, as they wished, with the right support. During the inspection we saw people being supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. People were supported to make and attend medical appointments. People's health was monitored and care provided was changed when necessary to meet any changing needs. When people's physical and/or mental health declined and they required more support, the staff responded quickly. When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. Visiting professionals, such as district nurses went to the service on regular basis and were available for staff if they had any concerns. Relatives told us that the staff responded promptly when their family member needed to see a doctor or were required to attend any other health related appointments. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals.

We observed the lunch time meal. There was a choice of two dishes and people were spoken with each day to choose their preference. The meals were well presented with ample portions. Staff were attentive to people's needs and supported them to eat at their own pace and enjoy the meal.

Staff sat with people chatting to them and positively encouraged them to eat their meal. People who refused to eat the meal of their choice were offered an alternative. There were different juices available on

the tables. Staff asked people if they had finished, if they enjoyed the meal and had enough to eat. People responded, "Yes it was very nice". "Dinner was heavenly".

Each person had a nutrition assessment in their care plan and their weight was monitored to ensure they remained healthy. Referrals were made to the doctor or dietician if people were losing weight or they had concerns about people's diets. If concerns had been identified then food and fluid charts were implemented so that staff could closely monitor people's dietary needs to assess what further action may be required to maintain a healthy appetite. Some people were living with diabetes and staff positively supported them to manage their diet in line with their medical condition.

Good

Is the service caring?

Our findings

People said they were well cared for and this was confirmed by their relatives. They said, "Staff are kind, caring and nice, I'm quite happy." Relatives we spoke with agreed. One told us, "Staff are very good; if there's a problem they're straight on the phone." Another relative said, "I've no worries at all". Staff said, "If we can make then happy then we have done our job".

People and relatives were complimentary about the service and sent 'thank you cards' to the staff. Comments were, "We would like to express our thanks and gratitude to your staff for the kindness and love you gave to my relative". "Thank you each and every one of you for all you do to look after my relative".

Staff talked about people with kindness and used terms of affection in their conversations. Staff told us they liked to care for people as if they were relatives, or how they would like to be cared for themselves. Staff were friendly and engaged positively with people. They reassured, comforted and touched people in a kind and gentle way. There were many positive interactions throughout the visit.

Staff stopped to chat with people as they carried out their duties and they attended to people's needs promptly. Every time they walked past people they spoke to them to see if they needed anything. Staff spoke with people quietly and sensitively. When staff spoke with people they bent down so they would be on the same level as them.

There was a calm atmosphere in the service throughout the inspection. When people did become distressed or agitated, staff spent time with them to find out what was the matter. Staff listened to what people had to say and responded to them. One person asked for their cardigan as they were feeling a bit 'chilly', staff responded immediately and got the person their cardigan. Staff had the skills and experience to manage situations as they arose. Staff were able to tell us about people's preferences in daily living, including their likes and dislikes.

During the inspection we observed staff always acting in a professional and friendly manner, treating people with dignity and respect. We saw smiles and warm exchanges between staff and people. Staff gave us examples of how they gave care to people to achieve this aim. For example, making sure people were asked about what they wanted to wear each day, ensuring privacy when assisting with personal care and respecting people's rights and choices. People were treated as individuals, and staff made sure they had what they needed, such as their daily newspapers or magazines. People's preferences to receive personal care from a male or female member of staff had been recorded.

Staff had taken care to support people with their personal appearance. Everyone looked smart and well cared for. People told us they chose what to wear. People's clothes were fresh and clean and well ironed. Outfits were co-ordinated and some ladies had their jewellery on. Staff told us they promoted people's independence by allowing people to do things for themselves if they were able, such as encouraging them to help with their personal care and develop positive friendships. .

People were supported to develop positive relationships' with each other. Two people who had become good friends sat next to each other. They were happy and laughing in each other's company, enjoying music and singing along together. A staff member said, "We make sure that they sit together if they want to. It is lovely to see how well they get on and it makes their lives so much happier".

There were pictures of the staff with their names on display in the hallway. Staff also wore name badges so people could identify who they were talking to and who was supporting them with their care.

Staff and relatives told us that visitors were welcome at any time. During our inspection there were relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. Staff had knowledge of people's needs, likes and dislikes. People's past histories had been recorded in their care plans so that staff had an understanding of their lives and were able to chat about their past experiences. People were called by their preferred names and the staff and people chatted together and with each other.

People's bedrooms were personalised to their taste. Some people had cards and pictures on their walls to aid their communication.

People's independence was encouraged; they were supported to do things for themselves such as washing their face or helping with their personal care.

When people needed additional support with decisions about their care, independent mental capacity advocates (IMCA) were available to make sure their views were held and their rights upheld.

Personal, confidential information about people and their needs was kept safe and secure.

Good

Is the service responsive?

Our findings

Staff were responsive to people's needs. There was always one member of staff in the lounge to observe people and ensure their needs were met. They responded to people if they became anxious or upset and reassured them until they were settled.

People had their care needs assessed before they came to live at the service. They were involved as much as possible with the assessment and when necessary family members assisted with the process. The assessment covered people's communication needs, their medical history, medicines, skin integrity, mobility, as well as their likes, choices and preferences. People's life histories were completed, which gave staff a good background and understanding of the person and their preferred way of life. This information was used to develop the care plans.

Each person had a care plan which contained information about what people could do for themselves and when they needed support from staff. There was guidance about people's daily routines, such as if they preferred a bath or shower, their behaviours, communication, continence, skin care, eating and drinking. There was information in the care plan for people living with diabetes or were susceptible to infections, so that staff had additional information on these conditions. Staff responded quickly when one person's blood sugar levels were high and they sought medical advice to address the concerns.

Staff knew people's personal care routines and how to respond to their choices and preferences, but some of the care plans lacked detail to show individual's preferred routines such as 'requires assistance with personal care'. There was no indication of what this meant to an individual who may not be able to tell staff. This was an area for improvement.

The care plans had been reviewed and regularly updated. Handover meetings between shifts were held and this arrangement ensured that staff were up to date with people's current needs. Records of health care professional's visits and recommendations were maintained so staff could refer to them and follow appropriate advice.

People were involved in activities. An activities co-ordinator worked at the service three days a week. They supported people to be involved in different activities that people enjoyed. Links had been developed with the local school and people had recently been out on a visit to tearooms which also had a 2nd World War museum. People were able to reminisce about the memorabilia in the museum and staff said it was a 'great success'. A party had been organised to celebrate the Queen's birthday. Staff encouraged people to engage in activities at the service. Some people enjoyed looking at old photos that would remind them of when they were younger and staff encouraged them to share their memories.

People enjoyed the music that was playing in the lounge, which was appropriate to the age group. Some were dancing, whilst others were moving in time, tapping their feet or singing along. Singers regularly came to entertain people. People had regular visits from the organisation 'age concern' who offered a befriending service for people. They spent time with people reading to them and chatting.

On the day on the inspection a hairdresser was at Woodside. People were asked if they would like to have their hair done and staff discussed with them what sort of style they wanted and showed people where to go to the hairdressing room.

There was a system in place for recording and dealing with complaints. All complaints were logged, investigated and responded to by the registered manager. . There was also a large print version available should people need this format. People and relatives told us they had no cause to complain, but knew how to complain and felt if they did it would be taken seriously and listened to by staff and the registered manager .

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led by the registered manager. One person told us, "The manager is very good" All the people relatives and staff gave us a similar message. It was felt that the registered manager set the tone of the service through their words and actions and the staff mirrored this ethos.

People, their relatives and staff said that the registered manager and head of care were always available for guidance and support. They said they could approach them at any time and they would listen and act promptly on their concerns. We observed the registered manager interact with staff and people throughout the visit. All these interactions were positive and demonstrated how well they knew each other.

The staff morale was good and they told us how they worked well together over a number of years. They said: "We are a happy staff group here". "The staff do a good job here, we are very good at communication and everything that needs doing is done". "The management are very supportive and take notice of what we say".

There were 'Thank you cards' on display from relatives to thank staff for the kindness and support they provided to people during their stay at Woodside. Some of the messages were, 'Many thanks for all the love, care and attention showed to (my relative) over the past years and 'Thank you for the help and support over the past 3 months".

Staff were clear about their roles and responsibilities. They told us how they worked as a team to provide the service. There were clear lines of accountability, from the registered manager, head of care and care staff. There were regular staff meetings which were well attended. Topics included care plans, dignity, supervision and appraisals.

The registered manager was aware of and involved in the day to day running of the service. This included observation of staff to monitor the care being provided. When staff practice fell below the expected standard this was addressed and, when necessary, further training and support was provided or disciplinary action was taken.

The registered manager and head of care were motivated and passionate about providing good quality care. They focused on continuous improvement and keeping up their practice to ensure people received the care they needed.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings and events where family and friends were invited. Relatives attended meetings with their family and last year the service invited a guest speaker who was living with dementia to talk about their experiences. This gave staff and relatives further knowledge and insight into how people felt living with this condition. Relative feedback was positive and they told the registered manager that this gave them additional understanding of dementia. Each year people, relatives, staff and other stakeholders who were

involved with the service were sent a survey to give them an opportunity to feedback their views on the service. The previous survey was carried out in October 2015 and the outcome showed that people were satisfied with the service.

Checks and audits were in place to measure the quality and safety of the service. These included weekly and monthly medicine audits. There was a six monthly health and safety and infection control audits, together with monthly care plan audits. This enabled the registered manager to have an oversight of the service and to identify any shortfalls which might affect people's health, safety and wellbeing. The quality manager of the organisation had visited the service in February 2016 and carried out an audit based on CQC's inspection methodology. Two recommendations had been made with regard to moving some freezers and looking at providing a designated staff area. The registered manager told us this was being addressed.

The registered manager and staff were clear about the visions and values of the service, by providing personalised care and upholding people's rights and choices. Staff told us that the people came first and they worked hard to ensure they received their care with dignity and compassion. They shared the registered manager's vision of good quality care to continuously improve the service.

There were systems in place to ensure that confidential records were stored securely.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. We had received notifications from the service in the last 12 months. This was because important events that affected people had occurred at the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided safely as risk assessments were not always completed and there was a lack of guidance to show what measures were in place to mitigate the risks.