

# City of York Council

# Woolnough House

## 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

Woolnough House is a residential care home run by City of York Council. It is registered to provide personal care and accommodation for up to 33 older people. The service is purpose built and accommodation is provided across two floors with lift access. The service is located in Tang Hall, east of the city centre. There are local amenities close by and parking is available on-site.

At the time of our inspection, Woolnough House provided permanent accommodation, but also had 12 rooms available for people coming out of hospital. These rooms were being used as part of a project called 'discharge to assess', whereby people who were medically fit were discharged from hospital to Woolnough House for further assessment of their social care needs.

We inspected this service on 29 July 2016. The inspection was unannounced. This meant the registered provider and staff did not know we would be visiting. At the time of our inspection 28 people were using the service; 23 people living at the home and five people using the service's 'discharge to assess' beds.

The service was last inspected in January 2014 at which time it was compliant with the regulations that were in force at that time.

The registered provider is required to have a registered manager as a condition of registration for this service. The service did have a manager 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.

During our inspection, we found that systems were in place to support staff to identify and respond to safeguarding concerns. Risk assessments were used to identify risks and provide guidance to staff on how to safely meet people's needs.

Appropriate checks were completed to ensure only staff considered suitable to work with adults who may be vulnerable had been employed. Sufficient numbers of staff were employed to meet people's needs. Staff received training to support them to provide effective care and support. We identified some gaps in training and saw that the registered manager and registered provider were taking steps to address this. We have made a recommendation about training in the body of our report.

We identified discrepancies in medicine stock records and minor gaps in recording on Medication Administration Records (MARs). We have made a recommendation about this in the body of our report.

Consent to care and treatment was sought in line with relevant legislation and guidance on best practice. Staff were proactive in meeting people's needs in a way that maintained their privacy and dignity.

People were supported to ensure they ate and drank enough and we received positive feedback about the quality of the food provided at Woolnough House. Staff worked effectively with other health and social care professionals to ensure people's health needs were met.

People who used the service told us staff were kind, caring and attentive. Staff supported and encouraged to make decisions about their care and support. Person centred care plans were in place to guide staff on how to meet people's individual needs. Care plans were in the process of being updated onto a new more detailed file format.

People were supported and encouraged to engage in activities. There was vibrant atmosphere within the service with meaningful stimulation. People could choose how they spent their time and staff supported people to maintain contact with family members by welcoming visitors to the service.

There were systems in place to gather and respond to feedback about the service. Complaints were appropriately dealt with in line with the registered providers complaints policy and procedure. We received consistently positive feedback about the registered manager and their management of the service. We were told the registered manager was approachable and responsive to feedback. Quality assurance systems were in place to monitor the care and support provided.

## 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.

Staff we spoke with understood their responsibility to safeguard vulnerable adults from abuse.

Systems were in place to assess and manage risks to keep people who used the service safe.

We received positive feedback about staffing levels from people who used the service and observed there was sufficient staff employed to meet people's needs.

Records of medicines in stock were not always accurate and there were minor gaps on Medication Administration Records (MARs). We made a recommendation about medicine management.

### Is the service effective?

Good ●

The service was effective.

Work was on-going to ensure staff training was up-to-date. We received positive feedback about the skills, knowledge and experience of the staff.

Consent to care and treatment was sought in line with relevant legislation and guidance on best practice.

We received positive feedback about the food provided at Woolnough House. People who used the service received appropriate support to ensure they ate and drank enough.

People were supported to access healthcare services if needed.

### Is the service caring?

Good ●

The service was caring.

People who used the service consistently told us staff were kind and caring.

We observed that people were supported to make decisions and express their wishes and views.

Staff maintained people's privacy and dignity when providing care and support.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Staff provided responsive person centred care to meet people's needs.

The registered provider appropriately responded to complaints.

Resident's and relative's meetings were held to gather feedback about the service provided.

### **Is the service well-led?**

**Good** ●

The service was well-led.

We received positive feedback about the registered manager and their management of the service.

There was a positive atmosphere within the service.

The quality, safety and effectiveness of the service was monitored through a range audits. There was evidence of on-going improvements within the service.

# Woolnough House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 29 July 2016. The inspection was unannounced. This meant the registered provider and staff did not know we would be visiting. The inspection team was made up of two Adult Social Care (ASC) Inspectors.

Before our inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at information we held about the service, which included information shared with the Care Quality Commission via our public website and notifications sent to us since our last inspection of the service. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We used this information to plan our inspection.

During the inspection, we spoke with six people who used the service and seven visitors who were their relatives or friends. We also spoke with three visiting health and social care professionals. We spoke with the registered manager, the head of service who oversaw all of the registered provider's homes, a care leader, three care workers, the cook and an intern who worked for the registered provider.

We looked at four people's care files, recruitment records for four members of staff, training records, medication records and a selection of records used to monitor the quality of the service. We observed interactions between staff and people who used the service and observed lunch being served.

# Is the service safe?

## Our findings

We reviewed the systems in place to support people who used the service to take their prescribed medicines. Staff who administered medicines had been trained and competency checks were completed to ensure they were able to safely handle medicines.

People who used the service told us they always received their medicines at the right time and they had no concerns about the support staff provided with this. Comments included, "The staff see what medication I want and supply me with it. If you want anything you just speak to staff and they see to it" and "Medication is always handed out to you, I have no concerns."

We observed staff administering medicines in line with guidance on best practice. However, we observed one example where a member of staff emptied tablets into their hand before giving them to a person who used the service. We spoke with the registered manager who agreed to address this, as best practice guidelines emphasises the importance of not handling any medicines and using a 'clean' technique — that is pushing a tablet or capsule out of the blister directly into a medicine pot.

Medicines were kept in trolleys and securely stored when not in use in a locked treatment room. The temperature of the treatment room was recorded. This identified that medicines had not consistently been stored at the recommended temperature. However, we noted that an air conditioning unit had recently been installed in the treatment room to address this concern.

Medicines were supplied by the pharmacy in a monitored dosage system. These contained a 28 day supply of each person's medicine. The pharmacy also supplied printed Medication Administration Records (MARs) for staff to record medicine they had given to people who used the service. We checked completed MARs and found minor gaps where staff had not recorded whether they had administered that person's medicine. Stock checks indicated these were recording issues. However, it is important that staff keep accurate records of medicines given to minimise the risk of errors occurring. We also found issues with records of medicines in stock identifying minor discrepancies between recorded and actual stock levels. We found that nine medication reconciliation audits completed in July 2016 found discrepancies in medicine stock levels. We were told that the registered provider was aware of these issues and had introduced daily stock balance audits until the issues had been resolved. We were told the pharmacist was due to visit the home and issues with recording were to be discussed at the next team meeting.

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs and there are strict legal controls to govern how they are prescribed, stored and administered. We found that controlled drugs were stored correctly, we observed that the controlled drugs book was accurately completed without any omissions or discrepancies and two staff did a weekly audit to ensure stock levels were accurate.

Where people who used the service were staying at the home in a 'discharge to assess' room, staff told us they were discharged from hospital with a week's supply of medicine. Staff explained that people were

registered with the service's local GP practice during this week and a supply of medicine arranged through their local pharmacy. However, we spoke with the registered manager about ensuring staff countersigned handwritten MARs to reduce the risk of an error occurring.

Although we identified some minor issues with how medicines were managed, we could see that steps had been taken to address these concerns and found no evidence that people who used the service had not received their medicines as prescribed by their G.P.

We recommend the registered provider continues to review and monitor the safe management of medicines.

People who used the service consistently told us that they felt safe at Woolnough House and with the care and support provided by the staff who worked there. Comments included, "I feel safe. You've got your bell to call if you are worried", "I've never felt unsafe" and "Yes I feel safe, it's the ambience of the place and the people who work here."

A relative of someone who used the service told us, "The care is absolutely outstanding, I have no concerns whatsoever."

The registered provider had a safeguarding vulnerable adult's policy and procedure which provided guidance to staff on how to respond to safeguarding concerns. Records showed that staff received training on how to safeguard vulnerable adults from abuse. Staff we spoke with appropriately described what action they would take if they were concerned that someone who used the service was experiencing abuse. Since the registered manager had been in post, records showed that safeguarding concerns were promptly referred to the local authority's safeguarding adults' team and appropriate action taken to investigate and respond to the concerns identified.

We found that systems were in place to identify and manage risks to keep people who used the service safe. Disclosure and Barring Service (DBS) checks had been completed before new staff started working in the service. DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruitment decisions and also minimises the risk of unsuitable people working with adults who may be vulnerable. New staff had to complete application forms, have interviews and references were obtained before they started work. This system ensured that only people considered suitable were employed.

Where risks were identified, risk assessments and care plans provided guidance to staff on how to minimise the risks and provide care and support in a safe way. For example, we saw that risk assessments had identified that one person who used the service was at high risk of falls. The person's mobility and falls risk assessment provided details about the level of support needed with certain tasks and any walking aids or equipment staff should use to support that person safely to reduce the risk of falling. We saw evidence that risk assessments were reviewed and updated as people's needs changed.

Where an accident or incident had occurred, staff were required to record details of what had happened and how they had responded. These records showed us that appropriate action was taken in response to accidents and incidents and that appropriate medical attention was sought where necessary. The registered manager reviewed accident and incident records to record that they were satisfied with how staff had managed the situation and to identify any patterns, trends or further action needed to prevent similar accidents or incidents occurring in the future.



Checks of the building and equipment used were carried out to protect people who used the service against the risks of unsafe or unsuitable premises. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, the electrical installation, portable electrical equipment and on any lifting equipment used including hoists and the passenger lift.

A fire risk assessment had been completed and Personal Emergency Evacuation Plans (PEEPs) were in place recording individual evacuation plans for people who would need assistance from staff or emergency workers to leave the home in the event of a fire. Contingency plans were in place to keep people who used the service safe in the event of an emergency. The registered provider had a business continuity plan in place which provided information about how they planned to continue meeting people's needs in the event of an emergency such as a fire, flood or loss of utilities. This showed us that systems were in place to manage and minimise risks to keep people who used the service safe.

We reviewed staffing levels within the service. Staff we spoke with said, "We need more hours to do things like care plans", "We do struggle sometimes, especially with sickness" and "The workload is really heavy, very stressful sometimes." On the day of our inspection there were 28 people using the service. Staffing levels comprised of the registered manager, one care leader, four care staff, two general assistants and a cook on shift. At night, there was one care leader and two care staff on duty. Rotas showed that other staff were brought in to cover gaps in rotas to maintain staffing levels. We observed that there were sufficient staff on duty to meet people's needs. We saw that there was a visible staff presence in communal areas of the home and staff were attentive in identifying where people needed support and quick to respond to meet people's needs.

We asked people who used the service if they felt there were enough staff on duty to meet their needs. Comments included, "There always seems to be someone about somewhere", "You wouldn't be waiting a few minutes before someone is there. Whatever you want someone is there immediately, you couldn't fault them" and "If I ask something they come and do it straight away. They are pretty well staffed. There's the odd one who rings in sick, but they are soon replaced. There has always been enough staff I think."

## Is the service effective?

### Our findings

Staff we spoke with told us they were supported to access a wide range of training and learning opportunities. The registered manager showed us a copy of a training matrix they used to record all training staff had completed. We saw that training was provided on topics which included first aid, the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards, safeguarding vulnerable adults, fire safety, administration of medication in residential care setting, food hygiene, people handling and infection control.

However, records showed that there were some gaps in staff training. For example, records showed that 14 staff were waiting for food hygiene training and 22 staff were waiting for Mental Capacity Act 2005 training. The registered manager explained that staff had either been nominated for available courses or were on the waiting list for dates to become available. We saw that in some instances on-line learning courses were being used to address gaps in staffs training. For example, all staff had completed on-line training on the Mental Capacity Act 2005 in advance of the registered provider's taught course. Staff told us, "We get training on everything" and "There's been plenty of training since [the registered manager] has been here." This showed us that steps were being taken to update staff training where necessary.

Although there were examples where training needed to be updated, we found staff to be knowledgeable and experienced and we observed staff providing competent and effective care and support throughout our inspection. People who used the service told us they felt staff met their individual needs and we received consistently positive feedback about the skills and knowledge of staff working at Woolnough House.

We recommend that the registered provider continues to review staff training needs to ensure staff training is kept up-to-date.

We were told the registered provider had been focussing on improving staff's knowledge and understanding of dementia and best practice with regards to dementia care. We saw that all staff had completed a 'virtual dementia tour', a training experience designed to provide insight into what it might be like to live with dementia. This showed us that the registered provider was committed to developing staff's practice around effective dementia care.

No staff had been recently recruited at the time of our inspection, but a number of staff had transferred from another of the registered provider's home which had closed. The registered manager told us these staff had an introduction to familiarise themselves with the service during shadow shifts. However, we spoke with the registered manager about evidencing a formal induction for new staff working at Woolnough House to ensure that all relevant and important information about the service, how it operated and procedures in place in the event of an emergency were handed over. The registered manager subsequently arranged for staff that had transferred to the service to complete a formal induction to address this.

Staff told us they had received supervision recently. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important staff receive regular supervision as

this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. Staff files contained records of supervisions and also showed that annual 'personal development reviews' were held to discuss progress over the course of the year and identify goals for the future. This showed us that there were systems in place to support staff to develop in their role.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS. We saw that people who used the service were asked to sign to record they consented to the care and support provided. Where there were concerns about people's ability to make an informed decision, mental capacity assessments were completed.

Where people who used the service were assessed as lacking capacity and the care and treatment provided may have been a deprivation of their liberty, requests for authorisation were submitted on the appropriately completed paperwork. At the time of our inspection there were two DoLS authorisations in place and a number of authorisations waiting to be assessed. The registered manager showed a good understanding of their responsibilities with regards to DoLS and the applications submitted showed us they were identifying and appropriately seeking authorisations where necessary.

People were supported to maintain a healthy diet. People who used the service said, "The food is not bad at all actually, it's quite good. They tell you what's on the go", "The food is excellent, out of this world. You just tell the chef what you want and they'll do it...I'm diabetic and it's all sugar free" and "The food is brilliant. There is always a choice, if you don't like your main meal they offer you something else."

We observed lunch being served during our inspection. We saw that people who used the service were given a choice and supported to make a decision about what they wanted to eat. Where people did not like what was offered alternatives were made available. Food was served hot, looked appetising and appropriate portion sizes were provided. We observed staff encouraging and prompting people to eat and providing patient assistance where people needed help with their meal.

Care files contained details about people's nutritional needs and the level of support required from staff to ensure they ate and drank enough. People who used the service were weighed regularly to monitor for concerns with significant weight loss or weight gain. Food and fluid charts were not used at the time of our inspection. However, we were told these would be used to monitor people's daily food and fluid intake if there were concerns about malnutrition or dehydration. This showed us that there were systems in place to ensure people who used the service ate and drank enough.

The chef told us, "We sit down as a team to work out the menu and ask the service users what they would like." They explained that there was a four week menu in place, but they varied the options available to cater for what people who used the service asked for. The chef showed a good understanding of their

responsibility to provide specialised diets including diabetic diets, soft options and fortified diets.

People who used the service told us, "If you want to see a doctor you just ask and you can see them right away", "If you want to see the doctor you put your name down on the list" and "I see the doctor regularly. If you think you require or staff think you require a doctor they put you on a list and you see them on Tuesday."

We reviewed records kept by staff and saw that each person who used the service had a care file which contained details about significant health needs and information about the support required to meet those needs. Where support was required from other healthcare professionals we saw that appropriate referrals were made and records kept of their visits. For example, where people were diabetic, we saw that people were regularly visited by the district nursing team. Records showed that where an accident or incident had occurred, staff sought appropriate medical attention or further advice and guidance if needed. This showed us there were effective systems in place to support people to maintain good health and to access healthcare service where necessary.

Where people used the service's discharge to assess beds, we saw that they were visited by occupational therapists and physiotherapists to assess their needs and support with their reablement and promoting independence. We were told that weekly meetings were held between staff from the hospital, the service and the local authority to coordinate the care and support provided. This was evidence of effective collaborative working.

## Is the service caring?

### Our findings

We asked people who used the service if staff were caring. Comments included, "They [staff] are very good, they do the best for you...I'm always glad to see them and have a chat", "The staff are super" and "Oh they are definitely caring. They are always checking to see if you are alright or if there is anything you want."

A relative of someone who used the service told us "[Name] has been so well looked after at Woolnough House. They seem to adore [Name] and they are happy there. I feel they are so well cared for." A visiting health and social care professional told us, "Staff seem to be caring."

Staff told us, "We treat everybody as individuals. Staff respect each and every resident" and "The residents are your priority. If they are happy that's the main thing...if you can put a smile on people's faces."

During our inspection, we spent time observing interactions between staff and people who used the service. This included observing activities within the service and lunch being served. We found staff were kind, caring and attentive towards people who used the service. We saw that staff acknowledged and interacted with people as they moved around the service. We observed that staff went out of their way to engage with people and were patient and relaxed during conversations.

We reviewed the care files of four people who used the service. We saw these contained information to support staff to get to know the person and to develop a positive caring relationship with them. Our conversations and observations of staff interactions with people who used the service showed us they knew the people they were supporting and had developed positive caring relationships.

People who used the service told us staff listened to them and respected their wishes and views. We observed that people who used the service were supported and encouraged to make decisions throughout our visit. For example, at lunchtime, staff offered people a choice of what to eat. Where people might have struggled to decide staff showed people the options available to help them choose. Where people did not like what was on offer, staff suggested alternatives using their knowledge and understanding of people's individual likes and dislikes in order to find something they might prefer.

People who used the service said, "I have had nothing but kindness and respect and we have a laugh at times. They are all kind and caring" and "They [staff] always respect you. If you want to talk they will sit down and have a chat with you."

We observed that staff spoke with people who used the service in an appropriate manner and tone and treated people with respect. Appropriate care and support was provided in communal areas. Where support was required with personal care, we observed that staff discreetly supported people to their room. Care and support was provided behind closed doors and we observed staff knocking before entering people's rooms to maintain their privacy. Our conversations with staff showed us that they were mindful of maintaining people's privacy, respecting confidentiality and understood the importance of maintaining people's dignity when providing care and support.

## Is the service responsive?

### Our findings

People who used the service told us, "The staff can't do enough for you. They are five star that's all I can say" and "They do everything they can possibly do to make your life easier"

People's needs were assessed before they started to use the service. Where people moved into the service on a permanent basis, assessments were completed and the information gathered was used to form care plans to guide staff on how best to meet that person's needs. Where people were staying in a discharge to assess room, their needs were assessed whilst in hospital by an occupational therapist or physiotherapist. Once people were discharged from hospital, further assessments were completed by staff to build up a fuller picture of the level of support needed and people's preferences with regards to how those needs should be met. A health and social care professional told us "With discharge to assess, the aim is to get people out of hospital and assess them in an environment more akin to home." We saw that training was provided to enable staff to provide responsive care to people who used the service's discharge to assess beds. We observed staff encouraged and promoted people's independence to support them in their rehabilitation in preparation for returning to their own homes.

A person who used the service said, "They encourage me to help myself." A relative of someone who used a discharge to assess bed told us, "I know they have been taking [Name] out so they have improved." They told us there had been a marked improvement in their relative since they had been staying at the service and put this down to the care and support provided by staff. Where people were staying in discharge to assess rooms, they had a whiteboard discretely displayed in their room. This contained important information about their support needs as well as the goals they wanted to achieve. This ensured that staff had up-to-date information about new people to the service and also supported staff to provide responsive care to enable people to achieve their individual goals.

We reviewed care files for four people who used the service. Each person's care file contained copies of assessments, care plans and risk assessments. We saw that care files contained a 'This is me' record which gathered person centred information about that individual. We saw that where people might be unable to complete this, their families or friends had been asked to fill in this document to assist staff to get to know them and in caring for that person.

At the time of our inspection, care files were in the process of being updated onto a new care file format. We found that some care files needed to be updated to reflect people's current needs and were told by the head of service that this process was in progress and due to be completed by August 2016. Care files that had been updated contained more detailed person centred information about people's needs. Care files also included information about people's hobbies and interests. Information such as this is important, as it helps staff to get to know people and supports them to provide person centred care. We found that 'discharge to assess' care plans were brief, however, were developed and added to during the period of assessment at the service.

We saw evidence that people who used the service had been involved in reviews of their care and support.

For example, where risk assessments had been updated, we saw evidence that people who used the service had been asked to sign to record that they consented to the changes that had been made. A relative of someone who used the service told us, "Communication is very good. We were involved in care planning and setting up a permanent placement."

Handover meetings were held each day to share information about people's changing needs with new staff coming on shift. Records of handover meetings showed that each person who used the service was discussed and any important information about significant events of additional needs handed over.

We asked staff how they ensured that the care and support provided was person centred and responsive to people's needs. One member of staff said, "Staff have quite a good relationship with residents. I talk to them and read up as much as I can, but if you sit and talk to people you find out what they like and don't like." Throughout our inspection, we saw that staff knew people who used the service well, referred to them by name and used their knowledge and understanding of each person to adapt how they supported them with certain tasks. This showed us that staff understood people's needs and preferences with regards to how their needs should be met.

We observed staff in the process of admitting a new person to the service. We saw that staff carefully considered which room might be best to meet the person's needs, taking into account their personal preferences. The detailed consideration given to allocating a room showed us that staff genuinely cared about the people who used the service and providing care and support that would best meet their individual needs.

We reviewed the support on offer for people to engage in meaningful activities within the service. We received mixed feedback from staff who told us they did not always have sufficient time to support people with activities. Staff told us, "I do feel sometimes our permanent residents don't get the time they deserve. The discharge to assess residents take up a lot of time" and "We hardly do anything [activities] anymore."

Although the service did not employ an activities coordinator, we saw that people were supported and encouraged to engage in meaningful activity. The service had a weekly 'musical connections' session whereby people were supported to sing and play music. We observed a quiz taking place in the lounge and also saw staff playing dominoes with a small group of people who used the service. We saw the member of staff supporting them was skilled at encouraging people to interact and we could see that people enjoyed this activity. We saw that people who used the service spent large periods of the day in communal areas including in the garden and staff supported people to interact and form friendships with other people who used the service.

Relatives of people who used the service told us, "[Name] has people around them and that is stimulating...It's always a hive of activity. Just recently they had an outdoor festival and sent me a photograph" and "They always get [Name] up and into company. There are a lot of conversations with the residents."

People who used the service told us, "They have kids come in from school and singing. There's always something to do" and "They have people who come in and play music. I like my television. If the weather is nice I like to sit outside and watch the wildlife. There's a lovely garden."

We saw that students from the University of York had completed a 'Life Story' project with people who used the service. This involved speaking with and recording details about people's social history. The head of service told us about the 'breath of fresh air challenge', a project run across the registered provider's services

to encourage people to spend time outdoors. We saw the registered provider had awarded Woolnough House a prize for holding a music festival themed garden party. This was evidence of a positive commitment to providing stimulation and meaningful activities for people who used the service.

Relatives and friends of people who used the service consistently told us they were made to feel welcome when they visited. Comments included, "The staff have been very friendly" and "The care staff greet you and make you feel so welcome. I always get drinks." Another relative explained that they could visit at any time, they were offered drinks and had been offered meals if they had visited at lunch or tea time. We observed that staff greeted and welcomed visitors to the home and took time to speak with them and get to know them.

There was a complaints policy and procedure in place providing details about how the registered provider would manage and respond to issues or concerns. Records showed there had been no complaints received in 2016. However, people who used the service and visitors told us they felt able to raise issues or concerns with staff if they needed to. Comments from people who used the service included, "I have no complaints at all", "I've not had to complain about anything" and "I've never heard a bad word." A relative of someone who used the service said, "I would be happy to speak to any of the staff if I had any concerns." Staff at Woolnough House had received a number of cards complimenting the quality of the meals providing and the caring staff.

We saw that a 'What you said and what we did board' was displayed in a communal corridor in the service. This provided details of how minor issues were dealt with and encouraged other people who used the service to raise concerns by showing that feedback was taken seriously and steps taken to respond to requests.

We also saw there was a suggestion box in the main entrance so that people who used the service or visitors to the service could leave anonymous feedback or make suggestions if they wanted to. The service also had a visitor's comments book, for people to leave feedback. Recent feedback from this included, "Always a pleasure to visit mum here", alongside a number of other positive comments about the kind, helpful and welcoming staff.

This showed us that the registered manager actively encouraged people to provide feedback about the service so that they could listen and learn from people's experiences to improve the care and support provided.



## Is the service well-led?

### Our findings

The registered provider is required to have a registered manager as a condition of their registration for Woolnough House. The manager had been in post since October 2015 and became the service's registered manager in March 2016. This meant the registered provider was meeting this condition of their registration. The registered manager was supported by care leaders in running the service.

We asked people who used the service what they thought about the home. Comments included, "It is excellent. I can't fault it. I'll be sorry to leave it has been that good" and "It's absolutely marvellous. There is no way you could get it any better."

Relatives of people who used the service said, "This home has got a very nice atmosphere, a very warm atmosphere. People come to greet you. It's a very caring environment", "[The registered manager] would do anything she could to sort issues if I did have any concerns" and "[The registered manager] appears to be very much on the shop floor, she knows everybody's name...[the registered manager] is a fantastic manager she has so much energy and really seems to love her job."

During our inspection we observed the registered manager was friendly, approachable and receptive to feedback. We found they were enthusiastic about developing the support provided and clearly focused on the needs of the people who used the service.

We asked staff if they thought the service was well-led. Feedback we received showed us that the registered manager was approachable and worked well with staff to create a positive atmosphere within the service. Comments included, "I think [the registered manager] is a good manager, very fair. I don't ever think I can't speak to her", "I love this home. It's got a lovely atmosphere" and "We do work as a team and when need be we all pull together."

Relatives of people who used the service consistently told us that communication with the home was good. We were told staff rang them if there were issues or concerns and also involved them in meetings or important decisions about their relatives care and support. This showed us that there was an open and inclusive atmosphere within the service.

We found that the registered manager had made a number of positive changes and improvements since taking over management of the service. This included introducing a 'welcome booklet' for people staying in the discharge to assess rooms on a temporary basis. The booklet contained important information about the service to help people 'settle-in' and details of who to contact if there were any questions or problems. The registered manager had also introduced a monthly newsletter to share information with people who used the service and their relatives and friends. This advertised upcoming events with 'dates for the diary' containing details about activities within the service.

The registered manager ensured that regular 'resident's meetings' were held to share information and gain feedback about the service provided. We saw that resident's meetings were held in December 2015, March

2016 and June 2016. Minutes from the most recent resident's meeting were displayed on a notice board in the entrance to the service for people who used the service to access. Minutes showed that topics discussed included suggestions for activities, suggestions for the menu and feedback about the staff. This showed us that the registered manager tried to engage people who used the service and to gain feedback that could be used to improve the quality of the care and support provided.

Team meetings were held between the different staff groups working at Woolnough House to share information and to discuss issues, concerns and changes within the service. We saw minutes from meetings held with the care assistants, the cooks and general staff meetings. Minutes of the most recent staff meeting showed that the Mental Capacity Act 2005 and safeguarding were discussed as well as health and safety and assessing risks. Staff told us minutes from meetings were circulated so they could keep up-to-date with what was discussed if they were unable to attend. This showed us that team meetings were used to share information to drive improvements.

The quality, safety and effectiveness of the service was monitored through a range of audits. Records showed that care plans, medication, the premises and workplace, infection control and the kitchen were audited on a regular basis. Where issues were identified, action plans had been developed from the audits and the results had been used to drive improvements. However, we noted some actions identified during audits had not been completed or signed off. We spoke with the registered manager about reviewing audit action plans on a regular basis to check that improvements had been made.

The registered manager showed us returned copies of a relatives and visitors survey that had been completed. We saw that 29 questionnaires had been returned and that feedback was largely positive with feedback including "All the staff are lovely."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We saw that the management team responsible for the registered provider's services, which included the registered manager for Woolnough House, had won City of York Council's management team of the month award for May 2016. The registered manager attended management meetings with managers from the registered provider's other services to share information and discuss improvements and changes across the services. This showed us there was effective collaborative working between the registered provider and registered manager in the running of the service.

We also saw that the registered provider had employed an intern to, amongst other things, review the use of discharge to assess rooms at Woolnough House. We spoke with them about their work and saw that they were evaluating the effectiveness of the discharge to assess project taking into account people's experiences of staying at the service and looking at the outcomes achieved. This was evidence of effective management as it showed the registered provider was proactively committed to reviewing their practices.