

Woodland Healthcare Limited






Woodland Court

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	

Overall summary

Woodland Court is registered to provide accommodation and personal or nursing care for up to 39 people. People living at the home had nursing needs one person was in the early stages of living with dementia. The home is part of the Woodland Healthcare Group.

This inspection took place on 18, 21 and 27 August 2015, when there were 22 people living at the home.

At our last visit in August 2014 we found that improvements were needed to the way records were maintained. At our visit in August 2015 we found improvements had been made.

There was a registered manager employed 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 2008

Summary of findings

and associated Regulations about how the service is run. The registered manager is supported by a 'clinical lead', who is a registered nurse and oversees all nursing care provided by the home.

People and their relatives said they felt safe and secure at the home and they trusted the home to care for them. Safe staff recruitment procedures were in place. People were protected from the risks of abuse. Staff had received training in safeguarding people and were able to tell us about different types of abuse. Staff were aware of whistleblowing procedures and where to find relevant contact details for any external agencies they may need to contact.

Some people living at Woodland Court had nursing needs. For example, they could not walk and were at risk of developing pressure sores. People spoke highly of the care they received. They said "I love it... it's just wonderful" and "I am very pleased... the staff are wonderful... you only have to ask for something and it comes... I'm so surprised by how good everything is, they all seem to have time for you". Everyone spoken with said they would recommend the home. One person said "I'd give it 5 stars". Another person said "I would definitely recommend it... they let me bring in anything I wanted". One visitor told us "I come to see her every day and she's happy all the time".

Staff were responsive to people's individual needs. For example one person could become distressed. We saw staff distracted them using items from a specially prepared 'memory box'. People told us staff were responsive to their needs. They and their relatives have faith in Woodland Court to look after them and attend to their needs properly. One person said "I worried about going home from hospital as I need 24-hour care but it's absolutely lovely. I made the right decision".

Staff treated people with respect and kindness. For example, staff addressed people with their preferred name and spoke with respect.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans were reviewed regularly and staff told us they felt the care plans were very useful. They said that people's needs were always changing and care plans ensured they kept up to date with the changes.

Risks to people were minimised. Risk assessments contained good details on how risks were managed. Moving and transferring and pressure area assessments were in place and had been updated when risks had changed. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health.

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were happy with the skills of the staff. One person told us "Some long-serving staff have retired or moved but they've been replaced by very helpful and well-trained staff".

Some people and their relatives told us they felt there were not enough staff on duty. One person told us "There's not enough staff, definitely not... they're rushed off their feet... they could do with one more on each shift". They went on to say that sometimes they had to wait quite a while for their call bell to be answered. However, other people told us they felt there were enough staff and did not have to wait long for their call bells to be answered. Throughout our inspection we heard call bells answered promptly and staff met people's needs in a relaxed and unhurried manner. We discussed staffing levels with the registered manager. Although staffing numbers were above what had been determined by the staffing calculator they used, the registered manager told us that an extra member of staff was to be recruited for the morning shift.

Woodland Healthcare Group, Woodland Court's owners had taken the decision to not have a nurse on duty in each of their care homes for nursing overnight. One nurse currently covers three homes. There were good procedures in place to ensure the nurse could be contacted should they be needed. There was an on call system, whereby if another nurse was needed they could be called. Night staff had received extra training to ensure people were kept safe at night.

Staff had received a variety of training including moving and transferring, safeguarding people, infection control and confidentiality. However, we saw two staff using poor moving and transferring techniques with one person. We spoke with the clinical lead about this who immediately spoke with staff and reminded them about the

Summary of findings

importance of always using the correct methods to help people move safely. Moving and transferring update training was due the week after our inspection and staff would be attending that.

Staff received supervision and an annual appraisal from the registered manager and clinical lead. They told us they used the sessions to ensure staff felt supported and as a check on their competence.

People were supported by staff who had a good understanding of the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (Dols). This legislation is in place to ensure people's legal right to make a decision is upheld and that their liberty is not restricted without proper authorisation.

People were supported to make decisions about day to day aspects of their life, such as what to eat, what to wear and where to spend their time. People were able to choose whether to remain in their rooms, join others in the lounge or walk about the home. People were asked for their consent before staff provided personal care. People told us staff always asked if it was alright to help them.

While we were at Woodland Court, there were no scheduled activities and no-one spending individual time with people. One person told us of a visit by an 'animals lady' and there were arrangement to meet people's individual religious needs. For example, communion was regularly held at the home. One staff member was employed to provide activities for two sessions each week. However, people were at risk of social isolation as they spent most of their time in their rooms. Staff told us if they could improve one thing it would be to have more time to spend individually with people. One visitor told us they had been concerned that their relative was not able to get out much, but this had improved as they were now going out to a coffee morning each week.

People received a balanced diet with sufficient to eat and drink. People were offered plenty of snacks and drinks through the day. People spoke highly of the chef and the choices they are given for food. Many positive comments were received about diet and choices, including "The food is beautiful...I'm on a low fat diet so I have boiled potatoes now rather than chips and my health is improving".

People were encouraged to maintain good health and had visits from healthcare services where required. Records showed people had seen their GPs and other health and social care professionals as needed. Relatives told us they felt people's healthcare needs were met promptly and the staff quickly informed them of any changing needs. One person told us they had moved to Woodland Court with the expectation that they would live only a few weeks, but their health had improved. The registered manager confirmed this was the case and said "Staff simply took the time and had the patience to get them to eat".

People's needs were met in a suitably decorated and furnished environment. The registered manager told us there was a programme of refurbishment in place and plans to upgrade all the furnishings. We saw some rooms that had already benefitted from the refurbishment. There were no unpleasant smells in the home and it was very clean. There was signage around the home to aid people's independence. For example, toilets and bathrooms were clearly signed.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person told us they had told staff about a piece of oxygen equipment they used, this was put in their care plan so if they were unable to manage themselves, staff would be able to provide the help needed. Another person told us "They take my wishes into account, ask how I am and what I want. I have organised my care plans and signed them".

There were large notices in the entrance and around the home inviting comments or concerns. Everyone we spoke with told us they were confident that if they did raise concerns they would be dealt with quickly by the registered manager.

One person had referred a complaint they had made about care received at Woodland Court to the Local Government Ombudsman (LGO) as they had not been satisfied with the way their concerns had been dealt with. The home has put plans in place to address the issues.

Summary of findings

Relatives and friends were welcome at any time and were coming and going all the time during our inspection. They could have privacy in individual rooms or in the lounge.

People, staff and visitors felt the service was well led by an open and approachable manager. One visiting social care professional told us they had been impressed with the discussions they had had with the registered manager and said "They know what they are talking about!" The registered manager was described as 'very efficient'. Everyone knew them and said they were available around the home.

There were systems in place to assess, monitor, and improve the quality and safety of care. The registered

provider's representative visited regularly and the registered manager provided them with a weekly report on the home. Information included when health and safety and mattress audits had been completed. Other regular audits included medicines, care plans and the environment. A recent environmental audit had identified five rooms had a bad odour. All carpets had since been cleaned.

We have made recommendations relating to staffing levels, staff training and activities. This was because we found that while the issues were being dealt with further improvements could be made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from the risk of abuse as measures were in place to prevent this, and staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified. Staff had been given information telling them how to manage risks to ensure people were protected.

Good



Is the service effective?

The service was effective.

People benefited from staff who were trained and knowledgeable in how to care and support them.

People were supported to maintain a healthy balanced diet.

People were asked for their consent before staff provided personal care.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



Is the service caring?

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's care plans were comprehensive and reviewed regularly.

People received care and support that was responsive to their needs.

Visitors told us they could visit at any time and were always made to feel welcome.

People were confident that if they raised concerns these would be dealt with quickly by the registered manager.

Good



Is the service well-led?

The service was well led.

The registered manager was very open and approachable.

Good



Summary of findings

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Woodland Court

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

This inspection took place on 18, 21 and 27 August 2015 and was unannounced.

The inspection team consisted of one social care inspector 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 expert by experience on this occasion had experience of caring for someone with dementia.

Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us. During the inspection we spoke with the registered manager, the clinical lead nurse and three nursing and care staff members. We also spoke with one visiting healthcare professional.

We spoke with 14 people living at the home. Of those, we spoke with nine in depth about their experience of living at the home. We looked in detail at the care provided to four people, including looking at their care files and other records. We looked at the recruitment and training files for four staff members, and other records in relation to the operation of the home such as risk assessments, policies and procedures. We also looked around the home.

Following our visit we spoke with four other health or social care professionals and contacted staff from the local authority who had commissioned some placements for people living at the home.

Is the service safe?

Our findings

Some people and their relatives told us they felt there were not enough staff on duty. One person told us “There’s not enough staff, definitely not...they’re rushed off their feet...they could do with one more on each shift”. They went on to say that sometimes they had to wait quite a while for their call bell to be answered. One relative told us “[my relative] is really well looked after but there are not enough staff”. However, other people told us they felt there were enough staff and they did not have to wait long for their call bells to be answered. One person told us “I might ring to get more water or to get help with washing and I don’t wait too long...they go by a lot to see someone who needs a lot of help and they call out to me”. Staff told us that although they would like more time to spend with people individually and provide social interaction there was enough time to meet people’s physical care needs. Throughout our inspection we heard call bells answered promptly and staff met people’s needs in a relaxed and unhurried manner. We discussed staffing levels with the registered manager. They showed us a specific tool that was used to calculate staffing levels. This used people’s dependency levels and the number of people at the home in order to determine the number of staff required. Although staffing numbers were above what had been determined by the tool, the registered manager told us that an extra member of staff was to be recruited for the morning shift.

Woodland Healthcare Group, Woodland Court’s owners had taken the decision to not have a nurse on duty in each of their nursing homes overnight. One nurse currently covers three homes. The registered provider had carried out risk assessments and put in place procedures to ensure the nurse could be contacted should they be needed. The reasons why the nurse had been called were recorded so that the registered manager could decide if any additional action or staff training were needed. There was an on call system, whereby if another nurse was needed they could be called to the home. Night staff had received extra training to ensure people were kept safe at night. For example, all night staff had received first aid and medicines training.

People and their relatives said they felt safe and secure at the home and they trusted the home to care for them. Staff were cheerful and friendly, and treated people with respect.

Safe staff recruitment procedures were in place. Although some staff had been employed before a full criminal record check had been obtained the registered manager assured us that these staff had not worked unsupervised until the full check had been obtained.

People were protected from the risks of abuse. Staff had received training in safeguarding people and were able to tell us about different types of abuse. They told us how they might recognise abuse, and what they would do if they suspected abuse was occurring within the service. They felt able to raise any concerns with the registered manager and were confident they would respond appropriately to ensure the matter was followed up. Staff were aware of whistleblowing procedures and where to find relevant contact details for any external agencies they might need to contact.

Some people living at Woodland Court had nursing needs. For example, they could not walk and were at risk of developing pressure sores. The nurses had put care plans in place to prevent and manage these. Risks to people were minimised. Risk assessments contained details on how risks were managed. Moving and transferring and pressure area assessments were in place and had been updated when risks had changed. Pressure relieving equipment was used when needed and no-one at the home had a pressure sore. We saw that one person’s mattress had been changed to provide better protection for their pressure areas.

Risks presented by the environment were minimised. For example, radiators were covered and windows were restricted in their opening. Equipment such as hoists were regularly maintained and serviced to ensure they remained safe to use.

Staff were very aware of people’s right to take risks if they chose to do so. Staff told us they explained things to people but ultimately, if people had the capacity to make the decision and understand the consequences, then they had a right to take some risks. For example, one person continued to eat ‘unhealthy’ foods even though they were aware they should be on a low sugar diet. Another person chose to move around their room without help from staff. Whilst this had meant they had fallen several times, staff

Is the service safe?

acknowledged the person had the right to do so as they had the capacity to understand the risks involved. Staff encouraged the person to keep their room tidy and ensured the home was free from trip hazards. We spoke with the registered manager about this who agreed to deal the matter as a priority.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff directions on how to safely evacuate people from the building should the need arise, such as a fire. However, the plans needed more detail on how many staff would be required to help each person.

Medicines were stored safely. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. The clinical lead carried out regular medicine audits to ensure people had received their medicines. This meant any issues could be picked up quickly and action could be taken to prevent any further issues. No-one was receiving medicines that required a nurse to monitor them at night such as from a syringe driver. Some people had been assessed as being able to manage their own medications. On-going assessments ensured these people continued to take their medicines as prescribed.

It is recommended that staffing levels are kept under review

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were happy with the skills of the staff. One person told us “Some long-serving staff have retired or moved but they’ve been replaced by very helpful and well-trained staff”.

People told us staff knew how they liked things done.

Visitors told us they felt staff had the skills and knowledge they needed to care for people effectively. One visitor told us “The nurses here are excellent”.

People living at Woodland Court had needs relating to their mobility and general health. Staff had received a variety of training including moving and transferring, safeguarding people, infection control and confidentiality. However, we saw that two staff using poor moving and transferring techniques with one person. Woodland Court is a nursing home and has a clinical lead. We spoke with the clinical lead about this observation. They immediately spoke with staff and reminded them about the importance of always using the correct methods to help people move safely. Moving and transferring update training was due the week after our inspection and staff would be attending that.

Staff received supervision and an annual appraisal from the registered manager and clinical lead (who is a registered nurse). They told us they used the sessions to ensure staff felt supported and as a check on their competence. Individual and group supervision sessions were held. One group session had been used to remind staff to sign sheets to confirm they had applied external creams to people as prescribed.

Some people who lived at this home did not have, or might in the future not have, the capacity to make some decisions. Staff had a good understanding of the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (Dols). This legislation is in place to ensure people’s legal right to make a decision is upheld and that their liberty is not restricted without proper authorisation. Staff were aware that everyone is assumed to have capacity to make a decision unless it is proven otherwise. People’s best interests were upheld when they had been assessed to not have capacity to make a specific decision at a specific time. For example, healthcare professionals, relatives and staff had been involved in determining that one person should use a monitoring device when they left the home. This was because the

person was living with dementia but wanted to be able to leave the home on their own. The device meant that if the person did lose their way, staff could easily find them and bring them home.

People’s liberty was only restricted when there was no other means of keeping them safe. Staff were aware that any such restrictions should be properly authorised and always be the least restrictive option. One Dols application had been made to the local authority, as staff were having to closely monitor the person to keep them safe, which required legal authorisation.

People were supported to make decisions about day to day aspects of their life, such as what to eat, what to wear and where to spend their time. People were able to choose whether to remain in their rooms, join others in the lounge or walk about the home. People were asked for their consent before staff provided personal care. People told us staff always asked if it was alright to help them.

People were supported to receive a balanced diet with sufficient to eat and drink. People were offered plenty of snacks and drinks through the day. People spoke highly of the chef and the choices they are given for food. Many positive comments were received about diet and choices, including “The food is beautiful...I’m on a low fat diet so I have boiled potatoes now rather than chips and my health is improving”, “Today I’ve got cod and vegetables instead of chips...the cook comes in to ask about the food and I want to let them know how good the salmon is” and “I’m a vegetarian and they cook special things for me like pasta or rice dishes”.

The lunchtime experience was unhurried and sociable and staff had time to chat with people. Some people needed a soft diet. Each food item was prepared separately and presented attractively. People who needed support with their food were encouraged to eat in a relaxed manner. People’s weights were regularly monitored. Where concerns had been identified a GP had been contacted and nutritional supplements provided.

Staff ensured they contacted healthcare services when people needed them. Records showed people had seen their GPs and other health and social care professionals as needed. Relatives told us they felt people’s healthcare needs were met promptly and the staff quickly informed them of any changing needs. One social care professional told us that the registered manager had acted as an

Is the service effective?

advocate on behalf of one person to ensure they received the treatment they needed. The registered manager told us they felt one of their greatest achievements had been to care for people that other services had asked to leave.

The home was well decorated and furniture was of a good standard. Furniture was of a domestic style, whilst being suitable for people with mobility issues to encourage independence. The registered manager told us there was a programme of refurbishment in place and plans to upgrade

all the furnishings. We saw some rooms that had already benefitted from the refurbishment. The home smelt pleasant throughout and it was very clean. There was signage around the home to aid people's independence and to help them find their way around the home. For example, toilets and bathrooms were clearly signed.

It is recommended that the moving and handling practice of staff is continually observed and reviewed.

Is the service caring?

Our findings

People spoke highly of the care they received. They said “I love it... it’s just wonderful” and “I am very pleased...the staff are wonderful...you only have to ask for something and it comes.....I’m so surprised by how good everything is, they all seem to have time for you”. Everyone spoke with said they would recommend the home, one person said “I’d give it 5 stars”. Another person said “I would definitely recommend it...they let me bring in anything I wanted”. One visitor told us “I come to see her every day and she’s happy all the time”.

One person told us they had moved to Woodland Court with the expectation that they would live only a few weeks, but their health had improved. The registered manager confirmed this was the case and said “Staff simply took the time and had the patience to get them to eat”.

Care staff were pleasant, friendly and open and when asked about the people in their care they talked about them affectionately and knew them well. They were able to tell us about people’s preferences and personal histories. For example staff knew what people liked to eat and when they liked to get up and go to bed. People were clean, well-cared for and well dressed.

Staff treated people with respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. People’s privacy was respected and all personal care was provided in private. Everyone had their own bedroom except when they chose to share. People’s individual rooms were pleasant and personalised. Staff knocked on people’s doors before entering and closed the door for privacy when delivering personal care.

Staff supported people and interacted with them in a kind and friendly manner. People were helped to maintain their independence. When helping people to move about the home staff encouraged them to help themselves as much as possible.

People had formed relationships with the staff who supported them and other people who lived at the home. Two people told us they had become firm friends as they had similar routines and enjoyed the same type of things. Two people told us they enjoyed their regular chats at lunchtime.

Staff helped people to celebrate special occasions. One visitor was making arrangements with the registered manager for a special party for their relative.

People were able to choose to socialise or spend time alone. Some people said they preferred their own company and staff respected their choices. Only a very few people came into the lounge during the day, including at lunchtime. People told us they preferred to eat in their rooms.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person told us they had told staff about a piece of oxygen equipment they used. This was put in their care plan so if they were unable to manage themselves, staff would be able to provide the help needed. Another person told us “They take my wishes into account, ask how I am and what I want. I have organised my care plans and signed them”. Visitors told us that where their relatives could not express their views they had been involved in making decisions about their care. One relative told us although they had not been involved in reviewing their relatives care plan; it had been discussed with them several times.

Relatives and friends were welcome at any time and were coming and going all the time during our inspection. They could have privacy in individual rooms or in the lounge.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. They and their relatives had faith in Woodland Court to look after them and attend to their needs properly. One person said “I worried about going home (being discharged) from hospital as I need 24-hour care but it’s absolutely lovely. I made the right decision...they come for my bell and when I fall they hear me and come quickly...there are plenty of staff and they’re well-trained and do a good job...my meds are always given on time... and my health’s improving here because I don’t feel so scared and I know there are people here if I need them”.

Another person told us “I’m very pleased with it...I’m very very lucky to be here...they let me do anything and I just ask for anything I want and they come...they’ll take me down in my wheelchair for lunch and for any activities”.

Staff were responsive to people’s individual needs. For example one person could become distressed. We saw staff distracted them using items from a specially prepared ‘memory box’. The ‘memory box’ contained photographs and items from their past that the person enjoyed looking at. When staff were talking about the items with them the person showed interest, was smiling and their distress was eased.

One person told us they had chosen not to be resuscitated should the need arise. However, they wished to attend a family gathering, so the registered manager had helped them change their decision until they had attended the celebrations. When they returned their original decision was put back in place.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans were reviewed regularly and staff told us they felt the care plans were very useful. They said that people’s needs were always changing and care plans ensured they kept up to date with the changes.

While we were at Woodland Court there were no scheduled activities and staff were not spending individual time with people. One person told us of a visit by an ‘animals lady’

and there were arrangement to meet people’s individual religious needs. For example, communion was regularly held at the home. One staff member was employed to provide activities for two sessions each week. However, people were at risk of social isolation as they spent most of their time in their rooms, even though some people said they were happy with this. Staff told us if they could improve one thing it would be to have more time to spend individually with people. One visitor told us they had been concerned that their relative was not able to get out much, but this had improved as they were now going out to a coffee morning each week.

There were large notices in the entrance and around the home inviting comments or concerns. Everyone we spoke with told us they were confident that if they did raise concerns they would be dealt with quickly by the registered manager. People said “All the staff here are very approachable and I could contact them with any concerns...I do have a bit of a moan to them when I’m not satisfied” and “I would contact [registered manager] or [clinical lead] if I was worried about anything, but I’m not”.

People were regularly asked for their views of the care being provided. For example, a recent survey had asked people if they felt safe at the home. One person had indicated a concern. The registered manager had fully investigated the concern and had dealt with the matter appropriately.

Where people had raised issues with home they had been quickly put right. For example, one person had complained about the lack of variety of puddings served at lunchtime. The chef had spoken with the person and new puddings had been put on the menu.

One person had referred a complaint they had made about care received at Woodland Court to the Local Government Ombudsman (LGO) as they had not been satisfied with the way their concerns had been dealt with. The home has put plans in place to address the issues.

We recommend the home seeks advice from a suitably qualified source on the provision of stimulating and person centred activities.

Is the service well-led?

Our findings

People, staff and visitors felt the service was well led by an open and approachable manager. One visiting social care professional told us they had been impressed with the discussions they had had with the registered manager and said “They know what they are talking about!” and described the registered manager as ‘very efficient’. Everyone knew the registered manager and said they were available around the home. They also expressed great confidence in the nurses and the care staff, saying they were well-trained and did their jobs well. The atmosphere in the home was calm and well-organised although staff were kept very busy attending to people’s needs.

There was a statement placed around the home that indicated the vision of the registered providers. This included having a “zero tolerance of abuse, improved dignity schemes and a transparent operational approach”. Staff knew about the registered provider’s vision and values and this was reflected in their practice. Staff comments included “There is a culture of openness and discussing things.

Staff told us they felt well supported to do a good job. They said they could always ask the registered manager and clinical lead for any help with anything. Staff told us they enjoyed working at the home and one staff member said they always left work “feeling rewarded because they had done something for someone”. Staff told us they were able to make suggestions about the running of the service. One staff member told us they had suggested a different way of providing personal care to one person that other staff had adopted. They told us this was working well for the person.

There were systems in place to assess, monitor, and improve the quality and safety of care. The registered provider’s representative visited regularly and the registered manager provided them with a weekly report on issues in the home relating to quality and risk. Information included when health and safety and mattress audits had been completed. Other regular audits included medicines, care plans and the environment. A recent environmental audit had identified five rooms had a bad odour. All carpets had since been cleaned.

The registered manager told us they felt the fact people who had been admitted for a short period of time and had chosen to stay permanently, was evidence of the good service they provided.

The registered manager wanted to develop and improve the service. They had initiated a programme of refurbishment for the home to improve the environment. They also had plans to have an ‘exercise room’ which would enable people who were admitted for rehabilitation to have a place to re-learn skills before they went home. The registered manager also accessed resources to learn about research and current best practice. They were up to date with the changes to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 against which the Care Quality Commission (CQC) inspect.

At our last inspection in August 2014 we found that improvements were needed to the way records were managed. At this inspection in August 2015 everything had been put right.

The registered manager had notified the CQC of all significant events which had occurred in line with their legal responsibilities.