Care Uk Community Partnerships Ltd

Woodland Hall

Inspection report

Clamp Hill
Stanmore
Middlesex
HA7 3BG
Tel: 02089547720
Website: www.careuk.com

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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

This unannounced inspection took place on the 16 and 21 July 2015. At the end of the first day of the inspection we told the provider when we would be returning to complete the inspection.

Woodland Hall provides accommodation and personal and nursing care for up to 72 people. Most people living in the home have dementia or mental health needs. At the time of this inspection five beds were being used by a local National Health Service [NHS] team for people needing a rehabilitation service. These beds were managed by Woodland Hall. The home is purpose built and located in north west London.

At our last inspection in 02 December 2013 the service was meeting the regulations we looked at.

At the time of this inspection a registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers,

Summary of findings

they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The atmosphere of the home was relaxed and welcoming. Throughout our visit we observed caring and supportive relationships between staff and people using the service. People were complimentary about the caring nature of staff. Staff understood people's varied and sometimes complex needs and interacted with people in a courteous manner. People's privacy and dignity was respected.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported, were familiar with people's needs and their key risks. People's care plans and risk assessments included the information staff needed to provide people with the care and support they needed.

Incidents and accidents were recorded, appropriately addressed and monitored to minimise the risk of recurrence.

Medicines were stored and administered to people safely. People were supported to maintain good health, which was monitored closely and referrals made to health professionals when required. People were satisfied with the food provided and had a choice of food and drink which met their dietary needs.

Staff received a range of relevant training and were supported to develop their skills and gain qualifications to be competent in meeting the needs of people they cared for. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles and responsibilities. People were protected, as far as possible by a robust staff recruitment system.

Staff had an understanding of the procedures in place to protect people if due to their needs they were unable to consent and/or make one or more decisions about their care, treatment and other aspects of their lives. Staff knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had the opportunity to participate in a range of activities of their choice, and were provided with the support they needed to maintain links with their family and friends. Views about the service was regularly sought from people, relatives and staff, and improvements made in response to this feedback.

There was an appropriate complaints procedure and people knew how to make a complaint. People were confident concerns and complaints raised by them would be appropriately addressed by the registered manager.

There was a clear management structure in the home. People told us the home was well managed and there were appropriate communication systems in place, including regular staff and resident/relatives meetings and other opportunities for people to obtain advice, support and to be involved in their and/or their relatives' care.

There were effective systems in place to monitor the care and welfare of people and improve the quality of the service.

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?

Good

The service was safe. People told us they felt safe in the home and with the staff who supported them.

There were appropriate procedures for safeguarding people. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm. Risks to people's safety were identified and measures were in place to reduce them.

Medicines were stored and managed safely by appropriately trained and qualified staff.

Staff recruitment was robust so only suitable people were employed in the home. The staffing of the service was organised to make sure people received the care and support they needed.

Is the service effective?

Good

The service was effective. Staff received the training and support they needed to carry out their various roles and responsibilities in providing people with the care they required.

People received individualised support that met their needs. Any restrictions to people's liberty were appropriately authorised.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. People had access to a range of healthcare services to make sure they received effective healthcare and treatment.

Is the service caring?

Good

The service was caring. People told us staff were kind to them and provided them with the care and assistance they needed. Our observations supported this feedback.

People and their relatives were involved in decisions about people's care. However, some people's night care plans and progress records did not always indicate that people were always involved indecisions about their care.

People were treated with respect and staff understood how to provide care in a dignified manner and recognised the importance of people's right to privacy.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before the provision of care began to make sure as far as possible the service was able to meet their needs.

People's care plans were available to nursing and care staff. They included up to date information about people's needs, preferences and risks.

People were supported and encouraged to take part in a range of individual and group activities of their choice. We saw people make a range of everyday choices during our visit.

There was an appropriate complaints procedure. People and their relatives told us they were comfortable about raising issues including concerns and complaints. Complaints were addressed appropriately.

Summary of findings

Is the service well-led?

Good

The service was well led. People told us the registered manager was approachable and communicated well about all areas to do with the service.

There was a culture of openness. People confirmed they were listened too and feedback about the service was responded to appropriately and promptly.

There was a robust system in place to monitor and improve the quality of the service.

Woodland Hall

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 16 and 21 July and was unannounced. The inspection was carried out by one inspector, a specialist nurse advisor 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.

Before the inspection we looked at all the information we had about the service including information we had received about the service. This included a Provider Information Return [PIR] which we had asked the provider to complete. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. Other information we looked at included notifications of significant events sent to the Care Quality Commission (CQC).

During the inspection we talked with six people using the service, the registered manager, regional director, deputy manager, a chef, four care workers, two activity co-ordinators and two nurses. We also obtained feedback about the service from ten relatives of people using the service. Following the visit we obtained feedback from three health and social care professionals and two relatives of people using the service.

We looked at all areas of the building, including some people's bedrooms, bathrooms, dining areas and lounges. Most people using the service had little verbal communication and/or complex ways of communicating, so we spent time observing care and using the short observational framework for inspection [SOFI], which is a way of observing care to help us understand the experience of people who could not talk with us.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included seventeen people's care files, six staff records, training records, and audits and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

The people using the service we spoke with told us they felt safe. A person told us they had no concerns about their safety and if they had a worry they felt able to raise this with staff. They said they were confident they would be listened to and appropriate action taken to address the concern. Some people living in the home due to their specific needs were unable to raise concerns themselves or to tell us whether they felt safe. However, we spent a significant part of the inspection observing people and their interaction with staff and found people using the service showed signs of well-being and looked to be at ease when engaging with staff.

Relatives of people told us they felt that people using the service were safe and they told us "I can visit anytime which shows they have nothing to hide," "They [people] are very safe," "It's excellent. In all the time [Person's] been here I've never seen anything that upset me," and "I think [Person] is absolutely 100% safe." However, one relative told us a person using the service had become anxious following an incident which had been reported to the local authority safeguarding team and CQC.

There were policies and procedures in place for managing risk and to inform staff of the action they needed to take to protect people. Staff informed us they had received training about safeguarding people and training records confirmed this. Staff were aware of the whistleblowing policy and were able to describe different kinds of abuse and knew about the reporting procedures they were required to follow if they were informed of or suspected abuse. Staff were confident that any concerns about people's safety and welfare they reported would be addressed appropriately. A member of staff told us "I would report any signs of abuse to the manager and the nurse in charge, they do the right thing."

Appropriate arrangements were in place for the safe storage, administration and recording of medicines. Records of medicines administered were up to date and accurate. Information about people's medicines requirements and any allergies were recorded. Records showed a pharmacist had carried out checks of the medicines. Nurses had received a medicine assessment to ensure they were competent to manage and administer medicines and records showed that care workers had been assessed to administer medicated skin creams safely. We observed nurses giving people their medicines. They informed people what the medicines were and ensured people had taken them before signing the medicines administration record sheet. Records showed that regular checks of the medicines were carried out by senior staff and action had been taken to make improvements when needed.

People who were unable to manage their finances mainly had their finances managed by relatives or the local authority. The service manages small amounts of money for most people and invoiced people's relatives when expenditure for hairdressing, chiropody and other items was made. We looked at six people's finance records. These showed appropriate records of income and expenditure were completed. The management of people's finances were regularly checked to reduce the risk of financial abuse.

We found there were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. The registered manager told us staffing levels were based on the needs of people and were flexible to meet changes in people's needs. People's dependency and staffing needs were recorded in their care plan. Several people received 'one-to-one' care from staff due to their complex and sometimes challenging needs. Staff provided us with examples of when extra staff had been on duty such as to support people to attend health appointments. During both days of the inspection we saw there were sufficient staff to provide people with the assistance they needed and to make sure call bells were answered generally without delay. A person told us that when they pressed the call bell "They [staff] come." A person told us they had noticed there had been a 'significant turnover' of staff in the last year, which might have affected continuity of care and some people using the service and relatives told us they thought there were not always enough staff on duty. However, a relative of a person told us that when they visited and spoke with staff they always were knowledgeable about a person's needs. A person using the service told us staff were "Sometimes very busy, if something kicks off, that leaves them short of staff otherwise I am well looked after."

Care plans showed risks to people were identified and guidance was in place for staff to follow to minimise the risk of the person being harmed. Staff we spoke with were aware of the need to protect people from harm whilst also

Good

Is the service safe?

supporting people's independence as much as possible. Risk assessments included guidelines for staff that detailed the preventative action to be taken to lessen the risks of people bruising, malnutrition, choking, falling and of developing pressure ulcers.

Accidents and incidents were recorded, reported to the registered manager and appropriate action taken in response to these including informing health and social care professionals. Accidents and incidents were monitored for trends and appropriate action taken to learn from these events to minimise the risk of them happening again.

The six staff records we looked at showed that appropriate recruitment and selection processes had been carried out to make sure that only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support. Staff we spoke with confirmed that the relevant checks had been completed.

Staff received training in health and safety. There were various health and safety checks carried out to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, hot water, gas and electric systems. Regular fire safety training including participation in fire drills also took place. People had individual Personal Emergency Evacuation Plans (PEEP) recorded in their care plans for example a person's PEEP included details of the person's dementia and mobility needs and clear guidance for staff to follow in the event of a fire. A health and safety audit of the service had recently been completed and improvements such as making sure staff were up to date with health and safety training, had been made in response to the check.

Good

Is the service effective?

Our findings

Staff demonstrated a good understanding of the care and support people needed. Staff told us they had received a comprehensive induction. A care worker told us the induction helped them to gain an understanding of the organisation, the service and their role and responsibilities, and included working alongside more experienced staff before working on their own. The registered manager and regional director informed us about the imminent plans to implement the new Care Certificate induction training [the new benchmark for the induction of care workers].

Staff told us they felt they received the range of training they needed to carry out their role and responsibilities. This training included; safeguarding people, infection control, fire safety, moving and handling, food safety and basic first aid. Staff also spoke about the training they received which met people's specific needs. This included; mental health, behaviour that challenged the service, pressure area care and diabetes training. The provider employed a dementia specialist who had provided staff with dementia training. Records confirmed this. Information about communicating with people who have dementia was accessible to staff. Nurses received training to develop and improve their clinical skills and their knowledge in a range of areas including blood extraction and wound management. The registered manager informed us that Percutaneous Endoscopic Gastroscopy [PEG] [a way of introducing food, fluids and medicines directly into the stomach] training would shortly be completed by all nursing staff. A health professional told us that when they had identified a training need the registered manager had been responsive and proactive in organising the appropriate training for staff.

Records showed staff had been supported by the organisation to achieve a range of qualifications in health and social care relevant to their roles. Staff told us they enjoyed their job and commented "We have lots of training," "My induction was very helpful, I learnt about the organisation and my role," "I have done dementia fulfilling lives training, It was very good, I learnt a lot," "I love my job, I have been here a long time but still enjoy the role and we're developing skills all the time," and "I enjoy caring for people." Relatives of people commented "People are looked after well," and "The care is good,"

Staff told us they received the support they needed, which included day to day engagement and communication with the staff team about their work during shift 'handovers' and from care plan records. Staff told us "We get help if we need it. We help each other," "I have supervision and have had an appraisal," and "We work as a team." We looked at records which showed that staff received regular formal one-to-one supervision and appraisal to monitor their performance, discuss training needs, aspects of the service and people's care needs.

The registered manager and other staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew what constituted restraint and knew that a person's deprivation of liberty must be legally authorised. Records showed staff had received MCA/DoLS training. Where DoLS decisions had been authorised we found that the necessary consideration and consultation had taken place. There were keypads on doors in the home. The numbers were recorded beside the key pad, so people with capacity were able to access exit and enter areas of the home if they wished.

MCA is legislation to protect people who are unable to make decisions for themselves. Staff we spoke with knew about people's rights to make decisions about their lives and recognised when a person lacked the capacity to make a specific decision people's families and others would be involved in making a decision in the person's best interest. For example records showed that a best interest decision about a person's personal care needs had been made with involvement of their relatives.

Each person had a health action plan that detailed their health needs. People had access to a range of health professionals including; GPs, opticians, dietitian, speech and language therapist, psychiatrists and chiropodists to make sure they received effective healthcare and treatment. The registered manager told us the provider has arrangements in place for a dietitian and a psychologist to see people and their relatives in the home once a week. Health professionals confirmed they regularly visited the home and staff listened to them and sought their advice and support with meeting people's health needs.

A GP visits the home regularly to review peoples' needs. Care plans showed a GP had been contacted when people had been unwell. For example records showed arrangements had been made for a person to see an out of

Good

Is the service effective?

ours GP when the person had symptoms of a urinary tract infection. Another person saw a GP on the first day they had become unwell. Referrals had been made by a GP to specialist health professionals when needed. A person using the service told us "I can see a doctor when I want to; there are no problems with that."

The accommodation was clean, bright and airy. A relative told us "It is clean and tidy." However, there were areas that were 'tired' looking. These included some bathrooms where we found paintwork and tiles were chipped. There was a large outdoor area accessible to people. We saw people spending time sitting outside in the garden. People told us they were happy with the layout of the home and liked their bedrooms. We saw people had personalised their bedrooms with photographs, pictures and other personal items. Picture signage indicated the use of some rooms including bathrooms. However, the names of the units were small and orientation was not easy as the units had similar layouts and there was a lack of clear signage to the stairs and reception.

We saw there had been some action taken to improve the environment for people who have dementia this included memory boxes, signage, pictures and displayed objects of reference including gardening tools and cricket bats. The registered manager told us a dementia care specialist had recently completed an assessment of the environment and further improvements including better signage would be implemented. The registered manager told us she had plans to visit another of the provider's care homes where the environment was beneficial for people who had dementia, so she could gain some ideas about improving the environment for people.

People had their nutritional and dietary needs assessed when they were admitted to the home, and these needs were incorporated into people's care plans and regularly reviewed. Records showed people who were at risk of malnutrition and/or dehydration had their weight and eating and drinking monitored closely. The chef knew about people's specific dietary needs, including those who required a soft or pureed diet. A dietitian provided advice and support to ensure people's nutritional needs were met. A nutritional audit had recently been carried out which had included observing meals, checking people were given choices and talking to people about the meals. Records showed action had been taken to make improvements.

We saw the menu was displayed in a unit. However, this menu was in written format so might not be accessible to people who due to their needs had difficulty reading. There were menus on the tables of another unit and a booklet with pictures of different foods, though this was not seen in use. We observed breakfast and/or lunch in the units. People were not rushed and were provided with support when this was needed. This assistance was provided in a friendly, calm manner. We saw a care worker sit beside the person they were assisting with their meal, they spoke with them about the food, and constantly reassured them throughout the meal. A person told us they were enjoying their cooked breakfast. The person had a choice of condiments including tomato sauce. Another person told us they had chosen their breakfast and received a second helping of cereal when they asked for it. Most people were unable to tell us what they thought of the meals but we saw the meals were presented well and people readily ate their meal. Relatives of people were complimentary about the meals and told us people had a choice of what to eat and drink. Comments from relatives included "The food is good, I see what they give [Person], "and "The food is nice." We heard care workers offering people drinks and snacks including sandwiches. The home had recently introduced 'snack tables' so people could help themselves to snacks. A person told us she was "Very happy with the service, food and choice of food." Another person said the food was "Not bad, but monotonous."

A relative of a person told us that sometimes at meal times the staff were "Rushing around." Another relative said staff during mealtimes "Were a bit pushed. That's why I come at lunchtime to help." The regional director spoke of plans to stagger meals so those who need help would have their meal first. The registered manager told us that all available staff including management staff now provided help during meal times because of the significant number of people requiring some support with their meals. A relative of a person assisted their family member with their breakfast. They told us they were happy to do this. Another relative said that they found assisting a person with their meals was "Meaningful interaction."

Records showed people were regularly asked for feedback about the meals Records showed people's feedback had been responded to. For example a person had complained their portions were too small and another person had requested vegetarian Kosher meals. These requests had been addressed.

Good

Is the service caring?

Our findings

People told us staff treated them well. A person said "Yes" when we asked them if staff were kind. Another person told us "They're nice people."

Relatives told us they were happy with the care provided and spoke in a positive manner about the staff. Comments from relatives of people included; "[Person] interacts well with staff, I can't tell you how much I admire the staff here," "They are good here," "I am extremely happy with the carers. They are so good with people and some are particularly good," and "The staff have the patience of Saints," "The nursing staff look after them [people] very well'" "I visit at different times of the day and always find that staff treat people as individuals not numbers."

We saw people were supported in a respectful and kind manner by staff. We saw several examples of staff showing understanding of people's varied and sometimes complex needs. For example, when staff helped people with their meals this was carried out in an understanding and considerate way. A care worker responded calmly when a person using the service with behaviour needs poured a glass of juice over the care worker's head when they bent over to assist the person. Staff provided people with assistance in a sensitive way. We observed a person ask to be assisted to the toilet. This was responded to promptly by staff who used appropriate equipment to ensure the person moved safely to the bathroom. We saw that people showed signs of well-being; they smiled and engaged with staff in a positive manner. However, we observed and some records showed that a number of staff actions were task orientated rather than it being evident that people were taking a lead in their care. For example, we observed a care worker who was only seen engaging with people using the service when offering drinks. The rest of the time the care worker was observing people from a distance or checking care files on the computer. Although we saw some one-to-one engagement between people and staff most staff were busy carrying out day to day tasks and routines such as serving meals. A relative of a person told us "The only thing I find lacking is anyone sitting with [Person] and just chatting. They haven't got the time."

There was a system in place where there was a nominated 'resident of the day' who had the opportunity to take part in special activities of their choice. A member of staff told us "The resident of the day scheme is working well." People were supported to maintain relationships with family and friends. Relatives of people told they were always made to feel welcome and visited at varied times of the day or evening. We saw staff engaging with visitors in a respectful manner. Staff spoke of their keyworker role in supporting people and communicating with their relatives. A care worker provided us with examples of the discussions they had had with a person's relative about the person's needs. A relative told us "[Person's] keyworker is fantastic, so caring and concerned." Relatives of people confirmed they were kept informed about their family member's progress and of any changes in the person's needs. Relatives confirmed that staff knew people well.

Care plans included detailed information and guidance about respecting people's privacy and dignity. We saw staff understood and promoted people's privacy. They knocked on people's bedroom doors and waited for the person to respond before entering. Bedroom and bathroom doors were closed when staff supported people with their personal care needs. People had the opportunity to access 'quiet' rooms if they didn't want to spend time in their room or other communal areas. People's paper and computer records were stored securely, and there were policies and procedures to protect people's confidentiality.

We saw people spent time in their bedrooms and/or the lounges. A person told us that they liked spending time in their bedroom. A member of staff told us about how they communicated with people who were unable to say what they wanted. They told us they observed people's facial expressions and said "You learn what people want when you get to know them. I show people things to help them decide what they want." The member of staff provided us with an example of them having shown a person a picture shopping catalogue to assist them in making a decision about the purchase of an item.

Care plans and risk assessments showed people were supported to retain as much of their independence as possible by encouraging and supporting people to participate in their personal care, and by providing people with mobility aids such as walking frames and wheelchairs so they could maintain their freedom of movement. We saw people using walking frames as they walked within the home.

People needing end of life care had appropriate individual plans of care which included clear guidance to follow when the person's condition changed. These care plans were

Good

Is the service caring?

reviewed with the person and family members regularly. A relative of a person told us they had discussed with staff the person's end of life plan and had been supported by staff in the decision that the person be cared for in the home rather than be admitted to hospital when dying. The relative told us "People are treated with dignity and respect when dying."

Staff recognised the importance of recognising and respecting people's religious, cultural and other beliefs. They had knowledge and understanding of the equality and diversity policy. A member of staff commented "People who use the service always come first." People received specific meals which met their religious needs. Staff spoke a range of languages that met the needs of people using the service. Records showed a person had recently attended a place of worship and people told us representatives of faiths regularly visited the home to support people with their spiritual needs. People's birthdays and religious festivals were celebrated in the home.

Good

Is the service responsive?

Our findings

Relatives spoke positively of the care provided by staff and told us they were fully involved in people's care. Comments from people's relatives included "It is shared care here, they tell me everything about [Person], I have so much trust in them [staff]," "I feel very involved. They listen to my suggestions about [Person's] care and know him very well," "They know people well and know the signs of when they are unwell," "They [staff] are very good they listen to the family," "Staff approach us when we visit and tell us about [Person]," "They phone me and tell me about [Person] and any changes," and "The staff all know what is happening and they keep me well informed about any changes to do with [Person].

People and relatives told us they had been asked questions about people's needs before the person moved into the home. Records demonstrated this and showed comprehensive assessments of people's needs were carried out with involvement from the person, and when applicable their relatives. These assessments included information about a range of each person's needs including; health, social, care, mobility, medical, religious and communication needs. These needs and guidance to meet those needs were included in people's care plans.

People's current care plans were in electronic format, which were accessible to care workers and nursing staff. There were also care and health information about people written by some visiting health professionals on paper format.

People's care plans recorded people's choices and preferred routines, such as times they wanted to go to bed and get up. For example we saw from a person's care plan their preference for going to bed at 10-11pm was acknowledged and supported by staff. Another person also went to bed late at their request and got up when they wanted. However, some electronic records indicated some people got up very early. These records showed that when a person woke early [4-5am] they were 'washed and dressed early morning'. It was not clear from the electronic records that the person actually got up and dressed on occasions between 4-5am or whether that was when the records were written. Also, some people's night care plans were not very clear about people's night needs and preferences, particularly those people who were unable to say what time they wanted to get up and go to bed. This was discussed with the registered manager and regional director. The regional director carried out an early morning visit on the second day of our inspection and told us he found that there were no people up at 5am and those who got up after this time had informed him they were happy to do so. He and the registered manager told us people's night care plans would be reviewed and improvements made if needed. The registered manager told us and records showed she regularly carried out night visits. The registered manager told us she had plans to carry out an early morning visit with the regional director to check people were receiving a good service. A feedback survey showed that most people said they could choose when to get up and go to bed.

People's care plans were reviewed at least monthly and included individual guidance about the support and care people needed to meet people's individual needs and how to minimise any identified risks including falls and pressure ulcers. We saw that pressure relieving equipment was available to people when needed. Care plans we looked at included detailed step by step guidance for staff to follow to meet peoples' individual needs. A care plan of a person with a specific medical need showed there was detailed guidance for staff to follow to meet this person's need. Another person's care plan included specific guidance for staff to follow to support a person who became confused at times.

Staff told us they were responsive to people's individual needs. A care worker told us they always reported to the nurse in charge and care staff when people's needs changed. They gave us an example of updating a person's care plan when their mobility needs altered. They told us they discussed people's needs in handover meetings at least once during each working shift and wrote records of people's progress, activities and any changes each day. Records confirmed this. However, we found in person's care records there were occasions when the gender of a person was referred to incorrectly.

Relatives of people told us they were kept well informed about people's needs and were fully involved in discussing and reviewing people's needs. We heard a nurse discussing a time to meet with a person's relative to review the person's plan of care. Staff told us they discussed each person's needs and progress during each shift so they knew how to provide people with the care they needed. A relative told us "They keep me informed."

Good

Is the service responsive?

During our visit we saw staff took time to listen to people and supported them to make choices. We heard staff asking people offering people a choice of drinks and whether they wanted a drink before giving them one. Another member of staff asked a person if they wanted to join in an activity and respected their decision when they indicated they did not want to.

Two staff were employed as activity co-ordinators. The registered manager told us they had recently completed 'meaningful activities' training, which had included a focus on activities for people with dementia. She told us that this training had been "Hugely beneficial" for the staff. There was an activities timetable displayed in the units of the home. We noted it was in written and picture format but was in small print so it might be difficult to read and understand by people with visual sensory needs. Activities included writing and drawing, pamper day, cake mixing, entertainment from a visiting singer, exercises, general knowledge, gardening, visiting pets and walks outside. Some one-to-one activities took place. However, a person told us they would like to have the opportunity to participate in more one-to-one activities. People including relatives of people spoke in a positive manner of the activities arranged by the home. A relative of a person confirmed they had been asked about a person's activity preferences as the person was unable to communicate these them self.

On the day of our visit we saw activity co-ordinators spending time asking people what they wanted to do, organising and encouraging people to take part in a variety of activities of their choice and respected people's decision if they chose not to. Activities included singing and cake making. People also spent time in the garden. A hairdresser visited during the inspection and did several people's hair. Records showed people took part in community activities which included trips out to a local garden centre, local lido, and other places. A summer garden party had been planned.

The complaints policy was displayed. A suggestion box was located in the reception area so people had the opportunity to suggest improvements to the service. Staff knew they needed to report all complaints to the registered manager. People told us that they felt comfortable raising complaints and felt confident that they would be addressed appropriately. Relatives of people told us "If I have anything to say they take it on board," "Even when I complain they are fantastic and address issues," "We have raised issues and they have been addressed," "I have no complaints," "If I had any complaints I would say." Records showed appropriate action had been taken to address complaints.

The registered manager told us she had an 'open door policy' and spent time 'out and about' within the home during each shift speaking with people about the service and asking if they had any concerns. This was confirmed during the inspection. Records showed complaints had been addressed appropriately. A relative of a person told us they had raised issues with the registered manager and they had all been addressed promptly and appropriately.

Good

Is the service well-led?

Our findings

People's relatives spoke well of the registered manager and the service provided to people. Comments from relatives included "This place has been a beacon of light in a dark tunnel, It has been a life saver for us," "This is one of the best places I've experienced," "The manager is very responsive," and "[Manager] is very approachable, I can see her anytime,"

The management structure in the home provided clear lines of responsibility and accountability. The registered manager managed the home with support from a deputy manager and regional director. The regional director told us he visited the home once a week at different times of the day and night and always spent time in each unit as part of the process of monitoring the service. He told us he also carried out formal provider visits to check the quality of the service and following these visits the registered manager completed an action plan of improvements when this was found to be needed.

Staff members had job descriptions which identified their role and who they were responsible to. They told us they worked well as a team, and spoke about the registered manager in a positive manner. Staff commented "We can talk to her [registered manager] at any time," and "Service users and ourselves [staff] are very well treated, It's a homely atmosphere."

Records showed the home worked well with partners such as health and social care professionals to provide people with the service they required. The local Clinical Commissioning Group [CCG], NHS trust nursing team, social workers and the local authority, had regular contact with the home. The registered manager told us she contacted the CCG if she needed advice. Health professionals were positive about the home and the working relationship they had with the service in providing people with the care and treatment they needed. They told us people were treated with respect and dignity and that staff listened to advice, but on occasions some staff had needed to be reminded of it. Records showed action had been taken to make improvements to the service following a visit from a local authority.

Systems were in place to obtain the views of staff. Staff meetings were held on a regular basis. Staff told us these meetings were an opportunity to discuss a range of areas of the service including people's care needs, training requirements and general working practices including good practice. Records showed dementia, health and safety, dignity in care and fire safety had been discussed during recent staff meetings. Staff told us they found the meetings were helpful and they had no hesitation in raising issues, which were listened to and addressed appropriately. Staff told us "I can bring up concerns in my supervision meetings," and "I am happy to raise issues,

concerns and suggestions and they are addressed."

Systems were in place to obtain the views of people. The registered manager told us people had the opportunity annually to complete satisfaction surveys and feedback was now regularly being obtained from people's families via telephone. Relatives spoke about regularly attending meetings and of being comfortable raising issues, which they confirmed were taken seriously by the registered manager and addressed appropriately. Records showed people's feedback had been responded to. For example a relative had raised an issue of vegetables being 'boiled to death' and this had been addressed. Also some relatives had complained about there not being enough outings for people. The service had employed another activity co-ordinator to address the issue and to enable more people with mobility needs to take part in community based activities.

A relative told us "I am very happy with the care. They are very approachable. Anything you want done, you bring it to their attention and it's done."

Relatives told us about the significant support they received from the home's 'Friends of Woodland Hall' group' that met monthly. A relative told us they found the group very supportive and a useful forum for discussion about the service. Relatives commented "We are always heard, It is open door I can speak with the manager at any time. We have talked about changes to the service," and We get told what is going on."

Up to date policies and procedures about the service were in place. These provided staff with information about the service and guidance on what they can and cannot do to provide people with the service they needed and to keep them safe. The registered manager said there was a system in place to enable staff to access these policies at home as well as within the service.

Good

Is the service well-led?

There were quality assurance systems to monitor the service and to make improvements when required. Regular audits included checks of equipment, kitchen safety, care plans, people's nutritional needs, falls, infection control, pressure care, complaints, environment, staff recruitment records, staff training needs and medicines were carried out. Action was taken to address any shortfalls in the service and to make improvements when required. We saw a recent service improvement plan had been completed.