

Colten Care (1693) Limited

Woodpeckers

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Woodpeckers provides accommodation for people who require nursing or personal care for up to 41 older people some of whom may be living with dementia. There were 31 people living at the home at the time of this inspection. Accommodation at the home is provided over three floors.

There are large gardens and patio area's which provide a safe and secure private leisure area for people living at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

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

People felt safe living at Woodpeckers and they were very much at the heart of the service. We received consistent positive feedback from people, their families and health professionals. People received excellent care that was based around their individual needs and that ensured care was personalised and responsive.

Staff working at Woodpeckers understood the needs of people using the service and supported people in an exceptionally personalised way. Staff knew people well and we saw that care was provided respectfully and sensitively, taking into account people's different needs. The impact this had on people was outstanding and had resulted in people living an active life with choice evident throughout.

The home developed and promoted community involvement within the home. They hosted a Winter Wonderland event which people were involved in and had made products to sell and raise money for the charity of their choice. People, their families and staff took part in the local carnival procession. The home had built strong links with the local primary school and children visited the home weekly and worked with people through a buddy system.

The provider employed an Admiral Nurse to support staff, people and their families living with dementia. The service recognised and responded to people's needs for social interaction and mental stimulation. The registered manager also promoted community involvement and supported a student from a special needs school with work experience, where one person especially enjoyed the interaction.

People were cared for by a motivated and well trained staff team, who always put people first. Staff had the specialist knowledge and skills required to meet people's needs. Staff were encouraged to develop their careers and increase their skill set.

The home was responsive to people's needs and wishes. People were able to choose what activities they took part in and suggest other activities they would like to complete.

Relevant recruitment checks were conducted before staff started working at Woodpeckers to make sure

they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe. People involved in the recruitment process and had an input in staff employed at the home.

People received a high standard of care because staff were led by an experienced and proactive registered manager. The provider continued to seek to improve people's care and treatment by working in partnership with other health providers to implement best practice.

Staff worked closely with the local college supporting new students into care which benefited the college and people at the home.

Regular governance meetings were held which promoted strong leadership of continuing improving and continually learning to improve quality of care.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

People received varied meals including a choice of fresh food and drinks. Mealtimes were positive and sociable experiences. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu choice of the day.

Creative ways had been introduced to encourage eating for people who were nutritionally at risk in the shape of smoothies and savoury cereal bars. People were listened to for meal preferences and as a result a winter menu was brought in with an extra hot meal in the evening and people chose different guest ice creams and were imaginative in their ideas.

A nutrition folder had been introduced with the guidance of the NHS professionals in dietetics. The provider worked in partnership with other health organisations and were involved in a pilot on National Early Warning Score to identify early warning signs of deterioration in people.

Staff received regular support and received regular one to one sessions of supervision to discuss areas of development. New staff completed an induction programme before being permitted to work unsupervised.

People felt they were treated with kindness and said their privacy and dignity was respected. Staff had an understanding of the Mental Capacity Act (MCA) and were clear that people had the right to make their own choices. Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The home maintained a good level of communication with people through a range of newsletters and meetings. 'Residents meetings' and surveys allowed people and their families to provide feedback, which was used to improve the service. People felt listened to and a complaints procedure was in place.

Regular audits of the service were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place.

At the last inspection in October 2015 the service was rated good. At this inspection we found the service

was outstanding.

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 remains good.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns. Recruiting practices were safe.

Risks to people's welfare were identified and plans put in place to minimise the risks.

Staffing levels were sufficient to meet people's needs. Staff were trained and assessed as competent to support people with medicines.

The service thoroughly reviewed incident's and lessons were learnt and shared with staff for continuous learning and to keep people safe.

Is the service effective?

Outstanding ☆

The service is now rated as outstanding.

Staff had the specialist knowledge and skills required to meet people's needs. Staff received on-going training and development to deliver exceptional care. People were involved in the recruitment of new staff and had a say in new staff working at the home.

Staff received appropriate training and one to one supervisions. Nurses were supported to develop their knowledge and keep up to date with clinical practice. Staff had access to support from a specialist Admiral dementia nurse.

Mealtimes were positive and sociable experiences. A nutrition folder had been introduced with the guidance of the NHS professionals in dietetics.

The provider worked in partnership with other health organisations and were involved in a pilot on National Early Warning Score to identify early warning signs of deterioration in people.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good ●

The service remains good.

People and relatives were positive about the way staff treated them with kindness and compassion.

People were treated with dignity and respect. People's privacy was respected at all times. People and their families were involved in planning the care and support they received.

The atmosphere throughout the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated a depth of knowledge and understanding of their individual needs.

Is the service responsive?

Outstanding ☆

The service is now rated as outstanding.

The home recognised and responded to people's changing needs, including needs for social interaction and stimulation. The management of the home developed and promoted community involvement within the home.

Innovative ways of involving people were used so that people were the heart of the service. People were involved in a winter wonderland themed event and a local primary school visited the home once a week.

Care plans provided comprehensive information to guide staff and were reviewed regularly.

People had access to a range of activities which they could choose to attend. People's views about the home were listened to. A complaints procedure was in place.

Is the service well-led?

Outstanding ☆

The service is now rated as outstanding.

People and their families spoke extremely highly of the registered manager and felt the home was well run and management were approachable and supportive.

There was an open and transparent culture within the home.

Staff felt supported through regular meetings and feedback. The registered manager promoted a strong leadership of continuing improving and learning to improve quality of care.

The provider promoted best practice and staff were encouraged to develop their careers and increase their skill set. They had robust quality monitoring arrangements through which they continually reviewed, and evaluated to improve the quality of care for people.

There were systems in place to monitor the quality and safety of the service provided. There were robust governance systems in place to ensure the safety and welfare of people.

Woodpeckers

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.

Woodpeckers is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Woodpeckers accommodates 41 people in one adapted building. Accommodation at the home is provided over three floors, which can be accessed using stairs or passenger lifts. There are large gardens and patio area's which provide a safe and secure private leisure area for people living at the home.

This comprehensive inspection took place on 22 and 27 November 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor in the care of older people living with dementia 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 kind of service.

We spoke with six people who used the service and nine relatives, and a visiting college assessor. We also spoke with the registered manager, provider's quality manager, provider's clinical manager, provider's operation manager, Colten companion, chef, maintenance manager, Admiral Nurse, five registered nurses, two domestic staff and three care staff. We looked at a range of records which included the care records for five people, medicines records and recruitment records for five care workers. We looked at a range of records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection we also received feedback from three external healthcare professionals and a local primary school teacher.

We last inspected the home in October 2015 where no concerns were found. The home was rated as good in

all domains.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us, "It is like one big family, friendly relaxed but secure". A family member said, "I feel mum is safe. I feel confident when I leave that mum is treated the same as when I am here. Sometimes when I am out of sight and staff can't see me they treat mum the same as when they know I am here". Another family member told us, "The care is so good, I can't believe it. It is so kind and consistent; I have never heard a raised voice. It is lovely to think that he is safe. There is twenty four seven cover by the nurses".

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The registered manager told us people had regular meetings with staff where they would be able to raise any concerns. A safeguarding policy was in place and support staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "If concerned I would inform my line manager straight away. If I felt I couldn't talk to them I would contact safeguarding direct. We have a whistle blowing policy in place". Another staff member said, "If concerns will speak to nurse in charge on duty or manager and they will look at problem. If they don't make a decision I can call a number with concerns".

Robust recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service.

There were sufficient staff to meet people's care needs. A family member said, "Lots of staff, if you press the buzzer (call bell) someone will come". Another family member told us, they felt there were enough staff and said, "When [person] presses her button (call bell) they [staff] are always there". Staff rotas were planned in advance and reflected the target staffing ratio we observed during the inspection. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. Absence and sickness were covered by permanent staff working additional hours. This meant people were cared for by staff who knew them and understood their needs.

People were supported to receive their medicines safely. A family member told us, "Mum used to be a nurse; with her medicines they treat her appropriately and will tell her exactly what they are". Care plans included

specific information to direct care staff as to how people should be supported with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and assessed as competent to administer medicines. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

For people who were prescribed medicines 'as and when required' there was clear guidance in place when these should be administered, for example, if they required pain relief. This meant staff had access to information to assist them in their decision making about when such medicines could be used. The home was holding medicines that required stricter controls called controlled drugs. A spot check of these drugs showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given in line with current legislation.

The registered manager told us the service worked well with other health professional to ensure regular reviews of peoples medicines. A health professional told us, "They are always cautious regarding medication and ask me if they have any queries". For people going into hospital or another care setting the provider completed a transfer and discharge assessment form to go with the person as well as a copy of their MAR chart. This helped to ensure a smooth transition and handover of the person's medicines.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risk of harm. Staff understood people's risk assessments which were monitored and reviewed monthly. These included environmental risks and any risks due to health and the support needs of the person. Risk assessments were also available for moving and handling, use of equipment, medicines, and falls. Care plans contained detailed risk assessments. For example, we observed one person being assisted in a wheelchair; the person crossed their legs which then were not supported by the footrests. Every time the person's feet came away from the footrest the staff member stopped, encouraged the person to relax and uncross their legs so that they could be placed back on the footrests. This demonstrated that the staff are aware of the risks while moving people and took time to reposition people in a safe position.

The service acted in an open and transparent way and shared lessons from learning to make sure people were safe and improvements were implemented. We spoke with the provider's clinical manager, who told us about systems in place to keep people safe. For example, if there is an accident or near miss staff complete a form which is then updated onto on a live system within 24 hours. They said, "This enables me to see what measures have been put in place, if safeguarding need to be informed and any advice I can offer. We then have a significant event analysis which could be for a near miss or medicines error". They told us, "Don't proportion blame, but to see how we can as a team learn from it. Look at everyone's actions to see if we could have done more". If a more serious incident occurred then the service would complete a post event analysis to help understand what happened and why. This is to enable learning and to prevent it from happening again. They told us, "If a more serious event, would want an external person in to investigate and to see if we could have done something better. This would then be shared at managers meetings across the homes and plans put in place for prevention".

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency situation.

The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. We spoke with the infection control lead who told us, "I make sure all staff are using the right personal protective equipment (PPE) when providing personal care. I have supervisions with staff if not providing correctly". They also said, "I complete monthly hand hygiene audits on staff and every six months we have an infection control audit for the whole house".

Is the service effective?

Our findings

People who lived in the home were extremely positive about the care and support they received. One person told us, "They [staff] are very good. If you say I'm feeling ill they help you". Another person said, "I was lucky to come here, it is lovely, very, very nice. My bedroom is pleasant". A family member told us, "I have never had any problems with the staff". A health professional told us, "The care workers that I have met, appear to have the qualities and skills required to deliver effective care and manage risks safely and effectively".

People told us they really liked the food and were able to make choices about what they had to eat. One person told us, "The food is good; I sing the praises of the cook and his staff. There are options and one can eat outside of the meal times". Another person said, "The food is very, very good". Other comments included, "I would like to commend the chef, and he is very good". A family member told us, "Chefs are nice, nice menu everyday".

Staff made mealtimes a positive and sociable experience for people and understood the importance of people's meal time experience. The interaction between staff and people was excellent, conversation was flowing well. We observed one person enter the dining area for their lunch and we heard a staff member tell them, "[resident name] it is too early for lunch, why don't you come and sit in here". The person was shown to the lounge area where people were discussing the morning's activities and they were encouraged to join in.

People were effectively supported to eat and drink enough to meet their needs. Each person had a detailed eating and drinking support plan based on their requirements and preferences. Staff we spoke with had a good knowledge of people's support needs and provided people with different food options. Staff were attentive to people, offering them additional portions and encouragement to eat. We overheard one person being asked if they wanted their meat cut up, they declined the offer and were able to manage by themselves. This demonstrates that although staff are available and willing to help they allow residents to maintain their independence whenever possible.

There was a choice of three meal options and one vegetarian option. This also included a choice of vegetables and three different choices of dessert. If people did not want the choice on the menu they could choose an alternative. The food looked appetising and people were offered what size portion meal they prefer. This meant people with smaller appetites were not confronted with a big meal which often puts them off eating. The chef came out and spoke to residents not only to gain feedback on the meal but they also spoke socially to residents and showed they knew them well and that this was a regular occurrence. New people to the home were assessed and seen by the chef within twenty four hours of their admission, where subjects such as food preferences and portion size are discussed and recorded.

Staff were all aware of people's dietary needs and preferences. People's needs and preferences were also clearly recorded in their care plans. The chef was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food. The chef told us, they had recently introduced new winter menus with an extra choice in the evening of a main meal so people could

chose to have their main meal at lunch or dinner or at both meal times. They told us this was as a result from feedback from people living at Woodpeckers.

People were fully involved with food choices and individual preferences. For example, the registered manager told us, "One of the residents said about how they liked ice cream sundaes. Then one of the residents came up with the idea of guest ice creams and they get to choose the flavours and have been really creative". At the time of our inspection the guest ice cream was 'blood orange sorbet'.

Creative ways had been introduced to encourage eating for people who were nutritionally at risk. The provider had just introduced a new smoothie menu with different types to choose from. These varied with healthy options which were mainly fruit based smoothies that contained higher calorie intake with ice cream and cream added. The registered manager told us about one person who was in need of extra calories but didn't like the smoothies on the menu as they were all sweet or milky. In cooperation with the chef they came up with a way to make them attractive to the person to encourage eating. The result was a savoury version and savoury food bar which they then enjoyed.

The provider recently produced a Nutrition folder with the guidance of NHS professionals in dietetics. The Nutrition document covers principles of nutrition, the most effective means of introducing high-calorie foods to those in need of increasing their weight, including calorie counts. There is a section on the importance of high protein, high zinc and high Vitamin C in wound healing. Food intolerances were written about as well as a section on food requirements based on culture, for example, Kosher. This meant that people who were nutritionally at risk were effectively managed and monitored and records showed that professional advice was sought promptly in the event of sudden or unexplained weight loss. Records we saw showed people who were at risk of malnutrition had maintained a healthy weight.

Records showed that people were supported to have access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP, chiropody, optician, dentist, physiotherapist, occupational therapist and Parkinson nurse specialist. A family member told us, "Coped well with medical conditions I'm kept in touch. Looked after me as well and pointing me in the right direction".

The service worked in partnership with other health organisations and were involved in a pilot with the local clinical commissioning group called 'NEWS' National Early Warning Score in care and nursing homes to identify a physical deterioration in people and to detect early warning signs. All senior nurses had attended a study day on how to use the tool in line with best practice. This meant nurses observation skills and responses times were improved resulting in decisions for emergency services being appropriate and working closely with the NHS to reduce inappropriate referrals.

A health professional told us, "If they have any concerns about one of my patients they will ring and update me. When I am visiting, I always get a very thorough handover". Another health professional said, "From what I have witnessed, residents are supported to maintain good health".

Staff told us they had received training in relation to the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were able to demonstrate understanding of the main principles of the MCA and how these related to people using the service. For example a member of staff told us, "MCA training completed. Everyone has the right of choice". We saw a

person's care records which showed a capacity assessment had been completed in relation to their individual needs assessment for care and support as they were unable to retain information.

Before providing care, staff sought verbal consent from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person. A health professional told us, "The home does take into account residents mental capacity and consent and will seek support from me in the area".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had produced a small information leaflet called, 'Communicating Kindness, How we make decisions on a resident's behalf'. This contained information about what the 'lack of capacity meant, and also explained the process in respect of DoLS.

People were supported by staff who had supervisions (one to one meeting) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they may have. One staff member told us, "Supervisions are regular and I feel supported. If I have any questions I can go to the nurses and they are very happy to explain to me". A registered nurse told us, "Supervision should not become an exercise in ticking boxes, but rather be based on quality". The registered manager told us, "I read appraisals to find what staff want to do. From an appraisal [staff members name] was interested in activities. So when a role become available they were able to move across into that role".

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as clinical training of nursing staff, medicines, manual handling, equality and diversity, infection control, health and safety, safeguarding adults, fire safety, end of life, nutrition and hydration, dignity and respect, and first aid. In addition, a high proportion of staff had completed or were undertaking vocational qualifications in Health and Social Care. One staff member told us, "Training good always ongoing training". Another staff member told us, "[staff members name] Admiral Nurse here if need to ask anything".

Nursing staff were also supported to develop their knowledge and skills to keep up to date with their clinical practice for the Nursing and Midwifery Council (NMC) re-validation. The provider supports every registered nurse with an individual Nursing Times on-line subscription to maintain and develop their clinical knowledge and skills and as a platform to record their continuing professional development portfolio. The on-line training accessed by registered nurses can be monitored by the registered manager. Registered nurses can also access iPads at work provided for their training needs. The Registered Nurses have their NMC annual registration fees paid by the provider, and the provider provides their indemnity insurance, a requirement of practice.

Senior registered nurses were involved in providing mini teaching sessions to staff which is tailored to people's individual needs. For example, training on thickeners for food and fluids. Part of the policy on providing thickeners included a positive risk assessment, to ensure the powder was stored safely and in the appropriate place which was demonstrated in people's rooms we visited. Similar training was also available for food supplements. The service also used a variety of guest speakers in response to staff interest.

People were involved in the staff recruitment process. We spoke to one person who was involved in a committee as a result they were often involved in the process of interviewing potential new staff for

Woodpeckers. They told us, about their experiences being part of the interview panel. They said, "I interview new members of staff. I enjoyed the experience. I have an input that is relevant". The person also told us, "It was a positive experience that he contributed to". This meant people were supported to have an influence on the outcome of new staff working at the home.

New staff to Woodpeckers completed a comprehensive induction programme and staff were required to complete a workbook, similar to the principles of the care certificate, which needed to be signed off by a senior member of staff. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. One staff member said, "All the training helps us. If you have any worries or concerns you can always go and ask".

The registered provider had appointed an Admiral Nurse to work across the specialist dementia homes. Admiral Nurses are specialist dementia care nurses who give practical, clinical and emotional support to families who have relatives living with dementia. Even though Woodpeckers was not a specialist dementia home, some people living at Woodpeckers may be living with early dementia. This meant the Admiral Nurse visited the home when needed to offer support and advice to staff and families. They told us, "I know if staff get in contact with me there is a genuine need and staff have tried everything. Very open and respectful to changes and suggestions". They told us about how they had worked with staff at the home recently to improve one person's wellbeing. They said, "[Person] began to get really anxious in the mornings thinking someone had taken her belongings. We sat with her and put a list of all her clothing on the wardrobe door, so if getting anxious can look at the list. As they were pointing out items that were still at their old home. They are a different person now and a lot happier".

The registered provider was working in partnership with other organisations to make sure they were training staff to follow best practice. The Admiral Nurse was appointed in collaboration with Dementia UK, who oversee their ongoing training and professional development. They also worked alongside the National Training Centre England.

The registered manager explained that Woodpeckers was not a specialist dementia home, so when people with dementia reached a stage where Woodpeckers was no longer safe for them or others living at Woodpeckers, they could be moved to a home in the same group. They said, "The resident would get a room at the new home that was decorated similarly to their existing room. A member of the care team that they knew would accompany them to the new home for a few days to smooth their transition".

The provider worked closely with the local college and built a good working relationship which benefitted the college as well as people living at the home. We spoke with an assessor from the college during our inspection. They said, "Students come in for work experience, we use this home as we know they will see quality care. We need to have reliable settings where students are inspired and that what they learn at college matches what the student sees in the work place". They also told us, "Been really happy with Colten care. All the students enjoy coming here and feel part of a team, so really involved. We are really, really happy had no concerns. Observed high quality care and a great atmosphere. Staff really friendly and welcoming". Staff from the home also visited the college to talk to students about what it means to be a carer and what the role entailed.

The environment had been decorated and accessorised to provide a positive and suitable environment for people who lived there. The main rear garden provided a secure and tranquil area with a walkway encircling a woodland walk which comprised a woodland path made from a non-slip rubberised compound that is soft. There were many seated areas placed in the gardens for people and their families to choose from and enjoy the surroundings. At the time of our inspection the home was being decorated with Christmas

decorations for the Winter-Wonderland event. The home provided a meeting place for families where people can entertain their families and friends to a meal or party. One staff member told us, "Woodpeckers feels like it's someone's home and not a work place".

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "There are lots of nice people (both residents and staff) here". We asked one person what they liked most about living here, they told us, "I can go to bed and get up when I like. When I have not been very well the staff are calm and kind. There is nothing that I would change". A family member told us, "All of the staff make eye contact and speak to all the residents by name. I've been really impressed by them". Another family member said, "Staff really brilliant, patient, friendly, smiling really great. Not any staff I would avoid or dislike. All patient and very efficient". Other comments included, "I've never heard any staff be the slightest impatient to residents. Nothing ever too much trouble never made to feel a nuisance". As well as, "I have never had a problem with the staff here; the receptionist is always very helpful".

Health professionals felt people were cared for with kindness from all of the staff. One health professional told us, "The staff interact compassionately with residents, with loving kindness and of course a sense of humour. The residents appear happy and content". Another health professional said, "I feel the staff at Woodpeckers are very smiley and interact very well with residents". Other comments included, "I have always felt that my patients have been very well cared for".

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. A staff member told us, "I do enjoy working here. Looking after the residents and making sure they are happy with the care received". Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. A family member told us, "They know my mother as an individual not just a resident, impressive".

When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received. Staff informed us that people were fully involved in their care plans, and made sure they were happy with the care plan. We saw that people's care plans contained detailed information about their life histories to assist staff in understanding their background and what might be important to them.

People's families told us the home was homely and they were always made to feel welcome. One family member told us, "I always feel welcome". Another family member said, "It's fantastic I feel supported. Always accommodate me always made to feel welcome". A third family member told us, "I can come and go when I want to, very flexible, plenty of staff. I can take mum out when I want". A health professional told us, "I am always made to feel very welcome. Staff are all very friendly. They have good knowledge about their residents and communicate well with families".

We spoke to the Admiral Nurse, who was incredibly enthusiastic about their role and those she works with. They told us they tailored her hours according to the need. For example, recently they had a person with two daughters, one who lived in Switzerland. They wanted to meet with the Admiral Nurse. The daughter travelling over would only be available for one day on a Sunday; she met them on that day.

Staff respected people's privacy and dignity. We observed care was offered discreetly in order to maintain personal dignity. People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms or in bathrooms around the home. Staff knocked on doors and waited for a response before entering people's rooms. One staff member told us, "We have a card that goes on the door if providing personal care saying not to disturb, or knock if you need to". Another staff member said, "Knock on door to get permission. If doing personal care shut the door behind me".

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured people's care and treatment could not be overheard. The service had links with a local advocacy service and details were provided in the reception area of the home.

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. One person told us, "The home has an adaptable, flexible system that fits around us and a family atmosphere". A family member said, "All the staff take responsibility, take on concerns and get back to me. Even junior staff really impressive". Another family member said, "All staff interested in what they are doing. All trying to think of ways to make things better". Other comments included, "Communication good, ask if anything we could do". As well as, "Find it very good, in fact excellent; most impressed with it feeling of a family". A health professional told us, "Woodpeckers does deliver high quality care: when I visit the home, there is a calm relaxed atmosphere, residents are happy".

People and staff were preparing for a Winter-Wonderland event. This event involved people, their families and the local community. The garden was decorated with 5,000 fairy lights and an area made into a Santa's grotto for local children attending. Live music was planned and food and drink made available for guests. People had been busy making gifts to sell. These included tea light lanterns, decoupage stars and hearts, bath bombs, hand warmers, and jars of mincemeat and onion chutney. All funds raised go to a local charity that the people have chosen. The registered manager told us, "When we asked the residents if they wanted to sell craft products, they said, we want to be useful". People were looking forward to this event and one person told us they were looking forward to seeing the children coming in tomorrow.

Part of the preparation involved making snowflakes for Christmas decorations. They were assisted by a Colten companion and a student from the local college doing work experience for a Health and Social Care qualification. Later in the morning a Colten Companion was showing off the mornings work and getting the opinions of residents about where to hang the snowflakes. There was a debate about where they should go which included people who were not involved in the activity. This demonstrated that the views of all the people were sought when decorating the care home. A family member told us, "I find it difficult to visit [person] because every time I come here she is busy doing something and I don't want to interrupt her enjoyment. However, today I decided to join in". The family member had joined in the snowflake making activity; demonstrating staff had created an inclusive environment.

It was evident during our inspection that the culture in the home centres on the people living there. One of the market stalls at the winter wonderland, were homemade jars of mincemeat. We observed people involved in an activity in the morning were, bottling and labelling mincemeat. One of the Colten companions could see one of the people usually in the group was absent. They decided to save some jars for them to label later, so they would still be involved in the activity.

The service recognised and responded to people's needs for social interaction and mental stimulation. The service had built strong community links with the local primary school. A group of children visited the home once a week. The idea is that one week the people teach the child something, the next week the child teach the people something. The Registered Manager told us, "[person] did not want to be involved but watched. The following week a child said, "Hello [person]". The person was so pleased that the child remembered her name that she now joins in. This demonstrates that the exchange raises the moral of people living at the

home. There is a plan to set-up a 'blog' between people and the school children. A school teacher told us, "The staff at Woodpeckers are always very welcoming and the residents seem to like the interaction with the children".

We spoke with one of the Companions who told us, "Children tell us what they need a week in advance, so far we have baked cakes for Children in Need and for Remembrance made poppy pictures about what it meant to us. The children also made board games and played them with residents. Then looked at older board games that residents would have grown up with. We have six residents involved so far who have a buddy with one of the children". They said, "Residents really enjoy it, mixing the age group which is lovely".

The staff were flexible and responsive to people's needs and preferences, finding creative ways to enable people to live as full a life as possible. As part of events leading up to Christmas the home were hosting a pantomime by a local theatre. One of the people at the home was very involved in amateur dramatics and met their wife while playing Widow Twankey in a pantomime. The theatre meant a lot to them and their family. The registered manager was really excited about the pantomime visiting and told the production team about the person's history with the theatre and pantomime. As a result they were going to be involved in the pantomime. Woodpeckers had lots of other Christmas events planned including a trip to the local college cookery school for mince pies.

The registered manager promoted community involvement at the home. The homes supports a local special needs school with a student who visits once a week with their carer and helps with the teas and coffees as part of work experience. The registered manager told us, "[person] really enjoys his company and chats to them. I spoke to the residents first to see if they would like them to come in, as they lost their job and wanted to help out. His carer always accompanies him".

We observed them singing along with the residents and dancing in their chair. When the tea trolley arrived, he helped give people their drinks and cakes. We spoke to his carer who told us, "We come here weekly, it is brilliant". We also saw a note from the carer which stated, '[students name] really enjoyed yesterday afternoon – thank you so very much!!'

The home developed local links within the community and raised funds for the home and was actively involved in building further links. As a result, people living at the home, friends and families and staff were involved in the Lymington carnival in the summer. The home took part in the procession with the theme of Mary Poppins. The home then hosted an afternoon tea with a Mary Poppins show performed by people and staff. With people and staff from the other homes invited.

Activities were arranged over seven days. People were able to choose what activities they took part in and suggest other activities they would like to undertake. The provider had renamed its' Activities Coordinators to Companions, which included them running group activities as well as one to one support for people and external trips. One person told us, "I enjoy the entertainment". Another person said, "The activities are very strong. We do chair yoga here". A family member said, "Activities really good". The home also provided a church service once a month and a visit from a Catholic priest to provide communion.

The companion told us activities are planned a month ahead. People are involved in choosing activities as part of a 'residents planning committee'. Minutes showed previous activities were reviewed and people were asked for ideas for upcoming events and ideas for future activities residents involved enjoyed the meetings. Activities included quizzes, yoga, gardening club, singing, arts and crafts, PAT dogs, weekly mini bus trips and weekly outside entertainers. A health professional told us, "They [staff] are very active in making sure residents are aware of the yoga session and bringing residents down to take part. I also work as a

physiotherapist so hand over ideas on positioning which they readily take on board".

People could also be involved in activities in the garden. Raised beds were used for growing vegetables which could be used for the kitchen. Staff told us people had grown lavender to make bags in craft sessions, which have been used to put in residents drawers and also sold on stalls on the winter wonderland event. Next year the residents have decided to grow chillies, rosemary and garlic to make flavoured oils, to sell at their next event.

People's care and support was planned proactively in partnership with them. Before people moved to the service an initial assessment of their needs took place to help ensure the service was suitable for them. People and their relatives or other representatives were encouraged to be involved in this process. Care and support plans were written in a personalised way, including who and what was important to the person. For example, one person's care plan contained photographs of their hearing aid so they are easily identifiable if mislaid.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly. All care staff contributed to keeping peoples' care and support plans up to date and accurate.

Records showed care plans were reviewed on a monthly basis, or sooner if necessary. People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interest's decision. All care staff contributed to keeping peoples' care and support plans up to date and accurate. The registered manager told us, "When residents first move in after the first week we do a short survey to see if any problems. I will go and see residents for the first few days to check everything is alright and it is as expected. Are residents happy with what we are doing? We do this in residents' rooms so they feel comfortable and listened to".

People's needs were reviewed daily through a daily meeting held at 10am each day and chaired by management. Issues and concerns around particular people were discussed, such as GP visits as well as training, complaints and compliments, activities and any maintenance issues. These meetings were very comprehensive and contained a clinical overview, where current nursing needs and additional needs were discussed.

The service had introduced the 'Resident of the day'. Resident of the day focuses on one day a month where people are made to feel extra special as they are the focus of the day. Staff would spend their day ensuring the person's care plan and risk assessment were reviewed in detail. This also included a room check, looking at cleanliness, clothing and any improvements required to the room. Catering staff will ask about people's preferred food choices to make sure all the information is up to date and that people are happy with the quality of the food and if any improvements can be made. Activities and management were also involved to ensure the service is meeting people's expectations. The registered manager told us that they planned to extend this further and to really explore people's wishes and what they could do more for them.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people living at the home. They gave us some examples and told us, the minutes of

resident's meetings were formatted in a corporate style which people find difficult to read. As a result the minutes are re-formatted with large print in monochrome to make it easier for the people to read. They also said, "Some residents like to complete crosswords so print of larger versions so they can see them more easily. One resident like to watch TV really loud due to hearing impairment so provide them with earphones so they have it as loud as they want without impacting on other residents".

The service was proactive in responding to people's comments and views. A family member told us, "I went to one of the residents meetings. It was very helpful everyone joined in really inclusive of everyone, asked questions and made suggestions". Resident association meetings were held to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. The registered manager told us, "Talk about the environment in residents meetings for example our new woodland walk outside. Residents fed back that the surface they were walking on wasn't great and was mostly bark and the residents didn't like it. We listened and now have a new path which has been more successful". The service also sought feedback from family members through the use of a quality assurance survey questionnaire which was sent out yearly. Results showed people and their families were happy with the service.

People and their families were given support when making decisions about their preferences for end of life care. The provider had developed an end of life tool to review a person's death in line with NICE guidelines, 'care of dying adults in the last days of life'. This enabled staff to evaluate what went well and what could have gone better. Reflection was a big part of this process. Recently a person had died, and there was an after death analysis, which included what was good, and what could be done better. Staff were supported around the issue of death and ongoing training and support from the local hospice were included. The registered manager told us, "Once a year we hold a memorial service where we invite families back and celebrate life".

A complaints procedure was available in a leaflet format and customer satisfaction forms were also available throughout the home. All of the people we spoke with told us they had not had any reason to make a complaint, but would feel comfortable about doing so. Staff knew how to deal with any complaints or concerns according to the service's policy. There had been no complaints about the service at the time of our inspection in the past year.

Is the service well-led?

Our findings

People and their families told us the home was exceptionally well run. One family member told us, "I think Woodpeckers is great. I've been really, really impressed. Really resident focussed". Another family member said, "I would recommend the home, it's amazing what they try to do at Woodpeckers". Other comments included, "The care staff are smashing, it is very well run and organised". As well as, "Management excellent very hard working".

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. Staff felt supported by the registered manager.

Staff were positive about the support they received from the registered manager and management within the home. One staff member told us, "The manager is absolutely lovely, really supportive". Another staff member said, "Management good. Very supportive, always try to help if you have a problem". Other comments included, "All the nurses are on the same level, very much a team and give support when needed". As well as, "Can really tell she has put her stamp on the home, really wants it to be a homely home".

Staff meetings were held every other month for nurses and care staff and then all staff got together for staff meetings once a quarter. Staff meetings were used to discuss concerns about people who used the service and to share best practice. Meetings were also held for clinical leads and managers. Minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas. One staff member told us, "Staff meetings able to get ideas across. All get noted down and we see if they work. The values of the company are enforced". Another staff member said, "I get on really well with the manager. Nice to have someone who listens to your ideas".

As well as staff meeting the registered manager told us, "I try to catch up with staff every day to make sure everything is going well, so if staff have any niggles or concerns they can be dealt with straight away. For example, staff might be upset that the scales aren't working or more face cloths are needed, so they can be put right. Then staff feel listened to and appreciated".

The registered manager had a zero policy on discrimination and told us that they talk about equality issues with staff where relevant in staff meetings and supervisions. They told us they had recently taken on a member of staff with a hearing impairment and made training available to staff through the Action on Hearing Loss society. They said, "In staff meetings we get an interpreter in to keep them updated".

Staff understood the values and vision of the service; the aim and promise of the service were, 'cherishing you.' The reassuring commitment each staff member makes to each resident was underpinned by the provider's five values of, 'friendly, kind, individual, reassuring and honest'. This was evident throughout our

inspection and we observed many positive and caring interactions between staff and the people living at the home. The values of the home were clearly displayed around the home.

Staff were encouraged to develop their careers and increase their skill sets. For example, because the Clinical Lead was away, the senior registered nurse was Acting Clinical Lead, and another registered nurse was Acting Senior Nurse. This registered nurse was also being supported to study for a Master's degree.

There was a strong culture of mentoring and leadership within the home. Staff described an open culture, which was apparent in the observed demeanour of staff. We spoke to a senior member of staff who told us, 'Think I made the right decision to come here'. We asked them if they had pioneered any changes. Their response was extensive. They told us; the named nurse system was introduced giving direct responsibility for residents to certain nurses, clearer medicine ordering and regular self-reflection on competencies had been introduced. They now have significant event analysis; the first one was focussed on a resident with a pressure area. The procedure examined reasons for pressure areas, and how to reduce the risk of them occurring. They acknowledged the importance of the health care assistants knowing how to observe and record skin condition daily, as they have the first contact with the resident. Reflection was a part of this process.

The management and other senior staff working in the home used a system of audits to monitor and assess the quality of the service provided. These included medicines, infection control, health and safety, care plans, call bell response times, and staff files. Where issues were identified, remedial action was taken. In addition to the audits monthly quality assurance meetings were held where risk management and audits were discussed. We spoke with the provider's clinical manager who told us, "I look at audits to see if they need support for example I noticed there was a grading issue with pressure areas so carried out wound care training and grading".

The registered manager told us about governance meetings held once a month which had just started. The purpose of these meetings were to review audits and discuss and share lessons learnt. These meetings involved reviewing, incidents, call bells, care plans, skin integrity, infection control, nutrition, bedrails and mattress, complaints and compliments, after death analysis and the six monthly audits. An action plan was then written up with actions to be completed before the next meeting.

There were processes in place to enable the service to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

In addition to the audits, the home was supported by the operations manager, quality manager and clinical lead manager who visited the home regularly to support staff and speak to residents. Part of their role and support involved carrying out an informal inspection of the home during their time spent in the home. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes. They were also available to support staff and monitor the quality of the service provided. At the time of our inspection the quality manager was being supported by the Admiral Nurse and carrying out a full dementia audit to see if any improvements could be made.

The registered provider produced a newsletter called 'Talking Care' twice a year looking at the clinical side of the service. In the latest edition the service looked at the importance of quality audits and how this is used to improve the service.

The home used the public review website www.carehome.co.uk. Which gave the service a rating of 9.8 / 10 with very positive praises on the service with a score of 5 out of 5 from 24 positive reviews in the last 12 months.

The service and registered provider worked in partnership to make sure they were following current practice and providing a high quality service. The provider's operations director won the care leadership award for the 2017 'National Care Awards'. The registered manager and operations staff were very proud of this achievement and were keen to tell us how this reflected the team as a whole.

The registered manager informed us they kept up to date by attending training through the nursing times as still works clinically. They told us they were planning on working as a carer on Christmas day and liked to keep up with what's going on and support staff. The registered manager also supported other managers to share ideas and best practice at provider managers meetings. The registered nurses recently took part in a Colton care conference 'clinical excellence day' for ongoing professional development.