Colville Care Limited

Woodside Hall Nursing Home

Inspection report

Woodside
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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 inspection took place on 9 and 12 November 2015 and was unannounced. The home provides accommodation, nursing and personal care for up to 41 people. Eight of these beds were commissioned by the NHS and provide a rehabilitation service. There were 40 people living at the home when we visited.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and relatives were positive about the service they received. They praised the staff and care provided. People were also positive about meals and the support they received to ensure they had a nutritious diet.

Care plans provided comprehensive information about how people wished to be cared for and staff were aware of people's individual care needs. People had access to

Summary of findings

healthcare services and were referred to doctors and specialists when needed. Reviews of care involving people or relatives (where people lacked capacity) were conducted regularly. A range of daily activities were offered with people able to choose to attend.

People felt safe and staff knew how to identify, prevent and report abuse. Legislation designed to protect people's legal rights was followed correctly. People's ability to make decisions had been recorded appropriately, in a way that showed the principles of the Mental Capacity Act (MCA) had been complied with. Staff offered people choices and respected their decisions appropriately.

The Deprivation of Liberty Safeguards (DoLS) were applied correctly. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely. There was an environment maintenance and improvement program in progress.

There were enough staff to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. The recruitment process was safe and helped ensure staff were suitable for their role. Staff received appropriate training and were supported in their work.

People and relatives were able to complain or raise issues on a formal and informal basis with the registered manager and were confident these would be resolved. This contributed to an open culture within the home. Visitors were welcomed and there were good working relationships with external professionals. Staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care.

The registered manager and provider's representatives were aware of key strengths and areas for development of the service and there were continuing plans for the improvement of the environment. Quality assurance systems were in place using formal audits and regular contact by the provider and registered manager with people, relatives and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe. Staff knew how to identify and report abuse and were aware of how to respond in an emergency situation.

Systems were in place to ensure people received their medicines as prescribed.

Individual and environmental risks were managed appropriately.

There were enough staff to meet people's needs. The process used to recruit staff was robust and helped ensure staff were suitable for their role.

Good

Is the service effective?
The service was effective.

Staff were suitably trained and supported in their roles. People received effective care and support. They were also supported to access healthcare when required.

People's rights and liberties were protected in accordance with relevant legislation.

People received a varied and nutritious diet together with appropriate support to eat and drink.

Good

Is the service caring?
The service was caring.

People were cared for with kindness and treated with consideration. Staff understood people's needs and knew their preferences, likes and dislikes.

People (and their families where appropriate) were involved in assessing and planning the care and support they received.

People's privacy was protected and confidential information was kept securely.

Good

Is the service responsive?
The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were regularly reviewed.

People had access to a range of activities.

Good

Summary of findings

The provider sought and acted on feedback from people. An effective complaints procedure was in place.	
Is the service well-led? The service was well led There was an open and transparent culture within the home. The registered manager was approachable and people felt the home was run well. Staff understood their roles, were happy in their work and worked well as a team. Quality assurance systems were in place using formal audits and regular contact by the registered manager and company directors with people, relatives and staff. Policies and procedures had been reviewed and were available for staff.	Good 

Woodside Hall Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on the 9 and 12 November 2015 and was unannounced. The inspection team consisted of one inspector and a specialist advisor in the care of older people.

Before the inspection we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 20 people living at the home and four family members. We also spoke with the provider's representative, the registered manager, 11 care and nursing staff, the activities coordinator, administration staff member, one kitchen staff member and two ancillary staff. We also spoke with four health and social care professionals who had regular involvement with the home. We looked at care plans and associated records for eight people, staff duty records, staff recruitment and training files, records of accidents and incidents, policies and procedures and quality assurance records. We observed a staff handover meeting and care and support being delivered in communal areas.

The home was last inspected in October 2013, when we did not identify any concerns.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here". Another person said "I feel very safe". A visiting relative told us "Yes I'm sure they are safe here, that's not anything I worry about". Another relative echoed this view and added that when they were unable to visit they did not worry because they were confident their loved one was safe and they would be contacted if there were any concerns. Without exception all the people and relatives we spoke with were sure they or their loved one was safe at Woodside Hall. Visiting health professionals had no concerns about the safety of people.

The provider had appropriate policies in place to protect people from abuse. Staff had received training in safeguarding adults, knew how to identify and report abuse and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the registered manager and provider's representatives, who were at the home weekly, would act on their concerns. One staff member told us, "I've had safeguarding training and I know what to do. I would make sure the person was safe and report my concerns to [the registered manager] if I saw something was wrong". They added that they were confident the registered manager would take the necessary action but knew how to contact the local safeguarding team if required. The registered manager was also aware the action they should take if they had any concerns or concerns were passed to them. The registered manager and provider's representatives followed local safeguarding processes and responded appropriately to any allegation of abuse.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. There were effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. We audited stocks of medicines received into the home and records of those administered to people. With one exception all prescribed medicines we checked were correct. When we raised this with the registered manager they undertook an investigation and identified the likely reason for the discrepancy which was a recording error by a nurse in the Medicines Administration Record (MAR). The registered manager told us they undertook random checks on the medicines to ensure the number of tablets held corresponded with those received and recorded as administered. A comprehensive medicines audit had been completed in May 2015. The format of the audit was comprehensive and covered all areas of medicines management and found the systems in place were safe.

Medicines were administered by qualified nurses only. Nurses were aware of how and when to administer medicines to be given on an 'as required' (PRN) basis for pain or to relieve anxiety or agitation. Where people had been prescribed PRN medicines, they had a PRN plan which explained when the medicine should be given. One person said "If I want something for pain they get it for me straight away". Where people were not able to state they were in pain, a recognised pain assessment tool was in use. This was used to evidence why PRN pain medicine was given or not on each occasion. There was a procedure in place for the covert administration of medicines although no one was receiving covert medicines at the time of the inspection. Covert medicines administration is when essential medicines are hidden in small amounts of food or drink and given to people. Training records showed nurses were suitably trained to administer medicines and had been assessed as competent. We observed nurses administered medicines competently; they explained what the medicines were for and did not hurry people.

There were suitable systems in place to ensure other prescribed medicines such as nutritional supplements and topical creams were provided to people. Care staff told us they were aware of which routine topical creams should be applied for each person. Nurses told us they would apply any specifically prescribed topical creams and ensured that where people were prescribed nutritional supplements these were given to people before signing the MARs to confirm administration.

Risks were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, use of bed rails, nutrition, moving and handling and developing pressure injuries. Risk assessments had been regularly reviewed and were individualised to each person. These procedures helped ensure people were safe from avoidable harm. Where risks were identified action was taken to reduce the

Good

Is the service safe?

risk. For example, moving and handling assessments clearly set out the way to move each person and correlated to other information in the person's care plan. Staff had been trained to support people to move safely and we observed equipment, such as hoists and standing aids being used in accordance with best practice guidance. People who were at risk of skin damage used special cushions and pressure relief mattresses to reduce the risk of damage to their skin. Pressure relief mattresses were set appropriately, according to the person's weight. Where people needed to be assisted to change position to reduce the risk of pressure injury, their care records confirmed this was done regularly. One person said "They turn me every few hours and always make sure I'm comfortable before they leave". Where people were at risk of choking on their food, they had been referred to specialists for advice and were provided with suitable diets to reduce the risk.

Environmental risks were assessed and managed appropriately. Records showed essential checks on the environment such as fire detection, gas, electricity and equipment such as hoists were regularly serviced and safe for use. A system was also in place to capture details of all accidents and incidents in the home, so any patterns could be identified and action taken to reduce the level of risk.

We received mixed views about staffing levels. One person told us "I haven't been here long but I get attention all the time". Another person told us "when I use the bell they always come quickly, there is never much of a wait and they don't rush me". Other people thought the home could do with additional staff. One said "They could do with an extra staff member here, but I know that's a luxury, they haven't got time to have a little chat with you". Relatives told us staff had time to talk to them. One said "There seems to be enough staff, they are busy but stop and chat when I'm visiting". One external health professional felt there should be more staff and commented that "It's sometimes hard to find staff when I visit even with an appointment". However, the other three health professionals we spoke with felt staffing levels were adequate.

Staff were organised, understood their roles and people were attended too promptly. A care staff member told us, "It is busy, but there is no pressure to rush people. We are organised to work in pairs and cover an area of the home so we don't have to keep looking for someone to help us". Another member of care staff said "We work together helping each other out". We saw the appropriate number of staff were always present when using moving and handling equipment and staff generally worked in pairs when carrying out personal and other care duties. Staffing levels were determined by the registered manager on the basis of people's needs and taking account of feedback from people, relatives and staff. Nurses told us they had time to complete all their work and if they were busy they could ask the other nurse on duty to help them. Absence and sickness were covered by permanent staff working additional hours or the use of regular agency staff. This meant people were cared for by staff who knew them and understood their needs.

The process used to recruit staff was safe and helped ensure staff were suitable for their role. Recruitment files were well organised and contained evidence that all necessary pre-employment checks had been completed. Staff confirmed the recruitment process had been thorough and they had had to provide evidence of their identity and undertake a police background check before commencing employment at the home.

Emergency procedures were in place. Staff knew what action to take if the fire alarm sounded, completed regular fire drills and had been trained in fire safety and the use of evacuation equipment. Records showed fire detection and fighting equipment was regularly checked. Staff were also aware of how to respond to other emergencies. Nursing and care staff described how they would respond to a medical emergency and were aware of the correct action they should take. Nursing staff told us they had received additional training to use a defibrillator which was available in the home and had completed essential life support training.

Good

Is the service effective?

Our findings

People and relatives were happy with the personal and health care provided. One person said "I'm here for a short time after an operation and I cannot fault the way I have been helped". One relative said "Since [my relative] moved here I have been very impressed with the way they look after them". Another relative said "Whenever I visit [my relative] always looks comfortable and well cared for". A visiting health care professional was also complementary about the home. They said "I have no worries about Woodside Hall, my patients here are always very positive about it".

Care records recorded the health and personal care people received. The form used recorded a person's food and fluid intake, repositioning and the provision of personal and continence care. Forms viewed had been well completed and demonstrated people were receiving personal care. We observed people looked cared for, in that they were wearing clean appropriate clothing with hair styled and attention to hand and mouth care. Those who were less mobile looked comfortable in chairs or in their beds. Nursing and care staff described how they supported people which reflected the information in the person's care plan. Wound care was managed effectively. We saw nurses used the correct procedures to assess and manage wounds. Specialist advice had been sought about the care of a wound to one person which was being followed. We saw that the wound records and photographs showed the wound was healing. The provider's representative was clear about the level of need and type of care Woodside Hall could provide. People were supported to access other healthcare services when needed. Records showed people were seen regularly by doctors, dentists, opticians and chiropodists as required.

Staff showed an understanding of the need for consent. Before providing care, we observed they sought consent from people using simple questions and gave them time to respond. One staff member said "If a person says that they don't want care at that time then we leave them and go back later".

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for use when people may not be able to make decisions about their care or support. We saw staff were followed these. Where people had been assessed as lacking capacity, consultation with family members and other professionals had occurred. However, this had not always been recorded in a best interest decision making format. The home had sought confirmation of any legal structures such as lasting power of attorney for health and welfare or finances which were in place for some people. Copies of these were available meaning staff would know who could legally make decisions on behalf of people.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to give clear accounts of the meaning of Deprivation of Liberty Safeguards and how these might affect people in their care. Where necessary applications had been made to the local authority for an assessment under the DoLS legislation. We spoke with external professionals who were assessing a DoLS application at Woodside Hall. They confirmed that the application had been appropriately submitted.

Everyone was complementary about the meals provided. One person told us "The food is nice and hot, it's like a home from home". Another person said, "There is plenty of choice, three flavours ice cream if we want it". A third person said, "There are nice size portions, a choice of two meals and we get two meals a day, if we don't fancy either of the choices they will give us something else, like an omelette". Relatives commented on how people seemed to enjoy their meals. One relative told us "The food is outstanding and there is a choice of menu".

People received appropriate support to eat and drink enough. We observed staff supporting people to eat their

Good

Is the service effective?

meals. They did not rush people and spoke with them throughout the meal. People were offered varied and nutritious meals, which were freshly prepared at the home. Choices were provided in a way to encourage people to make decisions. Alternatives were offered if people did not like the menu options of the day. Drinks were available throughout the day and staff prompted people to drink often. Staff monitored the fluid intake of all people and were aware individually how much each person should aim to drink each day. Special diets were available for people who required them and people received portion sizes suited to their individual appetites. Catering staff were aware of people's special dietary needs and described how they would meet these. Staff monitored the weight of people each month or more frequently if required due to concerns about low weight or weight loss.

People and relatives were positive about care staff. One person said, "I can't grumble, I am treated quite well". A relative told us "All the staff are brilliant". Staff were knowledgeable about the needs of people and how to care for them effectively. New staff received induction training, which followed the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. We spoke with one new staff member who was undertaking induction training prior to commencing work at the home. They were undertaking some of this via computer learning with knowledge checks and said there was also some practical training for moving and handling. This included staff being observed using equipment before being signed off as competent. Records showed staff were up to date with essential training and this was refreshed regularly. One staff member said "There is lots of training and we are told when we need to do updates". They added that they had been supported to undertake a care qualification. Most staff had obtained vocational qualifications relevant to their role or were working towards these. Qualified nurses said they were supported to attend training relevant to their role and meet nursing registration requirements. We observed that the training had been effective. For example, we saw staff supporting people to move around the home using appropriate techniques.

People were cared for by staff who were supported to work to a high standard. Staff told us they felt very supported by the registered manager and other senior staff. One staff member said "I have been here 17 years and have always had support; I have no worries about working here". There were procedures for formal supervision of staff. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. We saw that nurses worked closely with care staff and were therefore providing informal supervision of the care staff on a daily basis. Most staff who had worked at Woodside Hall for more than a year had received an annual appraisal.

The environment was appropriate for the care of people accommodated. A purpose built extension was linked to the original building. All areas were pleasantly decorated; carpets and furnishings were clean and in good condition. A variety of communal rooms including dining rooms and lounges were available and in use by people. People's bedrooms were personalised with photographs, pictures and other possessions of the person's choosing to help make their rooms feel homely. People had access to an enclosed patio garden and additional gardens with support.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us "It is very good here, I have everything I need and am very well looked after". Another person said "I do see people, people [staff] come in and have a word". A relative said "The staff are all lovely, what carers should be". Another relative said "The staff are lovely with [my relative], I have no worries about how they care for him". The home had a very calm and relaxed atmosphere.

We saw staff responded promptly to people who were requesting assistance and they did so in a patient and attentive way. When staff were talking with people they would sit, bend or kneel down to be at eye level with the person which facilitated better communication. Staff knew each person well and had plenty of patience. Staff spoke with people while they were providing care and support in ways that were respectful. For example, when people were supported with their meals staff sat with them and talked with the person throughout. The registered manager actively worked to ensure people were treated with dignity and respect. They had taken action to dismiss a staff member who had treated people in a disrespectful way.

Staff spoke fondly of the people they cared for demonstrating good knowledge of people as individuals and their likes and dislikes. Staff were perceptive of people's needs and this demonstrated that they knew people well. Many of the staff we spoke with had worked at the home for at least several years. The home used some agency staff. We saw from duty rosters and discussions with the registered manager and staff that when agency staff were used, these were usually the same staff, which provided consistency for people. We saw that agency staff were allocated to work with permanent staff who had got to know people and their relatives and understood the care each person needed.

When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they needed. One relative told us how the registered manager had visited the person at their previous care home and spent time talking with them and staff who had been caring for the person. Comments in care plans showed relatives were involved in discussions about care and kept up to date with any changes required. This was confirmed by relatives we spoke with. Care plans contained individual information about people, such as which bath products were to be used. Care plans reminded staff to offer people choices and to respect their preferences. People's preferences, likes and dislikes were known, support was provided in accordance with people's wishes and staff used people's preferred names.

Staff ensured people's privacy was protected by speaking quietly and keeping doors closed when providing personal care. Relatives stated that staff maintained their family member's privacy at all times and they had not witnessed any concerns with privacy or respect from staff interactions with other people. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view them.

The registered manager was aware of how and when to contact advocates. They described how advocates had been used to help ensure appropriate decisions were made for people where they were unable to make these decisions themselves.

At the end of their life people received appropriate care to have a comfortable, dignified and pain free death. We saw a relative had thanked the home for the way their family member had been cared for at the end of their life. This included information showing the person's wishes were met by staff reciting prayers as requested, reading out a personal message from a family member who could not get to the home and sending a favourite item with the person to the funeral. This showed the home knew people's wishes relating to their end of life and met these. We observed the registered manager having a discussion about the potential end of life care for one person. The approach was one of sensitivity and caring. The staff members to whom they were talking responded in the same manner. The registered manager was aware of how to obtain emergency medicines should these be required for end of life care. Discussions with care and nursing staff showed they had an understanding of the care people required at the end of their lives including the obtaining and use of emergency medicines.

Good

Is the service responsive?

Our findings

People received personalised care from staff who understood and met their needs well. One person said, "They know how to look after me and what I need help with" Another person told us, "If I wasn't happy I would let you know, but everything is good". A family member said, "I can't fault the care; it's really wonderful".

Care plans provided comprehensive information about how people wished to receive care and support. Individual care plans were well organised and the guidance and information for staff within them was detailed. When people had been identified as having a care need for example mobility, a risk assessment was completed and a care plan produced which responded to the degree of risk identified. There was a range of measures and equipment put in place to reduce pressure on people's skin, which corresponded with the guidance in the person's care plan. Records of repositioning showed people were receiving the necessary care support to help prevent deterioration in their skin condition. Care plans also included specific individual information to ensure medical needs were responded to in a timely way. For example, for one person who had a medical history of complications from high blood pressure there was specific information as to how this should be monitored and when medical advice should be sought.

Staff supported people to make choices and were responsive to their needs. We saw people being supported as described in their care plans. Records of daily care confirmed people had received care in a personalised way in accordance with their care plans, individual needs and wishes. A staff member told us "You have to be flexible as [people's] needs or choices can change". Care plans contained individual information; for example, it stated for one person that they liked the door closed and low light left on when they were sleeping. Staff were able to describe the care provided to individual people and were aware of what was important to people in the way they were cared for. Care files were reviewed at least monthly, or when needs changed, by the qualified nurses. All staff received a formal handover at the start of each shift. This was responsive and pertinent information about risks or concerns to specific people was handed over. All oncoming staff were present and the handover was interactive with staff able to clarify information and ask questions.

When untoward incidents or accidents occurred, procedures were in place to ensure people received all the necessary care. Incidents and accidents were recorded. Forms showed that, where necessary, external medical advice was sought and action was taken to monitor the person for any signs of deterioration. Action was taken to reduce the risk of repeat incidents such as through the use of movement alert equipment for a person who was at risk of falling. Should people require to be transferred to other care settings, such as hospital, a 'care passport' was available for each person. This provided individual information which would be helpful to others who may be required to provide care.

People were offered a range of activities suited to their individual needs and interests. The interests, hobbies and backgrounds of people were recorded in their care plans. An activities coordinator was employed; however, their role was shared with another home operated by the provider on a short term basis, which reduced the amount of time they were able to spend at Woodside Hall. They were supported by an activities volunteer twice a week increasing the opportunities for group and individual activities. There were also visiting entertainers and activities. For example, a speaker from a local history group had provided a presentation about the Mary Rose restoration. Outings were also undertaken to places of local interest. The activities coordinator used an activities scoring form for each person enabling them to score concentration, response and enjoyment levels. This was used to help identify future suitable activities for the person and monitor for changes in the person's needs.

The provider sought regular feedback from people using questionnaire surveys. Feedback forms were given to all people using the home's rehabilitation service when they were discharged. These showed people were very happy with the service they had received. Comments included "All staff give 100%" and a relative had written "Matron is quite remarkable, she knows the clients well and ensures the important details of care needs are understood and met by her staff"

All visitors knew the registered manager. Many mentioned them by name and told us if they had any problems they would talk to her. The registered manager told us they made a point of talking with relatives as "often as possible". They felt this meant any concerns could be resolved without their progressing to a formal complaint.

Good

Is the service responsive?

People knew how to complain or make comments about the service and the complaints procedure was displayed in the entrance hall. One person said they had "no complaints" but were confident the registered manager "would sort anything out". Relatives told us they had not had reason to complain. They were clearly aware of who the registered manager was and stated they were very approachable. There was an appropriate complaints policy in place, which people and relatives were aware of. Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. The findings of investigations were documented and the outcomes shared with the complainants.

Good

Is the service well-led?

Our findings

People liked living at the home and felt it was well-led. One person said, "It's like a family here." Another said, "I like it here very much". A third person said "The manager is very good, they will sort out anything. A family member told us "I managed to get my relative here because it was so good, and I haven't been disappointed. It has put my mind at rest". Another relative said "This home rates very high on the island, I'd recommend it to others." Two visiting health professionals said of the home "It's one of the better ones" and added "Staff know their patients and what to do". One staff member said, "I have been here since November but it is very good, I really like it here".

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the registered manager notified CQC of all significant events. Relatives told us the registered manager, provider's representatives and staff were "approachable" and "caring". Staff felt able to make suggestions for the benefit of people. During the handover meeting one staff member talked about some equipment they had seen whilst visiting the hospital which they thought might help one of the people. The staff member had taken a picture of the equipment for the registered manager to see. This demonstrated the open culture where staff views were sought and respected. A visiting healthcare professional told us "The home is well organised and the manager knows what is going on". Relatives felt able to raise issues and were confident these would be sorted out. The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or CQC if they felt it was necessary.

The registered manager described the home's values as being "a value based, a person centred culture respecting and valuing of the person as an individual". Staff told us the home's values were to provide person centred individual good care. Another staff member said "It's their [people's] home and we are her to work for them". Staff said they would be happy for a member of their own family to receive care at Woodside Hall.

People were cared for by staff who were well motivated and led by an established management team. The registered manager told us they undertook some nursing shifts, which they felt helped them understand the pressures felt by staff and enabled them to directly monitor the quality of care provided. There was a clear management structure in place and all staff understood their roles and worked well as a team. They praised the management who they described as "approachable" and said they were encouraged to raise any issues or concerns. The home is owned by a family run business. Directors visited the home at least weekly and all staff stated they felt able to raise any issues or questions with the directors or contact them if the directors were not at Woodside Hall. The registered manager stated they received "lots of support from the directors, [one director] is a nurse and has been a registered manager in the past so is also able to give nursing support and advice".

Auditing of all aspects of the service, including care planning, medicines, infection control and staff training was conducted regularly and was effective. The provider had quality assurance and clinical governance systems which directed registered managers to the areas they should audit throughout the year. There were procedures to monitor other quality indicators, such as accidents or incidents, and the provider's representatives were actively involved in aspects of the monitoring of the service. Where incidents occurred in other homes owned by the provider improvements in practice were introduced into all homes. For example, all valuables were now recorded when a person was admitted to the home following an incident in a sister home.

The registered manager told us they were kept up to date with current best practice and was commencing a top up degree in nursing. Their explained they were selecting units relevant to their role including leadership and management in health and social care. The registered manager completed the Provider Information Return (PIR) to a high standard and demonstrated an understanding of legislation related to the running of the service. The registered manager was aware of key strengths and areas for improvement, in respect of the home. For example, as identified in the PIR improving internal signage to promote freedom of movement for people living with dementia around the home. On the first day of the inspection we identified minor areas which could improve the service, such as the cook not having undertaken specific training

Good

Is the service well-led?

about special diets. By the second day of the inspection the registered manager had taken action to identify suitable training which the cook was scheduled to complete the following week.

The registered manager was active in addressing challenges to the service. For example, they were aware that recruiting qualified nurses was difficult. They had identified two care staff who had nursing qualifications but did not hold the necessary registrations to work as qualified nurses. They were supporting these staff to gain the necessary update training to register and work as qualified nurses. One nurse told us how they were now enjoying their new role as a registered nurse and how supportive the registered manager had ben whilst they were retraining.

The provider had an extensive range of policies and procedures which had been adapted to the home and service provided. We saw these were available for staff in the nurse's offices. We were told policies were reviewed by the registered manager yearly or when changes were required. This ensured that staff had access to appropriate and up to date information about how the service should be run.