

Methodist Homes Woodlands

Inspection report

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Date of inspection visit: 10th and 11th November
2014
Date of publication: 09/04/2015

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 was unannounced and took place on the 10 November 2014. A second day of the inspection took place on the 11 November 2014 in order to gather additional information. The home was previously inspected in June 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Woodlands is a purpose built care home located in Poynton which is situated between Macclesfield and Stockport. It offers permanent nursing and dementia care

for up to 80 people and specialises in nursing and dementia care for older people. At the time of our inspection the service as providing accommodation and care to seventy-three people.

People who live in the home are accommodated on both floors of the two storey building and access between the first and second floors is via a lift or by the stairway.

At the time of the inspection there was a registered manager at Woodlands. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

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

During the two days of our inspection, people living at Woodlands were observed to be comfortable and relaxed in their home environment and in the presence of staff. The relatives of people who lived at Woodlands also confirmed that they felt that the people who lived in the home were safe and told us that they had no concerns about the way that their family members were treated.

People using the service and relatives spoken with were complimentary of the standard of care provided at Woodlands. Comments received from people using the service included: "They listen to what you've got to say"; "If there are any problems you complain and they deal with it"; "I am happy here"; "Generally all the carers are so lovely"; "I am well looked after and I can do what I like"; "It's not home but it's fine" and "The staff are good and I have no complaints."

Relatives of the people who lived at Woodlands also spoke highly of the care provided. One said "The staff are friendly and the care is personalised." Another relative told us "Overall I am satisfied with the standard of care provided."

The registered manager's influence on the home was evident throughout the inspection. It was clear through

discussion with staff and other professionals that the manager was committed to providing positive leadership and direction to ensure the ongoing development of the service and the delivery of good standards of care. One health care professional informed us that they had noted significant improvements in the last twelve months, that the service was more open and transparent, clinically focussed and that the retention of staff had resulted in greater continuity of care.

Staff confirmed staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities. The training was delivered via e-learning or face to face sessions.

During the two days of our inspection we noted that a range of activities had taken place in the different units of the home by the two activity coordinators and volunteers.

We saw that there were corporate policies and procedures in place relating to the Mental Capacity Act 2005 and Deprivation of Liberties (DoLS). This helped to safeguard the rights of the people using the service.

There were effective auditing systems in place so that the service could be monitored and developed. There were also arrangements for people who lived in the home and their relatives to be consulted about their opinions and the manager was proactive in seeking this. Staff told us that they found the management of the home to be approachable and supportive.

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.

Policies and procedures were in place to inform staff about safeguarding vulnerable adults and whistle blowing. Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

People we spoke with at Woodlands confirmed they felt safe from harm living in the home.

Risk assessments had been updated regularly so that staff were aware of current risks for people who lived in the home and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and ensured people were being cared for by staff that were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Good



Is the service effective?

The service was effective.

Management and staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had received training in respect of these provisions.

Staff at Woodlands had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities.

People using the service and their relatives were generally satisfied with the standard of food provided at Woodlands. Comments received included: "I like the food"; "It's very nice"; "The food's okay"; "The pureed meals are very good" and "The food is alright most of the time."

People living at Woodlands received access to a range of health care professionals (subject to individual need) from the various professionals who visited the home.

Good



Is the service caring?

The service was caring.

Staff took the time to understand the needs and preferences of the people who lived in the home. They involved them in the care they were providing by explaining what they were doing so that people would understand what was happening to them.

Staff had a good understanding of the need to care for people with dignity and in way that promoted their privacy. Staff demonstrated this by the way they spoke about the people who lived in the home and by their care practices.

Comments received from people using the service included: "They listen to what you've got to say"; "If there are any problems you complain and they deal with it"; "I am happy here"; "Generally all the carers are so lovely"; "I am well looked after and I can do what I like"; "It's not home but it's fine" and "The staff are good and I have no complaints."

Good



Summary of findings

Is the service responsive?

The service was responsive.

People received care and support which was personalised to their wishes and responsive to their needs.

Care records showed people had their needs had been assessed, planned for and regularly reviewed by staff at Woodlands.

The service provided a range of individual and group activities for people living within the home.

Good



Is the service well-led?

The service was well led.

Woodlands had a registered manager. The registered manager and her deputy were present during our inspection. It was clear that her style of management promoted transparency, openness and involvement.

There were effective auditing systems in place so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions and the manager was proactive in seeking this. Staff told us that they found the management of the home to be approachable and supportive.

Comments received from staff included: Wendy is the best manager I've ever had. We've got good leadership for once and I trust her"; "Wendy is very supportive of personal issues and is approachable"; "The manager is very supportive of the team and is engaged" and "The manager is lovely."

Good



Woodlands

Detailed findings

Background to this inspection

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

The inspection took place on 10 November 2014 and was unannounced. A second day of the inspection took place on 11 November 2014 in order to gather additional information.

The inspection was undertaken by two adult social care inspectors, a specialist adviser regarding nursing and dementia care and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of people living with dementia.

Before the inspection the provider completed a Provider Information Return which we reviewed in order to prepare for the inspection. 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 also looked at all of the information which the Care Quality

Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Woodlands. We also spoke with a visiting GP (also Chair of the NHS Eastern Cheshire Clinical Commissioning Group) via the telephone. We took any information they provided into account.

During the site visit we talked with 13 people who used the service, six visitors, 10 support workers, two nursing staff, one activities coordinator, one volunteer, a maintenance person and the cook who was on duty. We also spoke with six additional relatives via the telephone.

Furthermore, we met with the registered manager and deputy manager for Woodlands. We also spent time with people in the communal lounges and in their bedrooms with their consent. The expert by experience joined one group of people for lunch.

We undertook a Short Observational Framework for Inspection (SOFI) observation in one unit of Woodlands. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including eight care plans, six staff files, minutes of meetings and maintenance and audit documents.

Is the service safe?

Our findings

All of the people we spoke with at Woodlands told us that they were well cared for and confirmed that they felt safe from harm. The people living at Woodlands were observed to be comfortable and relaxed in their home environment and in the presence of staff. The relatives of people who lived at Woodlands who were spoken with during our visit also confirmed that they felt that the people who lived in the home were safe and told us that they had no concerns about the way that their family members were treated.

We looked at eight care plans for people who lived at Woodlands and we saw that they contained a range of risk assessments relating to different areas of care relevant to each person. We found that these had been updated regularly so that staff were aware of current risks for people who lived in the home and the action they should take to minimise potential risks.

We saw that staff had recorded people's weights on a monthly basis so as to identify any health and nutritional risks. We noted that action had been taken to involve multi-disciplinary team members such as GPs, speech and language therapists and dieticians when necessary.

At the time of our inspection the service was providing accommodation and care to 73 people with different needs. We checked staff rotas which confirmed the information we received throughout the inspection about the numbers of staff on duty. Staffing levels across the four units had been set by the service at four registered nurses during the morning and evening shifts. A maximum of thirteen care staff were also allocated during the day. During the night there were two nurses and a maximum of seven carers on duty covering the four units in the home.

Although individual dependency assessments were available within individual files, there was no staffing / dependency tool in place to demonstrate how the dependency of the people using the service was being monitored against the staffing hours deployed. This was raised with the management team during our inspection as four relatives spoken with were of the view that the service needed more staff. The registered manager reported that the provider had undertaken to develop a tool to provide a clear analysis of how the dependency needs of the people using the service and how the resultant staffing hours were calculated and deployed.

We looked at a sample of files for six staff who were employed in the service. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. In all files we found that there were application forms, references, health questionnaires, disclosure and barring service checks, proofs of identity including photographs and home office documentation where applicable. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration. All the staff files we reviewed provided evidence that the registered manager had completed the necessary checks before people were employed to work at Woodlands. This helped protect people against the risks of unsuitable staff.

The registered provider (Methodist Homes) had developed internal policies and procedures to provide guidance to staff on 'safeguarding of vulnerable adults' and 'whistle blowing'. A copy of the local authority's safeguarding procedures was also in place for staff to reference.

Discussion with the management team and staff together with examination of training

records confirmed the majority (96.4%) of staff had completed 'safeguarding of vulnerable adults' training which was refreshed annually. When we talked with staff they confirmed that they had received this training which was included in their induction.

The management team and staff spoken with demonstrated a satisfactory understanding of the concept of abuse, awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

Staff spoken with were clear about the meaning of safeguarding and knew what to do if they suspected a person was being mistreated. They told us that they would report anything untoward to their supervisor and that if they felt this did not result in the appropriate action they would continue to report it through the line management structure until their concern was acted upon. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

We saw that there was a whistle blower policy available. No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months nor

Is the service safe?

had the Commission received any negative comments or complaints about the home. Staff spoken with also demonstrated a sound awareness of how to whistle blow, should the need arise.

Information we reviewed prior to the inspection provided evidence that the registered manager had reported safeguarding incidents to all relevant authorities including CQC. This helped to ensure measures were put in place, where necessary to protect the safety of people who used the service and others.

We viewed the safeguarding file for Woodlands. We noted that the registered manager maintained a detailed summary record of safeguarding incidents entitled 'SOVA Analysis'. This contained key information on individual incidents including action taken and outcomes.

Records of safeguarding incidents were also available for reference and confirmed that any safeguarding concerns had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures.

We checked the arrangements for medicines in the home with a registered nurse and the deputy manager. A list of staff responsible for administering medication, together with sample signatures was available for reference. Likewise, photographs of the people using the service had been attached to medication administration records to assist staff in the correct identification of people who required medication.

We noted that systems were in place to periodically monitor and review the competency of staff responsible for administering medication. Likewise, training records viewed confirmed that that staff responsible for the

management and administration of medication had received safe handling of medicines - patient pack; foundation and / or advanced training from the dispensing pharmacist.

We also checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. We noted that a comprehensive 'Medication Policy' was in place which was next due for review in December 2015. The manager was also aware of guidance entitled 'Managing medicines in care homes' produced by NICE (National Institute for Clinical Excellence) and a copy was available for reference.

We observed the administration of medicines by a nurse during our visit. Medication was found to be stored in medication boxes within a lockable trolley which was kept in a dedicated storage area when not in use. Separate storage facilities were in place for medication requiring cold storage.

We saw that a record of administration was completed following the administration of medication in each instance on the medicines administration record (MAR). We also checked the arrangements for the storage, recording and administration of controlled drugs and found that this was satisfactory.

Systems were also in place to record fridge and room temperature checks; medication returns and incidents concerning medication. Additionally, medication audits were undertaken every three months to monitor practice and safeguard the health and safety of people using the service.

Is the service effective?

Our findings

People living at Woodlands and their relatives that were spoken with during our visit were complimentary of the standard of catering and healthcare provided.

Examples of the comments received included: “I like the food”; “It’s very nice”; “The food’s okay”; “The pureed meals are very good” and “The food is alright most of the time.” Likewise, feedback received in relation to healthcare included: “The doctor’s wonderful”; “Her medical needs are met” and “They give her some quality of life.”

Examination of training records and analysis of the Provider Information Return (PIR) together with discussions with staff confirmed staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities. The training was delivered via e-learning or face to face sessions and included a range of subjects such as: Induction; Living the Values; Moving and Handling; Health and Safety; Food Safety; Fire; Infection Control; Safeguarding of Vulnerable Adults; Mental Capacity; Equality and Diversity; Nutrition and Hydration; National Vocational Qualifications; Dementia Awareness and Final Lap (end of life training). The provider information return also highlighted that the home had a dementia facilitator who provided training to staff

Staff told us that they had received induction and ongoing training mainly in the form of e-learning which they could complete at work or home. We checked the records of training and found that there was a high level of completion although gaps were noted for first aid; care plan, risk assessment and medication training.

It should be noted that only qualified nurses were responsible for the administration of medication in Woodlands.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw that there were corporate policies in place relating to the Mental Capacity Act 2005 and Deprivation of Liberties (DoLS). In the PIR we were told that there were 14 people living in the home who were subject to a Deprivation of Liberties Safeguards (DoLS).

Upon discussion with the registered manager and examination of records we noted that 54 Mental Capacity Assessments had been completed for people living at the Woodlands. We also noted that since the PIR was completed five people living in the home were subject to a Deprivation of Liberties Safeguards (DoLS) and that the service was waiting to hear the outcome of two other applications from the local authority.

In March 2014 a supreme court judgement made it clear that if a person lacking capacity to consent to arrangements for their care, is subject to continuous supervision and control and is not free to leave the service they are likely to be deprived of their liberty. We discussed the implications of this judgement in relation to the people residing on the Oaks and Beeches units with the management team and noted that it was the intention of the registered manager to submit (DoLS) applications for all the people living on these units to safeguard the rights of the people using the service.

We looked at care records to see if the provider had obtained the consent of the people using the service to the care being provided for them or if their relatives had signed an agreement to the care being provided to their family member. We noted that where possible people using the service had signed consent forms and confirmed agreement with the information contained within their care plans. In two cases we noted that a relative had signed a consent form and there was no evidence on file to indicate that the relatives had Lasting Power of Attorney for personal welfare. This was raised with the registered manager who agreed to review this issue.

Each of the four units within Woodlands had dining areas which were provided with food from a central kitchen. Meals were transported to each of the units via hot trolleys.

We spoke with the catering manager and noted that information on the preferences and special dietary requirements of the people living in the home had been obtained for catering staff to reference. We observed that food was served to people in accordance with these special requirements during meal times.

Is the service effective?

We noted that a daily menu was on display which offered a choice of meal. We also enquired about the use of pictorial menus for people living with dementia that resided on the Oaks and Beeches units. We were informed by staff that no picture cards or pictorial menus were available to help people make meal choices.

We observed lunch time meals being served in two units. Tables were attractively laid with tablecloths, tablemats, glasses, cups and saucers and cutlery and napkins. People were offered a choice of menu and those requiring assistance to eat and drink were supported by staff or relatives. The mealtime appeared an unrushed and friendly occasion with background music playing in one unit viewed.

The most recent local authority food hygiene inspection was in October 2013 and the home had been given a rating of 5 stars.

People using the service or their representatives told us that they had access to a range of health care professionals subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; opticians; speech and language therapists and podiatrists.

We noted that the majority of people who lived at Woodlands received primary medical services from a single local practice. We spoke with a GP from the practice who informed us that they visited Woodlands on a weekly basis in order to keep under review the health care needs of people using the service.

Is the service caring?

Our findings

People using the service and relatives spoken with were complimentary of the standard of care provided at Woodlands.

Comments received from people using the service included: “They listen to what you’ve got to say”; “If there are any problems you complain and they deal with it”; “I am happy here”; “Generally all the carers are so lovely”; “I am well looked after and I can do what I like”; “It’s not home but it’s fine” and “The staff are good and I have no complaints.”

Relatives of the people who lived at Woodlands also spoke highly of the care provided. One said “The staff are friendly and the care is personalised.” Another relative told us “Overall I am satisfied with the standard of care provided.”

We spent time with people and staff on each of the units in the home over the two days of the inspection. We saw that staff were both polite and respectful and addressed people by their first name in an appropriate manner.

Our use of the Short Observational Framework for Inspection (SOFI) tool found interactions between staff and people were positive, kind and personalised. We observed people’s choices were respected and that staff were calm and patient and explained things well. We also saw that staff supported people to follow their preferred routines and understood people’s likes, dislikes and individual needs. For example, we saw staff providing assistance, information and encouragement to people who needed to use different aids to mobilise. We also observed staff to refer to people by their preferred name and people using the service were seen to be treated in a polite and courteous manner. We could see from the expressions and reactions of people that they were kept comfortable and relaxed throughout the process.

Staff told us that they were given time to read people’s care plans, personal profiles and risk assessments and to

familiarise themselves with people using the service. This helped staff to gain an understanding of people’s backgrounds and what was needed to help each person and how they would like this to be done.

Care files we looked at provided evidence that people had been involved in providing personal information and agreeing and reviewing the support they received. Systems were also in place to regularly gather the views of people who used the service or their representatives via relatives and residents meetings and satisfaction surveys.

We asked staff how they promoted dignity and privacy when providing care to the people who lived at Woodlands. Staff spoken with told us that they had received training on the value base of social care as part of their induction training which had helped them to understand how to provide person centred care and to respect people as individuals. Staff were able to give examples of how they promote good care practice such as knocking on doors and waiting for permission before entering people’s rooms; asking people how they wished for care and support to be delivered before offering assistance and promoting independence.

We found the registered manager had a good knowledge of the staff team and the people who lived at Woodlands, for example their personalities, needs and support requirements.

People spoken with said they had a good relationship with the manager, deputy manager and staff team. Through discussion and observation it was clear that there was good interaction and engagement with the people using the service and staff responsible for the delivery of care.

The information about people who lived at Woodlands was kept securely to ensure confidentiality.

A statement of purpose and a guide for new residents was available for prospective service users and people using the service to view. These documents contained a range of information about Woodlands, the philosophy of care and the aims and objectives of the service.

Is the service responsive?

Our findings

Woodlands was divided into four units. The 'rowan' and 'sycamore' units provided care and support for a combined total of up to 40 people requiring general nursing care. Likewise, the 'oaks' and 'beeches' units provided nursing care for up to forty people living with dementia. Dementia can cause memory loss, confusion, mood changes and difficulty in functioning and coping with day-to-day tasks.

We noted that the home was in the process of undergoing major refurbishment at the time of our visit to include a new nurse call and fire alarm system. Refurbished areas had been completed to a very high standard. We saw that the oaks and beeches had benefitted from the refurbishment program and that memory boxes (door signage frames) had been fitted to help people orientate around the home.

The management team recognised that there were options to further adapt the units for people living with dementia to help with orientation and stimulation and confirmed this would be an area for ongoing development following the refurbishment of the premises to ensure best practice.

We observed major redecoration and refurbishment work taking place to corridors and a lounge on the rowan unit. Despite this upheaval, the management and staff had given appropriate consideration to how other parts of the home would be used to ensure minimal disruption to residents. Rooms viewed had been personalised in accordance with each person's requirements and contained personal possessions and memorabilia.

On the second day of our inspection we undertook a SOFI observation in one of the units at Woodlands prior to a meal time. We observed nursing and care staff to communicate and engage with people in a friendly and caring manner. People were seen to be relaxed, involved and their needs responded to appropriately.

Woodlands had two activity coordinators employed to develop and provide a programme of activities for people living within the home. During the two days of our inspection we noted that a range of activities had taken place in the different units of the home including: poetry and manicures; time for one to one activities; sing-a-long and dancing; exercises and art and craft. Aromatherapy was also available to people from a private therapist and a

befriender visited a number of residents. The home's chaplain had also facilitated a church service and there were regular services provided on all units from a local Methodist church for people who choose to participate.

Additionally, the PIR detailed that the home was pet friendly and that people enjoyed visits from their family's pets and the PAT (Pets as Therapy) dog named Skype. Previously, people had received visits from new born lambs, chickens and donkeys.

We looked at eight care files and found copies of corporate documentation that had been developed by the provider (MHA – Methodist Homes).

Care plan records viewed contained assessments of need; care plan signature lists; personal profiles; consent forms and support plans. Records had been kept under monthly review and a range of risk assessments had also been completed to minimise / control potential and actual risks. Daily support plans, health care professional records and a range of supporting documentation were also available for reference. Additional records had also been produced by the provider for staff to include within care plan records, subject to individual need. Support plans viewed outlined each person's support needs, desired outcomes and the support required from staff. We noted that there was a narrative at the back of each support plan to guide staff on how best to complete each section.

We noted some minor gaps in record keeping such as missing signatures and dates. Likewise, there was no evidence of behavior management records for two people who expressed challenging behavior. Furthermore we noted duplication of 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms in two cases. We received assurances from the registered manager that these matters would be addressed as a matter of priority.

Key information on Woodlands was available in the reception area and documents such as the home's statement of purpose, service user guide; values charter and complaints procedure was available for reference.

We reviewed the complaints file. Records indicated that there had been three complaints in the last 12 months. Records of the incidents and action taken was available for reference however there was no information on the outcome of one incident or how the information had been

Is the service responsive?

relayed to the complainant. We received assurances from the registered manager that the outcomes of all future complaints would be recorded and followed up in writing to ensure best practice and a clear audit trail.

People using the service and relatives spoken with told us that in the event they needed to raise a concern they were confident they would be listened to and the issue acted upon promptly.

Is the service well-led?

Our findings

Woodlands had a registered manager in place that had been in post for approximately one year. The registered manager was present during the two days of our inspection and was keen to involve her deputy manager, staff, people using the service and their representatives in the inspection process.

The manager's influence on the home was evident throughout the inspection. It was clear through discussion with staff and other professionals that the manager was committed to providing positive leadership and direction to ensure the on-going development of the service and the delivery of good standards of care. One health care professional informed us that they had noted significant improvements in the last twelve months, that the service was more open and transparent, clinically focussed and that the retention of staff had resulted in greater continuity of care.

Staff referred to the registered manager by her first name which reinforced that there was a friendly relationship between them and a commitment to an "open door" policy from her. People who used the service and staff told us that the registered manager was very approachable, and supportive. Comments received from staff included "Wendy is the best manager I've ever had. We've got good leadership for once and I trust her"; "Wendy is very supportive of personal issues and is approachable"; "The manager is very supportive of the team and is engaged" and "The manager is lovely."

We noted that an emergency plan had been developed to ensure an appropriate response in the event of a major incident. We also saw that there was a system of audits in place. These included: periodic internal quality audits, quarterly health and safety performance; quarterly first aid supplies; quarterly medication audits; six monthly infection control and annual health and safety systems and practices. This enabled the registered manager to monitor the service and identify shortfalls and areas for improvement.

A comprehensive range of service and maintenance records were also in place to verify that services and equipment within the home was monitored and maintained to a satisfactory standard. We checked a number of test and service records relating to the premises and found all to be in good order.

The provider had also commissioned a market research organisation to conduct a 'Your Care Rating'. The survey was conducted during September and October 2013 and involved seeking the views of the people using the service or their representatives. The survey sought feedback on a range of issues including: 'staff and care'; 'home comforts'; 'choice and having a say' and 'quality of life'. An action plan with timescales had been developed in response to the feedback to ensure the on-going development of the service.

Likewise, a staff survey had been undertaken during April 2014 to seek feedback from people working at Woodlands. The registered manager informed us that the results were discussed during a team meeting to ensure positive engagement with staff.

We saw minutes of general staff meetings, resident meetings and relatives meetings which had taken place at three-monthly intervals to provide stakeholders with the opportunity to share and receive information.

Staff spoken with also confirmed that they had received formal supervision and appraisals at variable intervals.

The registered manager is required to notify the CQC of certain significant events in the home. We noted that the manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the registered manager was aware of and discharged the legal responsibilities attached to her role.

Information on Woodlands had been produced in the form of a 'statement of purpose' and 'guide for residents' to provide people using the service and their representatives with key information on the service.