

Woodstock House Limited

Woodstock House

Inspection report

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Wiltshire
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26 April 2018

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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 ●

Summary of findings

Overall summary

The inspection took place on 23 April and was announced. The inspection continued 26 April 2018 and was again announced.

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

Woodstock House is a residential care home for eight people with mental health needs. The home is situated in the centre of Salisbury and provides easy access to local facilities. There are three floors with the first and second floor having access via stairs. There is a communal living and dining area and a conservatory on the ground floor. At the time of our inspection seven people were living at the home.

The service had a registered manager in post. 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 were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of self-harm or displaying unacceptable behaviour staff understood the actions needed to minimise avoidable harm to themselves and others. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People had been involved in assessments of their care needs and had their choices and wishes respected including regular access to healthcare services. Professionals spoke positively about the service. People's care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People were also encouraged to attend training with staff. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as homely. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity and privacy respected. Independence was promoted to empower people to live meaningful and fulfilling lives.

People had their care needs met by staff who were knowledgeable about how they were able to

communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known where this had been identified by them as a goal. These included their individual spiritual and cultural wishes. People were actively supported to access their community and attend activities, voluntary work and college courses of their choice.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. Staff, people and professionals spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

All areas of the home were kept clean to minimise the risks of and spread of infection.

People were protected from harm because risk assessments and emergency plans were in place and up to date.

There were sufficient staff available to meet people's assessed care and support needs.

Staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

The service was acting in line with the requirements of the MCA.

Staff received training and supervision to give them the skills they needed to carry out their roles.

People were given the opportunity to be involved in staff training.

People were supported to eat and drink enough and dietary needs were met.

The service worked within and across other healthcare services to deliver effective care.

The premises met people's needs and they were able to access different areas of the home freely.

People were supported to access health care services and other professionals as and when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that treated them with kindness, respect and compassion.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Independence was promoted to enable people to live the active fulfilling lives they choose to.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that used person centred approaches to deliver the care and support they required.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities within the home, college courses and voluntary work.

A complaints procedure was in place. Relatives, professionals and people told us they felt able to raise concerns with staff and/or the management.

People were supported with end of life care. Preferences and choices were respected by staff.

Is the service well-led?

Good ●

The service was well led.

The management team promoted inclusion and encouraged an open working environment.

Staff received feedback from the management and felt recognised for their work.

Resident meetings took place which provided an opportunity for people to feedback and be involved in changes.

Quality monitoring systems were in place which ensured the management had a good oversight of service delivery.

The home was led by a management team that was approachable and respected by the people, relatives and staff.

The home was continuously working to learn, improve and measure the delivery of care to people.

Woodstock House

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 site visit took place on 23 April and was announced. The inspection continued on the 26 April 2018 and was again announced. The inspection was carried out by an inspector and expert by experience on day one and a single inspector on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to mental health needs.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service and three relatives. We met with one social care professional and four staff. We had telephone conversations with three further health and social care professionals.

We spoke with the registered manager and nominated individual. We reviewed four people's care files, five medicine administration records, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2017 resident survey results. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people

who live there.

We asked the registered manager to send us information after the visit. This included policies and staff training records. They agreed to submit this by Friday 27 April 2018 and did so via email.

Is the service safe?

Our findings

People, relatives, professionals and staff told us that Woodstock House was a safe place to live. A person told us, "I feel safe because staff talk to us and give us good advice". Another person said, "I feel safe since they [staff] help me bring a structure to my day and they help with making and attending appointments". A relative told us, "There are systems in place to keep my loved one safe. They [staff] look after them well". Another relative said, "Yes I do feel my loved one is safe. In a smaller type home staff are able to give 'attention to detail' and that is along with dedicated staff these are two of the strengths of Woodstock House". A professional said, "I have no reason to think the home is not safe. They (staff) are well aware of people's vulnerabilities". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, checks and support.

We found that the home had implemented safe systems and processes which meant people received their medicines both prescribed and non-prescribed on time and in line with the providers medicine policy. We observed a person coming to the office and requesting their medicines. The staff member explained the purpose of the medicines being administered and enabled the person to take the medicines themselves.

The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained. The registered manager told us that they were currently in the process of creating a competency check list to ensure staff remained confident and professional. The registered manager went on to say they were going to try and be innovative by enabling people to be part of staff competency assessing. Medicine Administration Records (MAR) were completed and audited appropriately. A health professional told us, "The service are organised with medicine management. They [staff] keep us up to date and request prescriptions as and when needed".

There were enough staff on duty to meet people's needs. The registered manager said that they were confident that staffing levels met people's needs and that additional staff were put on rotas as and when people's needs changed. A relative said, "I think there are enough staff here. They have time to talk to people which is important to my loved one". A professional told us, "I've never thought there aren't enough staff and I have never had feedback from people saying there aren't enough either". Staff comments included; "I believe there are enough staff here. I feel shifts are relaxed, not rushed and we have time to spend with people", "There are enough staff on a day to day basis. If needs change additional staff are brought in".

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Staff were able to discuss their responsibilities in relation to infection control and hygiene.

There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us, "There are no live safeguarding alerts at the moment. I have confidence and experience that these are managed well. The service is very transparent".

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all recorded by the registered manager and actions taken as necessary. We discussed overall analysis of reports. The registered manager told us they would create a log which would enable them to identify trends easier than having to review each report separately. Reports we reviewed included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A staff member told us, "If an incident occurred I would assess the situation, get my senior or the registered manager, call 111 or 999 for advice and support and then record it".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at high risk of self-harm, assessments showed positive measures taken to enable people to self-manage the risk. For example; clean up and access to the local walk in centre. General risk assessments were also completed when people went out as a group or on regular outings, for example, working at the homes allotment and day outings to theme parks. A professional told us, "Woodstock House is very responsive to risk and they encourage positive risk taking which has resulted in good outcomes for people. They put plans in place and share these with us". Another professional said, "Staff really get to know people, understand risks and how to support people managing these".

Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested to ensure its effective operation. A gas safety certificate was in place and dated 27 October 2017. Fire fighting equipment checks took place in January 2018. Fire safety checks were regularly completed, a fire risk assessment was in place and regular evacuations were carried out. People did not require any support to vacate the home and told us they knew where to go in the event of a fire.

Is the service effective?

Our findings

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.

We checked whether the service was working within the principles of the MCA. Everyone who lived at Woodstock House had capacity to consent to their care and treatment. Each person's individual support plans and recovery goals had been signed and agreed by them. The registered manager told us that if necessary they would complete capacity assessments and record best interest decisions.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. Training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. If people did lack capacity assessments and best interest's decisions are completed. Best interest decisions would include families, community psychiatric nurses (CPN) and other professionals".

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I receive enough training. I am currently doing my level 3 diploma in Health and Social Care. I have also recently done training and more is being delivered this week. A trainer comes to the home". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; mental health, diabetes and stroke awareness. A staff member told us, "I receive regular supervisions. I find them useful. They keep us up to date with changes and things that are new. We can always voice any issues we may have". Staff also received annual appraisals.

People told us that they were involved in training too. A staff member said, "(Name) took part in some training recently and seemed to really enjoy it. They answered lots of the questions". Examples of training people had received included; food hygiene, medicines and equality and diversity. One person told us that they enjoyed doing the medicines training and found it useful because they hoped to be a nurse one day.

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "I had a good induction. It was informative. I shadowed experienced staff and was shown what to do".

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care and recovery plans. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's

health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to. A social care professional said, "The managers are very good at using what we give them for admissions and they always meet with the people to determine their needs".

Woodstock House worked effectively with services and other teams across organisations to deliver effective care when people moved on. The management had a 'move on' monitoring form which showed a number of people who had moved into Woodstock House and had successfully moved on to supported housing, their own homes or council accommodation. A person told us, "It's been really good here but I am moving out to my own bedsit at the end of the month. Staff have helped me achieve this".

We observed a staff handover on day two of our inspection. Each person was discussed and a summary of their day given. This included any changes, concerns or observations. These meetings also gave all staff an opportunity to seek further advice and ask any questions before starting their shift.

People were supported to maintain a healthy diet and food and fluid charts were in place when appropriate. A staff member told us, "The home is self-catering. People go shopping for their own food with staff support. Once a week there is a communal meal, other day's people make their own. Occasionally we also have take aways". Each person had a shelf in a cupboard and a shelf in the fridge and freezer to store their own foods and the one vegan had their own small fridge. A person told us, "We always have a roast dinner and eat together on Wednesdays – it's a nice time when we can all get together as long as we are free and here". Another person said, "They [staff] take us shopping to buy the food we need and help us chose a healthy diet where we can". A relative told us, "We have seen improvements in our loved one. They have put on weight since moving to the home and are looking well".

We observed a person making a shopping list prior to going out, the staff member was encouraging the person to look at what was in the jar of sauce [for the pasta] to see what would complement it. The person then had to think without the staff member making suggestions. This approach gave the person maximum control and helped them think about the food they were going to eat and what would taste good as well as what may be healthy.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "Another reason I feel safe is the Community Psychiatric Nurse (CPN) is there to back up what the staff are doing". A health professional said, "We have really good partnership work. They are very responsive. We are very complimentary about Woodstock and they have a good local reputation". Recent health visits included; CPN's, Psychiatrists and GP's.

People told us they liked the physical environment. The home was split across three levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There were stairs in place providing access to each floor. There was access to secure, outdoor spaces with seating and planting that provided a pleasant environment. A person said, "I can go outside if I want to". Another person told us, "It is great in the nice weather – we have B-B-Q's outside in the garden we all enjoy them – it is really nice". A staff member said, "People are free to come and go as they please. They inform us when they go and when they come home".

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "I feel safe as I get on so well with staff that I can go and talk to them before things get that bad". Another person said, "Staff are caring towards us. This is not like an institution, hospital's an institution! It's like a home here - after all it is my home now". A professional told us, "Staff are very kind and caring. They are good at communicating boundaries with people too". Relative comments included; "Staff are caring and kind, when our loved one is upset staff comfort and settle them respectfully", "What always comes through is the staff attitude and the fact they 'really care' and it's not just words – it is put into action – I see it over and over again help with the little things like eating healthily and being involved to big things like where they go and what they want to do in the future".

People were treated with respect. For example, on day two we observed one person getting upset after receiving some news. The registered manager discreetly took the person into a private area and offered reassurance and support, helping to preserve the person's dignity. The person was assured by this and thanked the registered manager. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. One person told us, "The staff are kind and show respect". A health professional said, "The staff will discuss interventions with people and seek their consent. Staff respect people and people trust staff". A staff member said, "We respect people's dignity and privacy. We talk people through personal care tasks and explain what we are doing". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People were able to talk to us about their view of the service and said they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included. "I feel comfortable with the care", "They [staff] have kept me on the straight and narrow – it's so easy to get in a mess and then find yourself in more trouble". "We are happy with our loved ones care. They have improved since living at Woodstock House".

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A professional told us, "I think Equality Diversity and Human Rights (EDHR) are respected and promoted here. They advocate for people". We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice. One person said, "I go to church regularly and staff help me with arranging transport to do this."

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There was a conservatory area so people were able to meet privately with visitors in areas other than their bedrooms. A relative told us, "We are always welcome when we visit and our loved one stays with us some weekends and often calls during the week". Staff were aware of who was important to the people living there including family, friends and other people at the service.

On both days of the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of singing and laughter. We observed staff interacting with people in a caring and compassionate manner. They demonstrated a concern for people's well-being and were gentle and encouraging. People, staff and relatives referred to Woodstock House as homely and an extended family. The feeling of family was demonstrated by one person sharing their chocolate around with everyone in the room while another person was offering to make drinks for anyone who wanted one.

People were encouraged to be independent and individuality was respected. A person said, "The staff have given me a structure to my day. They support you but only when you need it and help with making appointments – to make sure we do it right and go when we should". A relative told us, "Our loved one is happy. Their independence is promoted and (name) or they are is respected as an individual. That's all we ask for". A staff member said, "I encourage people to do things for themselves and support when needed, this promotes their independence. For example, people will make their own shopping list and I let them go around getting their own items when we go to the supermarket".

The home had received a number of compliments and thank yous. We read one which said, 'I am happy with my staff. They have given me motivation and helped me with a maths course at college'. We read another which read, 'Thank you for all you have done for me. Thank you for all your help and support'.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people in the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A person said, "If something isn't going to work or we can't do something they will tell us rather than just try to make us feel good and then fail". A social care professional told us, "Individual placements and funding determine the regularity of reviews. There is always one six weeks after people move into Woodstock House. Then others follow either six or 12 monthly. Reviews are always person centred. People are always present in their reviews. They are both listened to and empowered". A health professional said, "Staff continuously review, adjust and pursue which means people achieve".

Care plans were available to staff, up to date, regularly reviewed and up dated by the management to ensure they reflected people's individual needs, preferences, recovery goals and outcomes. The registered manager alerted staff to changes and promoted open communication. We found that care plans contained photos of people and information about the person, their family and history. A relative said, "I am kept up to date. The home informs me of health changes and outcomes of appointments".

We were told of positive outcomes for people who had and were living at Woodstock House. For example, one person had started with very high needs and required 1:1 staff support. Through continuous, consistent support this person was now independent, did not receive 1:1 support and was looking to move onto supported living. Another person said, "The best thing for me was the staff helping with money, meals and college. I have been doing auto mechanics at college for two years now and for two months I have been volunteering in the same department. I help in the stores, give out tools and help with the clearing up". A professional told us, "One person initially found it very difficult however, since living in the home they have been supported to be able to express themselves, focus on daily tasks and planning. This has resulted in a massive reduction of incidents".

Staff told us that goals empowered people and made them feel proud. One staff member said, "The end goal is all about what the person wants to achieve and how best we can help them". We read that one person's recovery goal involved attending college and working towards a professional qualification. The person told us, "I went for my college interview yesterday and have been accepted to do an access course for university. I'm really excited". Another person said, "I used to stay in bed a lot of the time when I first came here, and I didn't want to get involved with things, but staff reasoned with me so I got to appreciate it wasn't doing me much good or helping me to cope with my problems. So I started getting up more and going out with others and now I always get up for breakfast and go out during the day".

People were supported to take part in activities both within the home and out in the local community which they had interests in. We observed people baking on day two of the inspection. A person told us, "I now do volunteering, swimming, go to the gym and football". Another person said, "I work in the shop on Tuesdays and Thursdays and do cooking and gardening at a local church". A relative told us, "Stimulation through outside visits is good and independence is always encouraged. They all went to Thorpe Park on an outing last year". People's hobbies and interests were reflected in their care files and staff had a good knowledge of

people's likes and dislikes. Another relative said, "Encouragement is good for regular tasks as well e.g. laundry, clearing away, washing up and cleaning". A staff member told us, "We take people to the allotment, to art groups, baking, do puzzles, colouring, and gardening and have movie nights. Day trips are also arranged". A person told us that they were traveling to Bath on the train at the weekend to meet with friends on their own.

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. We read some outcomes of previous complaints recorded and found that these had been actioned in line with the local complaints policy. We found that there were no live complaints at the time of our inspection. A relative said, "We have no complaints at all and are confident that management would respond to any concerns in a timely manner". People we spoke to told us they felt able to raise concerns with staff or management. A professional told us, "We have no concerns about the service. The management are open to receiving feedback including complaints and manage these well".

At the time of our inspection the service was mainly supporting young adults. There was an end of life policy in place which staff were aware of. We found that one person's relative had recently passed away which had made them think about death. The person had met with their staff and requested to set a recovery goal around end of life planning. A staff member explained that they supported the person to put a personal funeral plan and will together. This plan detailed music they would like playing, poems they would like to be read and a dress code had been agreed. The management told us that others people at Woodstock House had not chosen to do this however, they would always support anyone to.

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; staff files, kitchen, medicines, health and safety, infection control and equipment. The registered manager and nominated individual told us that they regularly worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary.

The management told us that they promoted an open door policy. The manager's office was well located on a main corridor on the ground floor next to the front door. This enabled management to be easily accessible to people, staff and visitors. The management told us they recognised good work which was positive and promoted an open culture. Staff told us they felt valued and enjoyed their jobs. One staff member said, "I love it here. The support and help we give people. I have seen people move from here to their own flats. It's a real sense of achievement".

Staff, relatives and people's feedback on the management at the home was positive. A person told us, "(Registered manager name and nominated individual name) are very hands on and always out of the office – we can ask them anything and they will give us an honest answer – they don't try to fob you off with what you want to hear". One staff member said, "The management are amazing! We can talk to them about anything. We are lucky to have them. They value staff and work with us". Another staff member told us, "Management lead by example. They involve themselves. I have learnt a lot from them by watching them. They never take people for granted and thank us for our work". A relative said, "The care is so individual for all nine people that it is above and beyond what I could ever expect, and I think the registered manager and nominated individual are responsible for that". Another relative told us, "The managers are very good and easy to talk to".

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "Partnership work with Woodstock House is great. Very two way discussion led. Communication is brilliant, they are open and transparent". Another professional told us, "The service is really good. Totally person centred, responsive to people's needs and proactive. The best in Salisbury".

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A staff member said, "We always listen and learn. We are a small team so sharing learning and information is easier. We are open to learning

from everyone; people, professionals, relatives and each other. As times change we change with it".

People, relatives and staff told us that they felt engaged and involved in the service. A person said, "There was a time when watching TV was a problem – some people just sat there all day never going out so there was a residents meeting and we all agreed and decided that we would have a 4.00pm TV. So now the TV stays off till 4.00pm and most of us are much more active". A staff member told us, "I'm involved in decisions. Management listen to my views and opinions".