Barchester Healthcare Homes Limited

Woodhorn Park

Inspection report

Woodhorn Road
Ashington
Northumberland
NE63 9AN

Tel: 01670812333
Website: www.barchester.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Woodhorn Park is a residential care home close to the centre of Ashington. The service provides care for up to 60 people, over two floors. There were 57 people using the service at the time of the inspection; with 27 people cared for on the ground floor residential unit, and 30 people in the upstairs 'Memory Lane' unit for people living with dementia.

The inspection took place on 25 January and 3 February 2017 and was unannounced. A previous inspection in September 2015 found three breaches of legal requirements.

A registered manager was 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.

At the previous inspection we found that risks to the health and safety of people who used the service had not always been assessed and mitigated. At this inspection we found improvements in this area. Individual risks to people were assessed and reviewed regularly. Checks on the safety of the premises and equipment were also carried out and staff demonstrated an awareness of maintaining a safe environment as they worked.

The premises were clean and staff were aware of procedures to follow to prevent the spread of infection. Suitable personal protective equipment such as gloves and aprons were readily available, and cleaning chemicals were safely stored.

There were mixed views about the number of staff on duty. The registered manager was staffing the service in line with the dependency assessment rating tool used by the provider, although she had identified certain times of the day that could be very busy and had requested additional staff hours. We found that staffing on the ground floor, up to and including the lunch time period was insufficient to consistently meet the demands of people in a timely manner. Immediately following our inspection additional staff hours were agreed and an additional staff member was deployed without delay to support this busy period. Due to the concerns raised about staffing we made a recommendation that staffing remains under review.

Medicines were managed safely. There were suitable procedures in place for the ordering, receipt, storage and administration of medicines. Staff competency to administer medicines safely was assessed on a regular basis, and medicine audits were carried out internally and by the dispensing pharmacy.

Safeguarding policies and procedures were in place, and staff were aware of what to do in the event of concerns of a safeguarding nature. Suitable staff recruitment procedures were in place which helped to protect people from abuse.

At the last inspection we found that support provided at mealtimes was not always person centred. At this inspection, we found that improvements had been made in this area. Staff supported people to make choices by providing written menus and visual aids. The individual needs and preferences of people were supported including people receiving meals in their bedroom. Nutritional risks were assessed and appropriate advice sought for people at risk of malnutrition.

Staff received regular training considered mandatory by the provider. Clear records of training were maintained. Additional specialist training related to people's individual psychological and physical needs was also provided. Staff received regular supervision and annual appraisal, and told us they felt well supported.

At the last inspection, we found that improvements had been made to the environment in the Memory Lane unit, for people living with dementia. At this inspection, we found that there had been further improvements with more planned. People's bedrooms were personalised and homely.

The service was operating within the principles of the Mental Capacity Act (2005) (MCA). MCA care plans were in place, and decisions taken in people's best interests were appropriately recorded.

The health needs of people were met. Visiting professionals told us they were asked to see people in a timely manner, and that staff acted upon the advice they gave. Records showed a variety of health professionals visited people on a regular basis.

Staff were observed to be kind, caring, attentive and respectful in their communication with people. They knew people well and could describe the care people needed to help them to feel safe and relaxed. A number of people and visitors commented on the warm and welcoming atmosphere in the home, and the friendly and helpful approach of staff.

At the last inspection, we found that care plans were not always followed by staff. At this inspection, we found that person centred care plans were in place which were up to date and regularly reviewed. We saw no evidence of these being contradicted. People and relatives were involved in the care planning process where possible.

A range of activities were available. These were well organised and catered for varying needs, interests and level of ability. People were supported to make choices and to remain as independent as possible.

At the last inspection, we found that not all aspects of the service were well led, as some of the issues we identified had not been picked up through routine audits by the registered manager. At this inspection, we found that systems to monitor the quality and safety of the premises had improved. There were feedback mechanisms in place to obtain the views of people, relatives and staff. There were good links locally with people having the opportunity for trips into the community, and planned events in the home involving the local community.

Notifications of events the provider is obliged to notify us of, were sent to CQC in line with legal requirements.

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.

Medicines were managed safely and a procedure was in place to ensure the competency of staff administering medicines.

Risks to people were assessed and reviewed to ensure the safety and comfort of people living in the service. Safety checks of the premises and equipment were carried out.

Safe recruitment procedures were followed which helped to protect people from abuse.

Is the service effective?

Good

The service was effective.

People's capacity levels had been considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

Staff received regular training, supervision and appraisals. Specialist training about specific health and psychological needs was provided.

People were supported with eating and drinking and nutritional assessments were carried out. Appropriate action took place in the event of concerns about the nutritional needs of people.

The premises were adapted to meet the needs of people living with dementia and further improvements were planned.

Is the service caring?

Good

The service was caring.

We saw that staff spoke kindly with people and treated them with respect.

Dignity was preserved and personal care was offered discreetly and sensitively.

The independence of people was supported and promoted.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place and these were reviewed and updated regularly.

A range of activities were available and there were close links with the local community.

A complaints procedure was in place, Complaints were logged and dealt with appropriately by the manager in line with company policy.

Is the service well-led?

Good

The service was well led.

A registered manager was in post. The manager was supported by a deputy manager. People staff and visitors told us the managers were helpful and approachable.

Regular audits to monitor the quality of the service were carried out.

Staff and relatives told us that the service was well organised.

Feedback systems were in place to obtain people's views such as surveys and meetings.

Woodhorn Park

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 25 January and 3 February 2017 and was unannounced. The inspection was carried out by one inspector, a specialist advisor and an expert by experience (ExE). The specialist advisor was a nurse with a background in the care of older people. An ExE is a person who has personal experience of using, or caring for someone who used this type of service.

Before the inspection we reviewed the information we held about the home, including notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority contracts team and safeguarding adults team. We took the information they provided into account when planning our inspection.

We did not ask the provider to complete a Provider Information Return (PIR) due to the scheduling of 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people, the registered manager, the deputy manager, a regional director and six care staff. We also spoke with two domestic staff, a member of kitchen staff, a maintenance staff member, two district nurses and a community nursing assistant. We also spoke with seven friends and relatives.

We examined four care records and three staff recruitment files. We also examined a variety of records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe in Woodhorn Park. One person said, "I feel very safe here, you don't have strangers wandering past your front door. I have no need to worry here." A relative told us, "She feels safe. It has taken the worry away and made her life so much better."

At the last inspection we found that risks were not always assessed or mitigated, including environmental risks. At this inspection we found risk assessments in place for a range of needs including falls, diet, skin integrity and risks related to specific medical conditions. These were up to date and reviewed on a regular basis.

Falls were monitored and data collected regarding falls was analysed to identify any peak times for falls, and to raise awareness and vigilance amongst staff. Where appropriate, equipment such as fall sensors were in place. These alert staff to the fact that someone is moving unassisted and may be at risk of falling.

Signage was in place alerting people, staff and visitors to the use of oxygen in one person's room, and wet floor signs were used when necessary in order to maintain the safety of people, staff and visitors. Staff showed an awareness of the need to maintain people's safety. One staff member was pushing a wheelchair and the person removed their feet from the footrests. The staff member immediately stopped and politely asked the person to put their feet up in case they hurt themselves.

There were regular checks on the safety of premises and equipment. These included gas and electrical safety checks, checks of equipment used for the moving and handling of people including passenger lists and hoists. Legionella risk assessments and tests were carried out to ensure people were not at risk from the bacteria entering the water system. Fire safety training and drills were carried out. Fire safety equipment including alarms and lighting were checked on a regular basis. Personal emergency evacuation plans (PEEPS) were in place. These describe the level of support people need in the event of an evacuation.

The premises were clean and personal protective equipment was available for staff to use such as gloves and aprons. A staff member was designated 'infection control champion', who attended meetings at the local hospital, and then shared information with the staff team. We found a small number of pedal bins which were broken; these were replaced by the second day of the inspection.

Regular health and safety meetings were held. Minutes of these meetings were available and items for discussion included infection control and COSHH (Control of Substances Hazardous to Health) which related to the safe storage of cleaning chemicals. Environmental audits were carried out and actions were recorded. For example, when audits had highlighted that items stored under a stairwell constituted a fire hazard daily checks were put in place to ensure the area remained clear. This demonstrated the provider sought to maintain the health and safety of people, staff and visitors.

We checked the management of medicines and found there were safe procedures in place for the ordering, receipt, storage and administration of medicines. Medicines were stored correctly and the temperature of

the room and fridge temperatures were taken daily. This is important as some medicines can become ineffective if stored at the incorrect temperature. We observed medicines being administered. The staff member checked that people had taken their medicine before moving to the next person. One staff member asked a person, "Have you taken your medicine, do you mind if I have a cheeky check?" The person laughed and put out their tongue. There were no gaps in medicine administration records [MARs] and a check of stock found the correct amount of medicine. The competency of staff to administer medicines had been checked and medicine training was up to date. Competency was assessed by a nurse from one of the provider's nearby homes. Regular audits of medicines were carried out. The procedure for the recording of topical medicines, such as creams applied to the skin, was under review. These medicines were not always accessible to care staff who had to seek a senior member of staff prior to administering these, who then recorded that they had been applied. This was time consuming and the new system was designed to ensure these medicines were always recorded correctly.

There were mixed views about the number of staff on duty. The provider used a dependency assessment to determine the numbers of staff required based on the needs of people who used the service. We found that the staffing levels met or exceeded the number based on the dependency assessment. Some staff told us there were sufficient staff on duty and that they had time to support people effectively. A district nurse told us that there were always staff available to support them when they visited. Most people we spoke with told us their needs were met in a timely manner; one person said, "I can ring the bell and staff come ASAP." We did not hear call bells ringing excessively on either day of the inspection. However a relative told us, "They seem to be short staffed at times. I see the staff working very hard but it must be hard to care when they are so busy." A member of staff told us they thought there were insufficient staff on the ground floor, particularly in the morning and over lunch time. We observed the lunch time on the ground floor and saw that a number of people chose to have their meals in their bedroom. Two staff were serving meals to 25 people which meant some delay in people receiving meals and assistance. We observed the lunch time on the first floor and found there were sufficient staff to support people in a calm unhurried manner.

We spoke with the registered manager about staffing on the ground floor and she advised she had raised this with the provider and was awaiting confirmation of additional staff hours for the ground floor. Following our inspection we received written confirmation that the application had been approved by the provider and additional hours had been authorised and implemented without delay. An extra staff member was deployed on the ground floor in the morning including over lunch time to support during this busy time.

We recommend that staffing remains under review in light of concerns expressed.

Safeguarding policies and procedures were in place. Staff had received training in the safeguarding of vulnerable adults and knew what to do in the event of concerns. One staff member told us, "I would report anything straight away to my manager or higher if necessary. I have never seen anything bad here." A safeguarding investigation had been held since the last inspection and an allegation of neglect was upheld. We spoke with the manager and the deputy about the concern and they told us there had been an issue with documentation which meant it wasn't possible to demonstrate that the correct care had been provided. They said they had learned from this and improved recording and reporting procedures. The registered manager and deputy manager had notified CQC of any issues of a safeguarding nature in line with legal requirements and were aware of the procedure for reporting these. A member of the safeguarding team who had recent involvement with the service told us they had found the registered manager and staff proactive in their approach to preventing and addressing concerns of a safeguarding nature.

We checked staff records and found that suitable procedures were in place for the recruitment and selection of staff. Application forms were completed and gaps in employment history were explained. Appropriate

checks were carried out including the provision of two references, and checks carried out by the Disclosure and Barring Service (DBS). The DBS checks that applicants are not barred from working with vulnerable people. This information helps employers to make safer recruitment decisions. The identification of staff was also checked.

Good

Is the service effective?

Our findings

People told us they were very happy with the care and support they received at Woodhorn Park. One person told us, "I am very happy here and was allowed to bring my own bed and some furniture, and this afternoon a carer is taking me out to buy a new quilt."

At the last inspection, we found that support provided to people at mealtimes was not always person centred. At this inspection we found improvements had been made in this area. We observed people who were cared for in bed being appropriately supported by staff. People were shown two small sample size platefuls of the main meal choices available. This was an effective visual aid, particularly for people living with dementia who may not understand the choices when explained verbally. Some people chose to eat in their bedroom, and on the ground floor, this impacted upon the efficiency of the serving of the meals in a timely manner, although plans were in place to rectify this.

Tables were fully set with tablecloths and condiments. Coloured dignity crockery was not in use but tablecloths contrasted with plates which made them easy to see, although there were plans to provide specialist crockery as part of a wider project enhancing support to people living with dementia. Dignity crockery can be helpful as the colour helps with visual and perceptual difficulties which can be experienced by some people due to their dementia related condition. Nutritional risks were assessed and care plans were in place to mitigate these. People's weights were recorded monthly, or weekly if there were concerns. Kitchen staff were aware of people's likes, dislikes and special dietary requirements. One person told us, "I am vegetarian and I am well catered for here." Meals were supplemented as required to increase the calorie intake of people at risk of losing weight. Soft or pureed diets were available for people with difficulties chewing or swallowing and professional advice about swallowing or diet was sought from relevant health professionals. We saw regular drinks and snacks being provided and the afternoon tea trolley contained a choice of drinks and a selection of cakes.

Food and fluid charts were in use and we found that individual target fluid intake had been calculated and people were encouraged to meet this on a daily basis. Charts were sometimes kept in people's rooms, or in the office. This meant that at times there appeared to be information missing although we managed to locate these entries. We spoke with the registered manager who told us they would ensure staff stored the charts in one location to ensure the continuity of information.

At the last inspection we found that some improvements had been made to the environment to support people living with dementia but that further work was required, particularly around orientation. At this inspection, we found that further improvements had been made including the addition of items of interest around the home for people to pick up and explore as they walked around. The Mayor had visited the service and had written a letter in which they described the positive environmental changes, made to the Memory Lane unit in particular. They said, "I noticed many excellent memory aids on the corridors including an old school desk, old pram and others, to assist the residents long term memory." People's bedrooms were personalised and homely, and main corridors and communal areas were spacious and well lit. In one lounge there was a projector screen which could be used to provide entertainment. There were a small

number of repairs required and these had been noted by maintenance staff. This included and replacement of wooden casing around bathroom pipes which was damaged. This work had been completed by the second day of the inspection.

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. 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 operating within the principles of the MCA. Applications had been made to the local authority to deprive people of their liberty in line with legal requirements. A file was kept with the application status of each person, including when they were due for renewal. Each person had a MCA care plan in place, and decisions made in people's best interests were appropriately recorded.

Staff had received training in the MCA and we spoke with the deputy manager who delivered MCA training and told us, "I use scenarios during the training and ask staff what they would do in certain situations." Staff received regular training and supervision. We were provided with a training matrix which contained individual staff training records. A colour coded system was in place to highlight training due for renewal. Completed training showed green and amber was used to show training due. The record showed that Staff had completed training considered to be mandatory by the provider including moving and handling, health and safety, safeguarding vulnerable adults, food safety, skin care and fire safety. We spoke with a new member of staff who told us they had undergone a period of induction when they started work in the service. They said, "I shadowed another member of staff and had an induction. I have done moving and handling, health and safety, and choking training. [Name of staff member] went through basic dementia awareness with me and I'll do it more in depth later. Everyone has been really approachable and supportive." Staff confirmed they received regular supervision and said they felt well supported by the manager and deputy. Annual appraisals were carried out.

Training relevant to the specific needs of people was also provided. For example, a district nurse told us they were training staff to administer insulin to a person with stable diabetes and said this was going well. Staff told us they had also received training about chronic obstructive pulmonary disease (COPD), and the use of oxygen. A relative told us, "Staff have always done specific training around [name of person] needs. They have had specialist behaviour training and because of the extra work they've undertaken, the level of understanding and acceptance of their condition has been amazing."

The health needs of people were met. One person told us, "I have been very ill with [list of ailments] but the staff were wonderful and really looked after me." Professional visitor logs showed that people had been seen by various health professionals, including GPs, nurses, chiropodist, dentist, speech and language therapist and audiologist. Formal emergency health care plans were not fully in place. These outline what should happen in the event of people taking ill, including ceilings of care and decisions regarding how proactive interventions should be, taking into account people's current physical health, and their preference to be treated in the home if that is their choice. The deputy manager explained that they were working with their local surgery to address this and hoped to be allocated a link GP to help with the further development of these plans, although specific wishes were recorded elsewhere. Transfer documents were in use which travelled with people to hospital to ensure important information about people was available to medical and nursing staff.

Do not attempt cardiopulmonary resuscitation [DNAR] orders were in place and were stored prominently and reviewed on a regular basis.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One person said, "I like it here, staff are all nice, absolutely no complaints at all." A relative told us, "They are very respectful of my mother's needs. I think the staff are very kind and caring." A number of people and relatives told us staff were friendly and helpful. A community nursing assistant told us, "People are well looked after here. Staff are very helpful and seem to know people well."

We also found staff to be friendly and helpful during our inspection and several people and visitors told us they felt the home had a lovely atmosphere. Staff told us they were happy working in the home. One staff member said, "I've worked here many years and I wouldn't be here if I didn't still believe in the place. This place is totally resident orientated; not like others I've seen or worked in."

We saw numerous examples of staff communicating with people with kindness and respect. Situations were responded to promptly and we saw reassurance and explanations being offered to people. One person became anxious and distressed for a short period of time. A staff member called on another to help, and the person beamed with delight when they saw the second staff member who they clearly recognised and said, "It's you!" They visibly relaxed and were supported to a quieter environment but close enough to be able to see and hear what was going on.

The staff member explained that the person could become over stimulated and upset in communal areas although they were still encouraged to spend time there as they enjoyed this for short periods. They had taken the decision to move the person's room closer to the lounge so they could retreat there when feeling overwhelmed, but were close enough to be quickly reassured and checked frequently. This appeared to work well as we noted they remained settled thereafter, and it demonstrated a thoughtful approach to meeting people's individual needs.

It was clear that staff knew people well. One staff member told us, "It is important to smile at [name of person], as they can become frightened." This showed that staff were aware of the effect visitors or new faces could have on people and advised them how to approach the person to ensure they weren't alarmed. Staff were observant and took notice of what people were doing. A staff member noticed a person trying to take a drink from an empty cup so asked, "Would you like me to get you a drink?"

The dignity of people was maintained. We observed one person had spilled food on their clothing and was reluctant to change. Staff approached the person later and we saw they had been supported to wash and change their clothes. We saw one person was wearing no shoes and we asked them about this. They told us this was their preference and they liked to sit with them off. A relative told us their relation was always well dressed. They said, "I'm very happy about my [name of relation] care. They are always dressed properly and the staff are very kind and caring."

Staff knocked on doors before entering people's bedrooms and bathrooms and information about people was stored confidentially to maintain their privacy. We observed that support with personal care needs was

offered discreetly by staff. Explanations were provided to people frequently by staff which was important, particularly on the Memory Lane unit for people living with dementia, for example before helping people to move, or explaining what was happening next. We overheard staff speaking on a cordless telephone in the corridor. We discussed this with the registered manager as this could have compromised privacy. The registered manager explained that staff usually used the telephone in private and they reminded staff of this.

People were supported to be independent and we observed staff intervening only when necessary and organising care and activities in order to maximise the potential of people to be independent. This included ensuring equipment and resources were ready and available to avoid delays or interruptions.

No one was receiving end of life care at the time of our inspection, but staff had received training in end of life care. Support was provided by district nurses and we found that some people who were particularly frail had been gravely ill and then recovered on a number of occasions. A small number of people remained frail and cared for in bed, and we observed staff checking on and speaking with them, and providing food and drinks on a regular basis. Staff were gentle and caring toward people as they attended to them.

There was no one accessing any form of advocacy at the time of our inspection, but staff knew how to access this service if required. Advocates support people to make decisions, working in partnership with them to ensure they can access their rights and the services they need.

Good

Is the service responsive?

Our findings

People told us that their needs were responded to. One relative told us about staff supporting their relation on a visit to hospital and said, "I can't fault the way the home responded. Staff stayed with her; the carers are absolutely superb."

At the last inspection we found that care plans were not always sufficiently detailed or always followed in practice by staff. At this inspection we looked at care plans for people with a range of physical and mental health needs. We read care plans related to; personal life, environment, nutrition, diabetes, communication, personal hygiene, sleeping, pain, social needs, medication, mental capacity, continence, and swallowing. They were reviewed on a monthly basis, were up to date and rewritten six monthly or more frequently if people's needs changed. We found the care plans we reviewed were sufficiently detailed, and person centred. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Records showed that people and their relatives were involved in the care planning process. People had signed to consent to their care plans where possible, and the involvement of relatives was also recorded where appropriate.

A new 'Getting to know me' booklet had been introduced as part of the provider's dementia strategy. The booklet contained information about people's life history, family, friends, emotional memories, work and health needs. These were being used in the Memory Lane unit for people living with dementia and were a useful aid for staff in supporting people in the way they preferred. They also provided a wealth of information which could be used to initiate conversations with people, who may be unable to do so themselves, while ensuring the topic was of interest and relevance to the person.

The psychological needs of people were monitored. 'State of well-being' checklists were in place to check for observable signs of well-being in people living with dementia, who may be unable to articulate their needs. These included, for example, that people were alert and responsive, appeared relaxed in body language and posture.

Care plans were in place for identified individual risks to people, and these were up to date and reviewed on a regular basis. Additional assessments and charts were implemented where necessary to more closely monitor specific health conditions.

We observed staff offering choices to people throughout the inspection including where they wished to sit, what they would like to eat or drink and whether they wished to join in activities. An activities coordinator was in post and we were told by people and visitors that a good range of activities was available to people. One staff member told us one of the best aspects of the home was the activities and entertainment provided to people which they felt was very important.

We observed a group of people baking scones in the Memory Lane unit. The activity was very well planned and organised. Effective activity planning is very important to ensure that people have maximum support to achieve a desired goal, without feeling overwhelmed, or becoming bored. Ingredients and equipment had

all been gathered beforehand, and each person was given their own bowl and were supported to choose which type of scone to make; fruit, plain or cheese. People chatted throughout the activity which was very sociable and we observed that people were fully engaged and occupied. A good deal of reminiscing took place, with one person remembering baking on Sundays with their mother and sister. Another person showed us how their mother taught them the sift the flour through their fingers to add air to the mix and make lighter scones. They appeared to be enjoying a sense of achievement through sharing their tips and knowledge with others. The activity coordinator and staff member chatted and joked with people throughout the activity. A relative told us "The activities girl is brilliant, she takes them out to tea dances or events. She has people making scones today and she does all kinds of handicrafts. She arranges entertainers, she even brings in the local nursery children who sing to the residents, who love it. Once she even brought in a petting pony."

An entertainer visited the home on the second day of the inspection, and sang to people. People from both floors attended and we joined them as they danced, sang and played musical instruments. One person told us, "I love it, I love to hear her." The singer referred to people by name and they laughed as she told them, "Shake what your mother gave you!" People were joined by visitors from another activity group, who were having difficulty finding venues for their own events. The registered manager had invited them to join activities at Woodhorn Park and we saw people, visitors and staff dancing together. This meant that people had opportunities to meet new people and socialise with neighbours from the community.

In addition to group activities, we found that people's individual needs and preferences were catered for. One person told us, "I just like to sit in my room. This is my seat; I watch everyone going by." Another person told us that staff were taking them out that afternoon for some shopping. There were also opportunities for people living with dementia to explore and engage with items in the environment including tactile mitts and aprons, and other objects of interest. Tactile mitts and aprons have various textured items attached for people to feel. They are particularly helpful to people with more complex needs who use their senses more as their verbal communication skills become more affected. These were placed around the Memory Lane unit, and we noted that people liked to pick things up and look at them, and staff tidied them back to their original locations once people had finished with them. On the ground floor, we saw the activities coordinator playing dominoes in the afternoon with small groups of people. This meant that activities and the environment were stimulating and organised to meet people's varied needs, abilities and interests.

A local colliery museum had an art installation of weeping poppies last year, and Woodhorn Park made a replica of the art work over the pit wheel which decorated the outside of the building. This was unveiled on remembrance Sunday. We received numerous comments from visitors, people and staff who told us how impressed they were with it and emphasised it was not only for the home but enjoyed by the community as a whole. One relative said, "It is quite a local landmark now. As a former wold War Two veteran herself, Mam was thrilled to have her photo taken with everyone with the poppy structure in the background." The event featured in the local press, and we saw positive written feedback congratulating the manager and staff for their efforts.

A complaints procedure was in place, and we saw that the manager had responded to complaints received in line with the provider's policy. There had been no recent complaints about the service. We read a number of letters and cards complimenting the service including from the local mayor and an MP who had visited the home on a number of occasions. They praised the way the home had paid tribute to the community's mining heritage and had unveiled the mining wheel. They also described the home as welcoming and friendly. The local Mayor had visited the service and wrote a letter praising the service in which she described observing staff, "Constantly watching, caring, supporting and attending to resident's needs. The staff received positive responses from the residents who appeared happy and well cared for." We sought

confirmation that they were happy for us to report their feedback.

Good

Is the service well-led?

Our findings

At the time of our inspection, there was a registered manager in place. Our records showed they had been registered with CQC since October 2010. They were supported by an experienced deputy manager. People, relatives and staff told us the home was well led. One person told us the home was well run and was "Clean and tidy and well organised." A relative told us, "I think this home is very nice, it's very well run. I've been coming here for years and all the management teams have made great efforts to keep the high standards up here." A staff member told us, "I find the management very responsive and very caring. They go out to the local shops for toiletries, treats and bits and pieces, all off their own bat." Another staff member said, "The management are very good and very approachable, the manager always acts on feedback."

At the last inspection, we found that not all aspects of the service were well led, and that audits were not sufficiently robust to identify the shortfalls we found during the inspection. At this inspection, we found that improvements had been made in this area.

The registered manager was passionate about providing a high standard of care to people. They were receptive to our comments and welcomed the inspection process as a means of obtaining constructive feedback in order to ensure continuous improvement. The deputy manager told us they felt well supported by the registered manager and the organisation. The regional director supported both managers by visiting the home and contributing to the inspection.

Mechanisms were in place to obtain feedback from people, relatives and staff. Regular meetings were held and we saw minutes of these. The registered manager told us that relatives and visitors did not always attend meetings but minutes were made available to them. These recorded the issues discussed at meetings and action to be taken. Meetings were held with both day and night staff and with specific staff groups as required, such as kitchen staff. People and relatives were encouraged to complete reviews on an external care home review site. We read these and saw they were overwhelmingly positive. The home also had their own questionnaires for people, staff, and visitors and these were due to be sent after our inspection.

Systems were in place to audit the quality and safety of the service. Audits were carried out by the registered manager, the deputy manager, and regional director. Unannounced visits to the service took place, and the last visit had been conducted outside office hours in the evening. The deputy manager checked the security of the premises, spoke with people and staff, checked staff were wearing the correct uniform, and that food and fluid records and positional charts were up to date. At this visit they found that everything was satisfactory. An external audit by the provider found that the overall cleanliness of the home was 'satisfactory', and that accidents and incidents were 'well managed'. During our visit, we found a small number of areas in the home were in need of repair. Maintenance staff were aware of these and work was scheduled but the registered manager wasn't always fully aware of the detail of these. They told us they would add a full check of the environment to their regular audit. Outstanding work had been fully completed by the second day of the inspection.

The registered manager submitted statutory notifications to CQC in line with legal requirements. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

A staff incentive schemes was in place in the provider organisation. These included reward points for excellence and also the nomination for employee of the month where the winner received a cash prize. Staff told us they enjoyed working in the home and morale appeared good. One staff member told us they were happy working with the provider organisation and were impressed with their 'ethos and values.'

There were close links with the local community with people being supported to take part in activities in the community, and various groups and entertainment being invited into the home.