Your Healthcare Community Interest Company

Amy Woodgate

Inspection report

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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?	**Outstanding**

Overall summary

We undertook this unannounced inspection on 27 and 29 October 2015. At our previous inspection on 15 and 30 January 2014 the service was meeting the regulations inspected.

Amy Woodgate provides residential care and support for people who are living with dementia. The care home can support up to 44 people, including two respite placements, across four units. Coombe Unit was a male only unit for up to four people. The Lodge provided support to up to 12 people who were assessed as being more independent. Richmond and Malden provided support to up to 14 people on each unit. At the time of our inspection the service was supporting 41 people.

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.

There were sufficient staff to keep people safe. Staff received regular training and supervision to ensure they had the knowledge and skills to meet people's needs. Staff felt well supported by the management team and their views and opinions were listened to.

Staff were aware of the risks to people's safety and supported people appropriately to manage those risks.

Summary of findings

This included supporting people to minimise the risk of choking, falling and developing pressure ulcers. Staff supported people to manage their health needs and arranged for health care professionals to visit them when required. Staff supported people with their nutritional needs and food and drink was provided throughout the day. Medicines were managed safely and people received their medicines as prescribed.

Care plans detailed what tasks people were able to do independently and where they required support from staff. Staff were knowledgeable about people's individual needs, their preferences and their likes. Staff supported people in line with their preferences and used the knowledge they obtained through conversations with people and their family to provide an individually tailored service.

Staff were aware of who had the capacity to make decisions about their care. Staff supported people in line with the Mental Capacity Act 2005. 'Best interests' meeting were held when people did not have the capacity to make decisions themselves. The majority of people did not have the capacity to make decisions about their safety and Deprivation of Liberty Safeguards (DoLS) were in place. DoLS is a way of making sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

People, and their families, were supported to make decisions about end of life care. People were supported to stay at the service if that was where they wished to spend their final hours, and one to one staffing was provided to support the person and their family.

Staff supported people to engage in activities they enjoyed. This included supporting people to undertake tasks relevant to previous employment. The staff had identified people who may benefit from additional support and arranged for them to access creative therapies, including art therapy and drama therapy. The service linked with a local school to provide additional opportunities for people to engage in activities and socialise.

The service learnt from previous mistakes and staff were supported to improve the quality of care they provided. This included learning from previous medicines errors. Staff were supported and encouraged to implement changes at the service to improve practice. This included the development of duty sheets to enable staff to provide a personalised service.

The service implemented national initiatives to review the quality of their service and provide an individually tailored service. This included 'dementia care mapping' and the Eden Alternative principles. The principles of the Eden Alternative helped staff to empower people and to deliver timely, individualised care.

The service was creative and implemented their own initiatives including the development of a reminiscence room, a shop and a beach hut. The service had received the Mayor's award for their shop. The Mayor's Award recognises the contribution made by individuals or groups which improves the lives of the local population.

The registered manager ensured a safe environment was provided by undertaking regular safety checks and ensuring any maintenance required was addressed. Equipment was regularly checked to ensure it was safe to use with people. The environment was adapted to meet the needs of people with dementia.

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?

Good

The service was safe. Staff were aware of the risks to people's safety and supported them to manage those risks. Staff were aware of safeguarding procedures and worked with the local authority's safeguarding team to investigate concerns raised.

Sufficient staff were available to provide timely support and ensure people's safety. Checks were undertaken during the recruitment procedure to ensure only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed. There were some discrepancies with the management of paracetamol prescribed as "when required" medicines and the registered manager was going to address these concerns with staff.

Is the service effective?

Good

The service was effective. Staff received regular training to ensure they had the knowledge and skills to meet people's needs. Staff were aware of their requirements under the Mental Capacity Act 2005. 'Best interests' decisions were made by health and social care professionals, and people's relatives, when people did not have the capacity to consent to aspects of their care. Deprivation of Liberty Safeguards were in place for those who required them.

Staff supported people with their nutritional needs. They were aware of people who were at risk of choking and supported them appropriately to help prevent choking. People had a choice of meals and were able to eat their meals when they wished. Staff supported people to access health care services and liaised closely with the district nursing team and GP service.

The environment was designed to meet people's needs and to support people living with dementia.

Is the service caring?

Good

The service was caring. Staff had built trusting relationships with people. They were aware of people's communication needs and supported them to make decisions about the support they received. People said staff were caring and provided them with any help they required. Staff were aware of people's preferences and interests. People were supported to stay in contact with their family.

People's privacy and dignity was maintained. People were supported with their individual needs including those related to their heritage, culture and religion.

Staff supported people at the end of their lives. People were supported to return from hospital to the service if that was where they wished to spend their final hours. Staff supported the person and their family during this time, providing one to one staffing.

Summary of findings

Is the service responsive?

Good 

The service was responsive. Support plans were developed which outlined people's needs and instructed staff how to provide a service personalised to people's needs and preferences.

Staff supported people to participate in activities, undertake duties related to their previous employment and to engage in creative therapies. The service linked with students from a local school to provide additional engagement and stimulation at the service.

People and relatives were asked for their feedback about the service. Their views were listened to and actioned as required. There was a process to review and respond to complaints.

Is the service well-led?

Outstanding 

The service was well-led. There was an open and inclusive culture at the service. All staff felt well supported by the management team and able to express their views and opinions.

The registered manager consistently checked the quality of the service and addressed any areas requiring improvement. The provider was proactive and learnt from mistakes and supported staff who had made previous errors to improve the quality of service delivery.

People in the service benefitted from innovative and current good practice in the field of dementia care. This was because the provider used national initiatives to review the support they provided and improve service delivery including 'dementia care mapping' and the service had been accredited as an Eden Alternative service. The principles of the Eden Alternative project helped staff to empower people and to deliver timely, individualised care.

Staff were encouraged to make suggestions and these were taken seriously and implemented where possible to improve the support provided to people.

The service shared examples of their creativity with local services including, their shop, the beach hut and the reminiscence room, to spread good practice across the sector in the local area.

Amy Woodgate

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 unannounced inspection took place on 27 and 29 October 2015. The inspection was undertaken by one inspector 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

Before the inspection we reviewed the information we held about the service, including the statutory notifications received.

During the inspection we spoke with eight people, four relatives and 10 staff including the registered manager. We reviewed five people's care records, medicines management, and records relating to staff training, supervision and appraisal. We also reviewed records relating to the management of the service including incident reporting and quality checks. We undertook general observations and used the short observation framework for inspection (SOFI) on two of the four units during mealtimes. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff handover, and spoke with a district nurse visiting the service.

Good

Is the service safe?

Our findings

When we asked people if they felt safe at the home one person told us, “Oh definitely, it's really lovely here.” Another person said, “Oh yes, it's safe here.”

Staff were knowledgeable about recognising signs of potential abuse and recorded any concerns or changes in people’s behaviour they observed. This included recording all bruises on a body map. Staff reported any concerns about a person’s safety to their line manager and the senior management team. The registered manager raised alerts to the local authority’s safeguarding team as necessary of incidents of potential abuse. The registered manager also notified the Care Quality Commission as required of allegations of abuse. The staff team worked with the local authority safeguarding team and undertook any investigations necessary to look into allegations or suspicions of abuse Management plans were developed and implemented in response to any concerns identified to support people’s safety and welfare.

The registered manager and the senior team undertook assessments of the risks to people’s health and welfare during the admission process and regularly throughout a person’s stay at the service. Staff we spoke with were able to describe the risks to people’s safety and how they supported people to manage those risks. For example, many of the people using the service were identified as at risk of falling and injuring themselves. Where people had walking frames we observed staff regularly reminding people to use their frames to move around the service. They reminded people why they needed to use their frames so they understood in that moment. For people who were unable to mobilise independently, information was provided to staff about how to safely support them to transfer from their bed into a chair. Staff were aware of which hoists and slings were appropriate for each person to ensure their safety and comfort during transfers.

Staff supported people at risk of developing pressure ulcers. This included ensuring pressure relieving equipment was in place and supporting people to transfer their weight to relieve the pressure on certain parts of their body throughout the day. Staff were knowledgeable in recognising signs of pressure ulcer development and informed the senior staff and the district nurse if they observed any reddening of the skin. The district nurse we spoke with told us staff followed good pressure care and put preventative measures in place to support people at risk.

Staff were aware of the people who had a behaviour that could challenge the service and others, and we observed staff supporting people appropriately when they displayed such a behaviour. During lunchtime on one unit we observed one person speaking aggressively towards another. Staff intervened and informed the person that it was not appropriate, and reassured the other person involved.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, involving other health care professionals when needed. All incidents and accidents were recorded and additional support for people was implemented as needed, for example, increased checks on people’s safety.

There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. Equipment was regularly checked to ensure they were safe to use, and arrangements were made to fix broken equipment and ensure alternatives were available whilst the repairs were carried out.

The registered manager reviewed staffing levels in line with people’s needs. Additional staff were made available when needed, for example if people’s health deteriorated and they needed one to one support. One person told us in regards to staff, “I never have to wait ... minutes maybe,” adding, “They'll come immediately.” A person’s relative said after the person had a fall, one to one staffing was put in place over night to support them.

Recruitment practices ensured staff were suitable to support people. This included ensuring people had relevant previous experience and qualifications. The questions used during the interview stage of recruitment were based on the ‘Dementia Care Matters’ philosophy. ‘Dementia Care Matters’ supports organisations to put people with dementia at the centre of what they do. The questions were used to identify if potential recruits had personal values and attitudes that matched with the service’s values. Checks were undertaken to ensure staff were suitable before they started work including; obtaining references from previous employers, reviewing a person’s

Good

Is the service safe?

eligibility to work in the UK, checking a person's identity and ensuring criminal records checks were completed. People and their relatives were involved in the recruitment process. This included a short group interview and staff asked people, and their relatives, to give feedback about the potential new staff. At the time of our inspection the service was in the process of recruiting staff to their bank so they could reduce the use of agency staff.

Safe medicines management was followed. Medicines were stored securely. Staff received training on medicines administration and their competency to follow safe medicines management was checked before they were able to administer medicines unsupervised. In response to medicines errors staff were stopped from administering medicines until senior staff were satisfied that they had learnt from the error and were competent.

We observed staff giving people their medicines. Staff were patient and explained to the person that it was time for them to take their medicines. All medicines administered were recorded on the person's medicine administration record (MAR). Protocols were in place to instruct staff when to give people their 'as required' medicines. Controlled drugs were kept securely and were administered safely. Stock checks were undertaken to account for the medicines kept at the service and to ensure people received their medicines as prescribed. At the time of our inspection we found minor discrepancies between the stock of paracetamol kept at the service and the amount recorded as administered on the MAR for two people who were prescribed this medicine to be given "as required".. We also saw a discrepancy with the stock of paracetamol kept within the service's homely remedies. The registered manager told us they would review with staff the process for recording administration of paracetamol so this was clear within people's medicine records. Guidance was provided to staff about administering topical creams and it was recorded when these creams were applied. Some people were assessed by their GP, with input from their relatives, as requiring their medicines covertly. Instructions were provided to staff about how these medicines were to be administered. There were processes in place to ensure the safe disposal of medicines.

Good

Is the service effective?

Our findings

One person told us, “I wouldn't choose anywhere else [to stay]” and said the staff, “Try their best to help you in every situation.” Another person said in regards to the staff, “They look after me.” A third person said the staff, “Couldn't do better.”

Staff had the skills and knowledge to undertake their roles and support people at the service effectively. Staff completed an induction before working unsupervised. This included shadowing experienced staff and completing the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The length of a staff member’s induction varied according to their needs and staff were inducted until the management team were satisfied they were able to undertake their role to an expected standard.

Staff attended regular mandatory training. This included training on safeguarding adults, first aid, food hygiene, and medicine administration. Staff received practical and theory based training on manual handling to ensure they were able to support people safely. In addition staff were able to access a range of training courses specific to people’s needs including; dementia care, diabetes, end of life care, and pressure ulcer management. Staff told us there was, “Always training available” and they could raise any training needs during supervision and the management team would find a suitable course. Another staff member said, “We’re encouraged to go on training.”

Staff performance was reviewed during regular supervision sessions. Supervisors observed staff undertaking their duties and fed back during supervision good practice and any areas requiring improvement. Staff were supported by their supervisor to address areas requiring improvement. Staff received an annual appraisal which gave them the opportunity to reflect on their performance and to identify any training needs and career aspirations. Any concerns regarding staff performance were investigated and dealt with.

Staff had received training on the Mental Capacity Act (MCA) 2005 and adhered to the principles of the Act. Information was provided upon admission to the service as to whether the person had the capacity to consent to their stay at Amy Woodgate. Additional assessments were undertaken to establish their capacity to consent to aspects of their care and treatment as they arose. If a person was assessed as having capacity to make decisions staff respected that person’s decisions. For example, one person was refusing to have their eye drops. The risks of not taking the medicine were explained to them. This person had the capacity to understand those risks and the capacity to refuse the medicine. The staff respected this decision. For people who did not have the capacity to make decisions about their care and welfare, these were made for them by the health and social care professionals involved in their care, in discussion with their family. An independent mental capacity advocate (IMCA) was available to support people who lacked capacity and did not have any relatives involved in their care.

The majority of people were assessed as not having the capacity to understand the risks to their safety in the community. Applications had been made and people had been assessed as requiring a Deprivation of Liberty Safeguard (DoLS). DoLS is a way of making sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The DoLS in place had recently been reviewed to ensure they were still applicable.

People had access to food and drink throughout the day. One staff member told us, “There’s no rules about what they have to eat or when.” One person said in regards to the food, “It’s very, very good. It's all very nice.” And, “If you fancy something that's not there, they'll go and get it for you.' Another person told us, “They ask you what you'd like.” A staff member told us one person liked to have sandwiches and finger food rather than the cooked meal and this was provided for them. We observed people eating a variety of different meals during our lunchtime.. It was shared during handover if a person had not eaten so that staff coming on shift ensured they offered the person a meal at a later time.

We observed staff regularly asking people if they wanted a drink. Staff were knowledgeable about people’s preferences in regards to their hot drinks and how they liked their tea and coffee. The fridge on each unit had a glass door so people could see what was available, and we observed people and relatives helping themselves to drinks and snacks.

Staff were aware of people’s individual nutritional needs. They were aware of who was at risk of choking and who

Good

Is the service effective?

required a pureed diet. Staff had recently completed training on supporting people with swallowing difficulties and how to thicken fluids to make it easier for people to take fluids. Staff were aware of what consistency liquids should be for each person to reduce the risk of them choking.

We observed mealtimes to be pleasant and relaxed. People enjoyed the meals they had and were offered more if they wanted this. People who required assistance with feeding were provided with this and were supported at an appropriate pace, generally without interruptions. However, we observed on one day that a person's meal was interrupted because a visiting health professional had come to see them. We spoke to the registered manager about this, who said they would speak to all visiting professionals and ask them to visit outside of the times main meals were served.

One person's relative told us staff were, "On top of health needs." One person said, "If I have a problem ... don't feel well ... they help me to feel better." Staff supported people to access health services if they had concerns that their health was deteriorating. The service had good working relationships with people's GPs and with the visiting district nursing team. The district nurse we spoke to told us there was good communication and staff were quick to get their team involved in they had concerns about a person's health. The district nurse said staff had good knowledge of supporting people with their health needs including supporting people who were diabetic to manage their blood sugar levels. They were able to identify if a person was experiencing a low or high blood sugar levels and got the support the person needed. A member of the district nursing team visited the service daily to administer insulin to those people that required it to manage their diabetes.

The service was designed, decorated and adapted to meet the needsof people using it. Toilets and bathrooms were easily identifiable with different coloured doors to the rest of the unit. A clean, well maintained environment was provided. There was sufficient space and range of areas for people to use if they wanted to spend time as a group or on their own. Each area was themed and decorated to represent a different era. There was a range of artefacts which people would likely recognise from different times in their life. A reminiscence room had been developed, and a unit shop. The service was in the process of developing a memory room to acknowledge and remember people who had died. This will include the service's 'memory tree' which had a 'leaf' with a short message remembering each person and a photo which was important to the person, for example, a picture from their wedding.

Good

Is the service caring?

Our findings

When discussing the inspection with a relative they said, “I know what rating I would give them … outstanding.” When asked why they told us, “They [the staff] just care. They’ve made it [the person’s] home. It was a big decision to come and they made it easy.” One person said about the staff, “They're all very kind to you, They treat us to whatever we want.” And, “They do anything to help me.” The relative of a person who had recently died at the service told us, “Nothing could repay what was done for my wife”. Another relative said, “[The staff are] brilliant. They know mum well. They have a good understanding of her needs and what she likes.” A staff member told us they enjoyed spending time with people and, “Making their everyday life a little better.” A visiting professional described the service as, “Absolutely delightful”. They said there was a lovely, warm feeling at the service with caring and friendly staff. They said the service was a, “Beacon of how residential care should be”.

Staff said they enjoyed speaking with people and this enabled them to get to know the person’s likes and dislikes and their needs. One person told us, “They talk to you, get to know you.” They also said, “They ask you questions, what are your favourite subjects, things like that.” Another person said, staff, “Sit and listen to you.” A third person said, “They come round if we're sitting down and say "Is there anything we can do for you… and they help ... they knock on my door and I say come in and they ask if there's anything I'd like doing.” We observed staff speaking to people politely, and asking if there was anything they could help with.

Through speaking with people staff felt they had built a trusting relationship with the person they supported. Each staff member was the key worker for two people. A key worker is a dedicated member of staff leading on that person’s care. Staff were asked who they wanted to key work so that staff and people could be matched appropriately.

Staff spoke with people’s relatives to get further information about the person, their preferences and their routines. Information was also gathered about what made people anxious so staff were able to support them to avoid those situations. For example, one person did not like travelling in an ambulance, so the staff used the service car if this person needed to go to hospital. Information received about the person was also used when celebrating key events. For example, it was one person’s birthday on the second day of our inspection. The staff gave this person a small present to celebrate which included their favourite foods and a gift incorporating their favourite colour.

Friends and relatives were encouraged to visit people. Staff supported people to stay in contact with their relatives. One person’s relative told us the service had installed a phone in the person’s room with two quick dial buttons programme to call the person’s son or daughter. This enabled the person to call their relatives independently as they did not have to remember their phone numbers.

Staff had developed reminiscence tools for people. These were individualised to the person. Some people had boxes with objects in them, other people had photo albums. We observed staff going through an album with one person. The album was used as a tool to have a conversation with the person about their family, memories and places they’ve been. The person enjoyed speaking about their experiences and sharing their stories.

Staff were aware of people’s communication needs. Staff were patient and polite when speaking to people. They gave people sufficient time to answer their questions. For example, at lunchtime we observed one person could not quite reach their food. A staff member asked the person if they wanted their chair pulled in. They did not assume the answer would be “yes,” and waited for the person to answer before she helped to pull it in. We observed another person being provided with a few options about what was available for breakfast. The staff put no pressure on the person to make up their mind, and supported them to do this in their own time.

Staff informed people what they were going to do before they supported them. For example, one staff member was about to move a person in a wheelchair. We heard them say, “I'm going to take the brakes off. You'll feel a bit of a bump” so the person knew what to expect.

Staff were aware of people’s heritages, cultures and religions and helped them to celebrate these. Staff supported people with their individual needs and to practise their religions if they wished. The provider had an annual equality week. During this week the service undertook a food tasting event, enabling people to taste foods from around the world and to share stories and experiences of different cultures.

Good

Is the service caring?

People's relatives told us and we observed staff being respectful of people's privacy and dignity. Each person had their own room and ensuite bathrooms. People were supported with their personal care in the privacy of their room. Staff knocked on people's doors before entering.

Staff supported people to have a comfortable death and where possible respected their wishes about what arrangements they wanted in place. End of life arrangements were discussed with family members, and the person themselves where they had capacity regarding this. A person's relative told us the staff were "marvellous" with supporting end of life arrangements. This included identifying whether the person had a preference as to where they died. The staff supported people to be discharged from hospital and come back to the service to die if that was what they wanted. Additional staffing was put in place for the final hours of a person's life to provide them with one to one support at this time. Family members were supported to be with their loved ones and were supported to stay overnight if they wanted to. A visiting professional told us the staff showed, "An example of very good care," saying they were impressed with the end of life care provided. A candle was lit next to a photo of a person who had recently died to acknowledge and remember them.

Good

Is the service responsive?

Our findings

One staff member told us in regards to their role, "We're here to serve them [the people living at the service]." Staff were knowledgeable about people's needs and how they were to be supported. Information was received from the funding authority about people's support needs, any ongoing health needs and any previous falls or infections they had. The registered manager used this information and undertook their own assessments to establish whether the service was able to meet the person's needs and how the support was to be delivered. This included identifying any additional information required to be able to provide a personalised service. For example, identifying what newspaper they preferred.

The senior staff developed care plans based on the information included in people's assessments and in discussion with people and their families. The care plans detailed the level of support people required and what tasks people were able to undertake independently. One staff member told us, "Care plans explain in detail people's support needs." Reference boards were in each person's room with their key support needs so it was easily accessible to staff and they were aware of how to support each person.

People's relatives told us they were happy with the level of support people received. They said staff adhered to people's personal care needs and people were well presented and clean. Staff monitored people's behaviour to ensure they were supported appropriately and to identify any additional health needs. For example, elimination charts were used to monitor people's elimination patterns and to take action where required. Observation charts were used for people who posed a high risk as a result of behavioural needs or likelihood of falling.

One person at times refused support with their personal care in the mornings. The staff respected the person's decision to not have support at that time and to provide it later in the day. Their family had been informed and there was no sign of any impact on them.

Staff shared information about people's health and welfare during handover, identifying any changes in people's support needs and regularly updating people's care records to ensure they reflected people's current needs. We observed that handover was also used to share ideas about how to improve the support provided. For example, how to encourage one person to eat more at mealtimes.

Staff were aware of people's patterns of behaviour and triggers so they could take appropriate action to reduce the possibility of incidents when a person was likely to have a behaviour that challenged the service. They told us about one person's specific behaviour and the signs to observe when the person was getting distressed, and the action they would take to manage the situation.

Staff encouraged and supported people to undertake activities that were of interest to them. One person's relative told us, "[The person] loves the garden" and they went "mostly everyday if it's dry." They told us the person, "Loves looking after the flowers, digging and weeding." The activities coordinator met with people regularly to identify what activities they would like to participate in. They ensured that each person who wished to undertake activities were able to do so. Group activities and outings were provided to access the local community and undertake day trips. People's key workers were allocated protected time to undertake one to one activities with people. We observed people engaging in activities and helping themselves to the resources at the service. Some people were able to do this independently, whilst other people received support from staff, for example, with puzzles.

The service had links with a local school for people with learning disabilities. Students from the school were supported to undertake work experience at the service. This involved supporting the activities coordinator, engaging people in activities and socialising with people at the service.

Staff supported people to undertake activities related to their previous jobs. For example, one person used to work in a retail shop and they helped out in the service's shop. Another person was a hairdresser and they helped the hairdresser who came to visit the service once a week. This helped people to use their skills and feel engaged in the service.

Staff supported people to undertake their hobbies. One person was a big football fan. The person was no longer able to go to the football matches regularly. The staff

Good

Is the service responsive?

contacted the football club asking for some memorabilia for the person to enjoy at the service. The club provided a range of shirts and memorabilia, as well as tickets for a game which the staff supported them to attend.

The service had started engaging with an art therapist and a drama therapist. The staff identified people who would particularly benefit from these types of therapies and supported them to access this at the service. For example, staff identified people who were low in mood or found it difficult to engage in other activities to participate in the drama therapy.

People were supported to feedback about the service. Meetings were held with people to obtain their views about the service. People told us they felt comfortable speaking to staff if they were unhappy or had any concerns. One person told us if they were unhappy they "would tell [staff], ask them what to do and then they would help me." Another person said, "I'd go to anyone …they would help me."

Relatives were asked for their feedback through completion of satisfaction surveys and during conversations with staff at family days and events held at the service. The registered manager had an open door policy and we observed relatives speaking with them during the inspection. One relative told us they had no concerns and the service, "Couldn't do anything better. I really don't know [of anything needing improvement]." Another said when asked if there were any improvements they could be made, "Nothing really. They seem to cater for almost everything."

Complaints received were recorded on a central system. The complaints were reviewed and dealt with by the registered manager. The registered manager told us they tried to address any concerns or requests made before a complaint was required. If a complaint was made about a staff member then their performance was monitored by a senior staff member. One person's relative told us, "[I have] no complaints. I wouldn't be able to pick holes in them."

Outstanding ☆

Is the service well-led?

Our findings

One person's relative told us the registered manager was "open and transparent." They said, "She will tell you if something happens [to their relative]."

There was an open and inclusive culture within the staff team. One staff member told us, "If there's anything you can get it off your chest. You can bring up any concerns you have." There were regular meetings where staff were able to express their opinions and suggest any ideas they had about making improvements at the service. One staff member said, "If you have any ideas, management will take them on board."

Staff felt there was close team work and they "couldn't ask for better colleagues." Staff felt well supported by the management team. One staff member told us, "The leadership structure is clear. Management are friendly and you can talk to any of them." Another staff member said in regards to the registered manager, "She's a fantastic manager." Staff told us the registered manager was "brilliant" and they felt "100% supported". They said the registered manager was "not afraid of rolling her sleeves up and helping out." Staff felt the registered manager had good knowledge of what happened on the unit and knew the people using the service well. We observed the registered manager speaking with people. The conversations demonstrated that she knew their communication needs, their interests and preferences. Staff felt supported by the registered manager. They said, "She listens and deals with [anything they raise as a concern]." One staff member said, "She knows how hard we work and is appreciative of that. She often says thank you in our staff meetings."

The registered manager checked the quality of the service and addressed any areas requiring improvement. All incidents were recorded and the registered manager reviewed them to ensure appropriate action was taken to support the person and prevent an incident from recurring. The registered manager analysed the falls that occurred at the service. This included reviewing the number of falls, the people involved in the fall and any reasons why the fall occurred. The registered manager ensured appropriate support was provided if they identify a reason why the fall occurred. For example, one person had fallen more than usual since a change in their medicines. The registered manager was discussing this concern with the GP and had requested for a medicines review. The registered manager had produced a checklist for staff to go through after a person had fallen to establish why the fall may have occurred and how they could support the person. For example, checking people's eye sight, footwear, any changes with their mobility and reviewing any signs of infection.

The registered manager audited people's care records to ensure they were relevant and up to date. The registered manager had identified that staff were recording people's behaviour but not always recorded what action was taken to support the person. All staff were reminded of the importance of maintaining accurate care records.

A member of the provider's management team came to check on the quality of the service quarterly. This including reviewing care planning processes, medicines management, safeguarding processes, staffing and health and safety checks. Any areas requiring improvement were reviewed at the next quality visit to ensure appropriate action was taken to address the concerns.

The service used 'Dementia Care Mapping' to review the quality of support provided to people. This involved staff observing the support provided to a person over a three day period. From the dementia care mapping exercise recommendations were made about how the support provided could be improved to the individual and on the unit as a whole. For example, being aware of the noise levels on the unit and how this affected people. It was also observed that certain TV programmes were upsetting to people. For example, shows with aggression and shouting were making some people anxious as they were unable to differentiate between what was happening on the TV and what was happening in real life. A relative told us that staff were more cautious about what shows were on TV and this had led to their relative being more relaxed.

The service had recently been reaccredited by the Eden Alternative initiative and has received this accreditation for the past eight years. Through the ten principles of the initiative it helped staff to empower people and to deliver timely, individualised care. The registered manager told us in regards to the people at the service, "They can do what they want, when they want." They told us about one person whose birthday it was and they requested some champagne as this was how they celebrated the occasion with their wife when they were at home. A staff member went to get this for them. Another person had requested a

Outstanding ☆

Is the service well-led?

particular treat during the day which the service did not have in stock in the kitchen. A staff member went to buy this for them. The registered manager went on to say that the initiative was about knowing the person and what makes them happy.

Staff were supported to learn from previous mistakes. For example, one staff member had previously made a medicine error. They told us they felt supported by their manager to learn from their mistake and ensure they followed appropriate procedure to undertake safe medicines management. They said in regards to the registered manager, "She helped me with the medicines"

Staff were supported and empowered by the registered manager to implement changes at the service to improve the quality of service delivered. This ranged from changing the mugs at the service to a lighter alternative so they were easier for people to use, to implementing a duty sheet which was used to record when tasks had happened to enable staff to clearly identify when people may need supporting again. For example, if people required reminding to go to the toilet. It was recorded when the person last went so staff knew that in a couple of hours' time they should gently remind the person to go again. The management team had identified that relying on the diary to record and action people's health care appointments was not working for the service. This was because if tasks were not completed on the day they were written in the diary there was a risk that they would be overlooked as staff moved onto the next day. A duty sheet was designed to record all tasks and ensure appropriate handover of tasks if they were not completed during the shift, so they did not get missed.

The service shared examples of their creativity with other local services. For example, on the second day of our inspection staff from another service had come to visit Amy Woodgate to look at some of the initiatives they had implemented including the reminiscence room, the shop and the beach hut in the garden. These initiatives had also been recognised more widely and the service had received a Mayor's award for their shop. The Mayor's Award recognises the contribution made by individuals or groups which improves the lives of the local population.