

## Woodlands & Hill Brow Limited

# Woodlands

### Inspection report

174-178 Reading Road South  
Church Crookham  
Fleet  
Hampshire  
GU52 6AE

Tel: 01252613880

Website: [www.woodlands-hillbrow.co.uk](http://www.woodlands-hillbrow.co.uk)

Date of inspection visit:  
21 September 2016

Date of publication:  
09 November 2016

### Ratings

#### Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 26 September 2016.

Woodlands is registered to provide care (without nursing) for up to 40 older people. The provider has two other care homes in the area. Some people may be living with dementia or other conditions associated with the ageing process. There were 38 people resident on the day of the visit. The building offers accommodation over two floors. There were a number of shared areas within the service which afforded people choice to pursue activities individually or in small groups.

The service has a registered manager running the service. 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 benefitted from an exceptionally well-managed service. The registered manager was very approachable and very well supported by a general manager and the provider. The service ensured that very high quality and up-to-date care was provided. People's views and comments were listened to and proactively used as part of the quality assurance process. The service made sure they acted on the findings of the various processes and people's views to improve the quality of care they provided.

The service was highly responsive to the needs, preferences and wishes of people who live in the home. The care provided is totally person centred and meets people's individual and diverse needs. They along with people and their families, continually review people's needs. When people's needs change they take action to ensure they provide the best care possible for the individual. The service is extremely good at helping people to enjoy their lifestyle.

The service kept people, staff and visitors to the service as safe as possible. Risks were identified and managed to make sure that people and others were kept as safe as possible. Staff were provided with training in the safeguarding of vulnerable adults and in health and safety policies and procedures. They were able to describe how they kept people safe and were very committed to protecting people in their care. Adequate numbers of appropriately trained and skilled staff were available to provide people with safe care. The service's recruitment procedure ensured that as far as possible, all staff employed were suitable and safe to work with vulnerable people. People were given their medicines in the right amounts at the right times by staff who had been trained to carry out this task.

People received kind and compassionate care. Staff built strong and caring relationships with people and their families and friends. People were treated with dignity and the greatest respect at all times. Staff treated people as individuals and respected their lifestyle choices. People were given compassionate end of life care.

The management team and staff protected people's rights to make their own decisions and people were asked to consent to their care. The staff team understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. The service made DoLS applications to the appropriate authorities, as necessary.

People's health, well-being and spiritual needs were met by staff who were very well trained and supported to meet people's overall and individual needs. The service worked closely with other professionals and assisted people to make sure they received effective health and well-being care. Staff were trained in specific areas so they could effectively meet people's diverse and changing needs.

## 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.

People felt very safe in the service.

Staff protected people from any type of abuse or harm.

People were given their medicines safely.

There were enough staff to make sure people were cared for safely.

Staff were checked to make sure they were safe and suitable before they were allowed to work with people.

### Is the service effective?

Good ●

The service was effective.

People were supported and cared for by staff who had been very well trained to meet their individual needs.

Staff helped people to stay as healthy and happy as possible.

People's right to make decisions and control their lifestyle, as much as possible, was supported by the staff team.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and dignity at all times. Staff interacted positively and patiently with people.

People were encouraged and supported to stay as independent as they were able for as long as possible.

The home had a friendly and homely atmosphere where people and staff felt at ease.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People's needs were responded to extremely quickly by the care staff. People felt they were listened to by the registered manager and staff team.

People were recognised as individuals and were supported and cared for in the way that they preferred and that suited them best.

People were provided with interesting and fulfilling daily activities which they participated in and really enjoyed.

People knew how to make complaints about the service if they wanted to. They were confident these would be listened to and acted upon.

### **Is the service well-led?**

The service was extremely well-led.

The service kept very good and detailed records.

The registered manager, the provider and the management team were always available and highly thought of by people, staff and visitors to the service.

The service worked with others to make sure they offered people the best and most up-to-date care.

The provider and registered manager continually and carefully checked the service was giving good care to people. They made changes to improve things as a result of their checks and of listening to people's ideas and views.

**Outstanding** 

# Woodlands

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 21 September 2016. It was unannounced and carried out by one inspector.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included all information and reports received from health and social care professionals and others. We looked at the notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas of the home. On the day of the inspection visit we spoke with seven people who use the service, four family members, the registered manager, the general manager and six staff. We received feedback from, four (of eight requested) professionals and four relatives after the inspection visit.

We looked at the records, including plans of care for six people who live in the service. In addition we looked at a sample of other records related to the running of the service. These included medicines administration record charts, the files of staff recruited in the previous 12 months, staff training records, duty rosters and records used to measure the quality and safety of care provided. We considered a number of documents and other evidence the service sent to us shortly after the day of the visit.

# Is the service safe?

## Our findings

People told us they felt very safe in the home. One person said, "Of course I'm safe, I'd tell my son if I was unhappy. Another said, "yes I feel very safe." A relative said, "I have absolutely no concerns about the way my [relative] or others are treated." Another told us, "I have never seen anything that caused me the slightest concern, staff never run out of patience." Written comments received from relatives included, "[relative] is definitely safe, staff are always about checking residents are happy, comfortable and not in need of anything" and, "I have never witnessed anything I have felt uncomfortable with." Professionals' comments reflected those of people and relatives. They included people are, "Absolutely safe" and, "I have been visiting Woodlands for [number] of years now and have never had any concerns about the residents that I see there. In my view they are comfortable and well cared for."

Care staff were trained in the protection of vulnerable adults and safeguarded people from any form of abuse or harm. They fully understood and were able to describe their duties and responsibilities with regard to protecting people in their care. Staff knew what action to take if they identified a safeguarding concern and knew who to approach, outside of the organisation should it be necessary. The service had a comprehensive whistle blowing policy that staff were aware of. However, they were confident that any of the management team would take immediate action to protect people. Two safeguarding concerns had been identified since November 2015. The registered manager had acted promptly, informing the appropriate authorities and taking necessary actions to ensure people's safety.

People, staff and visitors were kept safe, whilst in the home. Staff followed health and safety policies and procedures and generic, safe working risk assessments were in place. These included moving and handling and slips, trips and falls. Maintenance checks such as, lifting equipment and gas safety were completed at the required intervals to ensure the service was as safe as possible. The service had a business continuity plan which instructed staff how to deal with emergency situations such as evacuations, severe weather conditions and bomb threats (as it was close to army installations).

People were protected from infection and the home was extremely clean and hygienic. People and their families told us that the home was always kept clean and tidy. Staff followed infection control policies and procedures. Infection control and infection rates were audited on a monthly basis. Details of falls and infection rates were forwarded to the duty matron and GP (if appropriate) so that the service could work with external professionals to reduce such events. A professional commented that the home was always clean and hygienic and added, "The cleaners are very much part of the team, always around and have a relationship with the residents as well.

Accident and incident reports were fully investigated and recorded to ensure that the service could take action to improve people's safety by reducing the risk of recurrence. A falls register for each person was in place. The service had developed a falls audit tool to ensure they collected all the necessary information to enable the staff team to identify any areas of improvement and/or concern.

People's safety was continually considered. Staff identified specific risks to individuals and completed

detailed risk assessments and risk management plans. These advised staff how to provide care as safely as possible and were reviewed every month. The service used nationally recognised risk assessment tools for areas such as falls, nutrition and skin health. Exceptionally detailed and descriptive risk assessments for specific areas of care such as going outside of the home and involvement in activities were produced. For example, the going outside of the home risk assessment included required staffing ratios, type of clothing and footwear and the assessment of weather conditions.

People were given their medicines safely by staff who had been trained in medication administration using 'safety of medicines in care homes' guidance. Their ongoing competency to give medicines was checked annually by a senior staff member. People's medicines were stored in a locked trolley within a locked room. The temperature of the room/trolley was not checked but the registered manager undertook to review this. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records seen, were accurate and showed that people had received the correct amount of medicine at the right times. Some people were prescribed some medicines to be taken as required (PRN). In these cases individual PRN protocols and guidelines were in place.

The service had a gap monitoring system which was applied at every medicine round. This meant that any errors or recording omissions were identified and rectified at the earliest opportunity. The service had not identified and the registered manager confirmed there had not been any medication administration errors in 2016. A pharmacy audit was completed in 2015 and resulted in no recommendations or requirements.

People were given safe care by staff who were suitable to work with vulnerable people. The service had a robust recruitment procedure which made sure the necessary safety checks on prospective applicants were completed prior to appointment. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms including full work histories were completed and interviews were held. Appropriate references were taken up and verified prior to candidates being offered a post. The service did not advertise for staff as there was a waiting list of people who wanted to work there. The recruitment process involved candidates attending an informal meeting with people and being observed. People were asked their opinions of candidates and a formal interview followed this process. Transport was provided for staff, if required.

People were safely supported by an adequate number of staff. Rotas showed and staff confirmed that there were enough of them to meet people's needs safely. The minimum staffing levels were five in the morning and four in the afternoon with three waking night staff. An additional member of staff was provided between 5pm and 8pm to ensure mealtimes and evening personal care were properly staffed. The care staff team were supported by ancillary, development, activity and management staff. The general and registered manager formally reviewed staffing and dependency levels a minimum of monthly and adjusted staffing levels according to the needs of people living in the home. The service did not use agency staff and any shortfalls in staffing were covered by 'over staffing' to allow for sickness and holidays, staff working additional hours and the management team covering the care rota, if necessary. Staff told us, "We have enough staff to keep people safe, give good care and offer the extras such as activities and having a chat."



# Is the service effective?

## Our findings

People were cared for by staff who were knowledgeable and very well trained to enable them to meet people's needs. One person told us that staff, "Definitely seem to know what they're doing." Another said, "Oh yes they know their onions." A relative commented, "They are well trained and professional in their personal care duties." A professional commented, "Staff attend a great deal of training which is evident in their care."

Staff told us they received, "very good" and "superb" training opportunities which were up-dated regularly. They said they were encouraged to participate in professional and specialised training. The service had a dedicated training manager who ensured staff completed and up-dated the eight topics the service identified as 'core training'. Staff completed training workbooks and their understanding of the training was tested. Competency assessments were completed to ensure staff were able to use their training, appropriately, in their daily work. Of the 38 care staff, 19 had completed a relevant health and social care qualification and seven were working towards one. Additional training was provided to meet individual's specific needs. These included dementia and end of life care training. For example, the home's internal dementia training followed a four step process. The first step was as part of the care standards certificate, the second a two hour course, the third a one day course and the fourth step a four day course. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool.

People were cared for by staff who received very good support and guidance from senior staff and colleagues. Staff told us they were very well supported and encouraged to take extra responsibilities and develop their skills. Staff told us and records showed that they attended a one to one meeting with their allocated supervisor approximately every two months. Staff told us they could ask for additional supervision from the registered manager or any of the senior staff team whenever they wanted. Annual appraisals were completed with all staff who had worked in the home for over a year. These meetings were used to plan their future training and development.

People were supported to stay as healthy as possible, for as long as possible. People told us the staff looked after them well and made sure they called the GP or other professionals when people needed or asked for input from health services. We saw that people were supported to attend outpatient and health and well-being appointments in the community, as necessary. The service invited some well-being specialists such as a community eye care scheme into the home for the convenience of people who were unable to access the community, easily.

People's medical, medicines, healthcare and well-being needs were described, in detail, in their care plans. Visiting health professionals recorded their notes on people's records. Referrals to GPs, community psychiatric services, the continence team and other healthcare professionals were made in a timely way. Specialists, such as a Parkinson's nurse, were approached for training and advice, as necessary. People had a health care plan produced by the GP surgery which further described any ongoing medical care. This paperwork could be taken to hospital and/or shown to paramedics in the event of an emergency. The

service held a monthly clinic with the community matron to discuss any areas of concern or issues with individuals.

People benefitted from the provision of good quality freshly prepared and cooked food. They were provided with adequate amounts of nutritious food which they chose, as a group and as individuals. The service did not provide an alternative on the menu because people chose individual dishes, if they did not want what was offered. People told us the food was very good and they could choose whatever they wanted as an alternative to the menu. People said that the home met any special dietary needs they had. A relative commented, "Catering staff will provide for the most fussy of eaters like my [relative]." People were offered drinks and snacks throughout the day. We observed this on the day of the visit. People's care plans included nutritional and eating and drinking assessments, as necessary. Weight and food and fluid monitoring charts were kept for those people who needed them. Nationally recognised nutritional risk assessments were completed for people, if required. Special or specially prepared food was provided for people with specific needs such as stomach problems and weight issues.

People's rights to make decisions and remain in control of their lives were promoted by staff who understood consent, mental capacity and Deprivation of Liberty Safeguards (DoLS). Staff had received Mental Capacity Act 2005 (MCA) training. The 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 so that they can 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 DoLS. Eight DoLS applications had been made by the service and were under consideration by the local authority.

People were encouraged and supported to make as many decisions and choices as they could. People told us they chose what to eat, what to do and sometimes who they wanted to give them personal care. People or their legal representative signed their overall and specific elements of their care plan. These included areas such as consent to administration of medicines, to open post and to being weighed regularly. The service held copies of records that showed who had the legal right to make decisions on people's behalf such as enduring power of attorneys. Best interests meetings were held and recorded, as necessary and appropriate.

People were provided with any necessary equipment to ensure their comfort and to keep them as safe and mobile as possible. For example, shower and bath chairs, wheelchairs and walking frames were provided, if necessary. The service had a beautifully kept, user friendly garden which people very much enjoyed. The garden was designed so that people could wander around its paths and enjoy the attractive and interesting planting. All rooms had a view of the garden or attractive outside space.

## Is the service caring?

### Our findings

People were treated with great kindness by a caring and committed staff team. People told us that staff were, "Very, very kind and they really do care about us." Compliments received from family members included, "Thanks again Woodlands from [name's] family - we know she is in caring, good hands." "A truly outstanding home with a lovely atmosphere and staff who really care. Nothing is ever too much trouble and my [relative] is very happy living at Woodlands." "Mum enjoys living at Woodlands, the staff feel like extended family. Their care is exceptional" and "I write to express my sincere thanks for all the kindness shown towards [name] during the three years she lived at Woodlands. All the staff have been wonderful in their care and consideration shown to [name]." A professional commented, "They treat the residents with respect and kindness." Another noted, "...there is always a friendly and homely atmosphere. As far as I am aware the staff always speak to residents and any other visitors in a dignified manner and appear to be compassionate and caring". Another professional noted, "Very caring staff always willing and able to discuss patient's needs with family members and clinicians. A very caring group who treat the residents as they would their own family with empathy and integrity."

Staff used appropriate humour to include and encourage people to participate in social interactions. People were communicative, interested in what was occurring in the home and laughing and joking with staff and each other throughout the inspection visit. People told us they were always treated with respect and kindness. One person told us, "It's a good place to live." A professional commented, "They treat the residents with respect and kindness." A family member said, "[Name] is well settled and really happy, wonderful to see after so many years on their own."

People were treated with the greatest dignity and respect. People told us the staff always treated them with respect and made sure they preserved their dignity. Staff described knocking on people's doors, covering people during personal care and asking people as discreetly as possible if the required help with personal care tasks. We saw that staff practised these actions in their daily work. A member of the public had told the provider that all the times people and staff had visited their establishment they had, "Never seen so much respect and dignity shown to old people." They added, "Staff manage to treat residents like friends and really make things fun." They said, "When I get old I definitely want to be at one of your homes!" A relative said, "What we hope for however, is genuine care and compassion for our relatives in their final years. Woodlands has this in bucket fulls. As a very frequent visitor I found staff to be kind, cheerful and willing, consistently 'going the extra mile' to bring comfort and reassurance to perhaps confused residents, and laughing and joking with others." The family of a person who received respite care at Woodlands commented, "The staff treated [name] with dignity and kindness and he benefited from all the care they received. Since moving back into their own home they have commented that they miss some of the staff at Woodlands."

Staff provided support for people to maintain as much of their independence as they were able to, for as long as possible. For example, risk to individual's was assessed and minimised as much as possible. However, it was accepted that it may not be entirely eliminated if people were to retain some independence and control of their lives. We saw examples of people remaining mobile with the help of equipment even

though they were at risk of falls. Additionally we saw people accessed the community independently until the risk outweighed the person's feeling of well-being.

People were given caring and compassionate end of life care which embraced families and friends. The deputy manager was the designated end of life lead. They undertook additional training and liaised with the community matron with regard to meeting the needs of individuals who required end of life care. A professional commented, "I am happy to bring residents back from [hospital name] for end of life care as I know they will be very well looked after and in the past relatives have always felt well supported and looked after as well." Care plans included advance care plans and do not attempt cardio-pulmonary resuscitation forms which were appropriately completed, if people chose to have them in place. These enabled the person to express views, preferences and wishes about future care. Specific end of life care plans were developed, when requested, taking into account people's preferences and choices. Additionally the service provided after care for bereaved families.

There were numerous positive comments and compliments from families and friends about end of life care. These included, "Sadly my [relative's] health deteriorated suddenly early this year through a pre-existing condition. Rather than put [them] through the stress of moving to their 'sister' nursing home a new care plan was devised to include frequent monitoring and medical 'on call services' to enable [them] to stay comfortably in [their] familiar environment until [their] death in June. I was kept fully informed at all stages." "A special word of thanks goes to [name of registered manager] for the last evening of [name's] life. It was very comforting to know that [name of registered manager] quite out of the blue was with [name] during that final time. All the staff, [five names noted] and simply everyone who had contact with [name] treated her with dignity and the utmost respect for which I am very grateful. We, as she was, are so appreciative of all you did for [them] especially during [their] passing. You made a sad experience so much easier." "...your care embraced us all and made a difficult time so much easier" and "The care you gave in those last awful days was exceptional, you were all so caring and compassionate...You all helped to make a hideous time a little more bearable and allowed my relative to die with dignity."

Staff had developed strong relationships with people who lived in the service. A number of staff had worked in the home for many years and knew people very well. They were extremely knowledgeable about people's individual personalities and were fully aware of people's needs, likes and dislikes. Staff respected people's diversity and individuality. People's religious, cultural and lifestyle choices were included in their plans of care. All staff completed dignity and diversity training which was up-dated every year.

## Is the service responsive?

### Our findings

The service was exceptionally responsive to people's needs, wishes and choices. The provider and management team worked hard to ensure they developed staff's skills and understanding of people's diverse needs. For example, in response to a growing number of residents living with dementia the service had appointed a dementia expert who worked alongside staff to help them develop their skills to support those people. The expert modelled and described good practice and the latest developments in caring for people living with dementia. They supported individual staff and the team with their personal development and understanding of this condition. The service used practices recommended by different nationally recognised dementia specialists to meet the needs of individuals. Staff told us their knowledge and understanding of dementia had increased dramatically and helped them to effectively support people living with dementia. Other members of staff had received advanced training and were recognised as dementia champions. People living with dementia benefitted from staff's increased knowledge and skills. Care plans, daily notes and observation showed that they were less anxious and remained fully involved in the activities and daily life of the home. They joined with the humour and social 'chit chat' in communal areas. Throughout the inspection visit we noted a calm, positive and inclusive atmosphere where people were offered skilled support in the way that suited them best and met their particular needs.

The service, additionally offered regular dementia information evenings to families to help them understand the condition and the changes in their relatives. Relatives told us this helped them to maintain stronger relationships with their loved ones. They were also able to forge different types of relationships based on understanding people as they were now rather than as they were.

Senior staff fully assessed people's needs before they moved in to the service. This assured the individual, their family, other professionals and the staff that they could meet the person's needs. The assessments were followed by an action plan for new residents. The action plan recognised that it was a difficult time for people and a massive adjustment for them. The registered manager or deputy visited the person on a daily basis for the first two weeks to ensure they were happy and settling in and to find out how they could be helped with this. People and families told us this made the transition to care home living much easier for them. Assessments were developed into excellent detailed and individualised (person centred) care plans which included a, "This is me" section. This included people's past life, friends and family, what I did at different stages in my life, life travels and childhood memories. Staff told us the service was, "Totally person centred and we treat residents as individuals at all times. We take into account what they prefer which includes their spiritual and diversity needs. We look at the little things which make such a difference to them."

People and their relatives or representatives were involved in planning and reviewing their care if they wanted to be and if appropriate. Staff told us they had developed strong relationships with families and always kept them informed of any significant changes to people's well-being. One relative commented, "It's good that you keep me up to date so effectively." People told us their relatives and friends were always welcome into the service.

People's care plans were reviewed every month and all changes were noted on care plans. Additionally and exceptionally, monthly clinics were held with the specialist nurse for nursing and residential homes (community matron) to review the needs of people and what they and their families wanted from their care. This meant that the service was supported and advised by external specialists to give the best possible and up-to-date care for individuals. An example included the staff team working with a community psychiatric nurse to improve the life of a person. The joint working had enabled the staff to reduce the individual's anxiety levels by their care and treatment rather than medication. This meant the individual was much more alert and able to enjoy their life and activity opportunities. A professional commented, "The manager and deputy have a very good working relationship with the GP and continuing care team." This strong relationship enabled the service to respond to people's health needs promptly.

People's needs were identified and responded to quickly and efficiently by knowledgeable staff members who were always alert to people's needs. People told us call bells were answered quickly and one person said, "We don't have to wait very long for someone to come to help us." People were confident to ask care staff for help or attention. Staff responded quickly to people's requests. People's preferences were respected and responded to as quickly as possible. An example included a person being given a downstairs room as soon as one became available. This was in response to the person's sensory difficulties causing anxiety when the upstairs floor boards creaked. They told us they no longer felt frightened or anxious in their room because they could identify the sounds they heard. Another was given an upstairs room because they enjoyed the view from the window.

The service was outstanding in its attempts to involve people in their care and support. Excellent plans advised staff how to communicate with people who were unable to express their views clearly. For example, one communication plan noted, "your head should be on the same level as theirs, maintain eye contact and observe for non-verbal 'clues'...". People's nonverbal clues such as nodding, gripping staff's hands and facial expression were described where possible. Additionally the service had developed Communication Prompt cards for confused or anxious residents. These consisted of photographs, pictures and simple objects of reference to encourage people's communication by reducing their frustration and ensuring they were understood. This enabled them to make their preferences and choices known. We saw that people were able to choose their food, clothing and other daily activities by this method.

The service had, additionally appointed a residents' liaison manager. They worked across the provider's three services and visited each one every day. They sat on the residents' committee, spoke with people on a one to one basis and represented people who were unable or unwilling to represent themselves. They also liaised with families and friends and gave advice and assistance when required. People told us they felt very involved in choosing their support and in running the home. One person said, "I feel respected and listened to and believe my views can make a difference." Actions taken as a result of listening to people and ideas from the residents' committee included providing a raised vegetable border in the garden, initiating a cooking club and providing a photograph of people with their key worker.

The service was exceptional in helping people to enjoy their lifestyle. For example one person who was a keen gardener was encouraged to become involved in the gardening club. This had resulted in them settling into the home more fully, making friends and participating in other activities. A person told us, "we have so much to do and go on trips and outings. I haven't enjoyed myself so much in years." A family member told us that the person's friend had said they had not seen them so happy since their partner had died. Another commented, "I am particularly pleased with the work of the activities coordinator, who worked very hard to engage my shy relative in activities which helped her settle in and has considerably improved her quality of life." A further relative said, "Thanks to the activities and care the home provides She is well settled and really happy, wonderful to see after so many years on her own."

People were provided with a large variety of activities and events to enhance their lifestyle. An activities co-ordinator worked for five days a week (including Sunday) to organise and participate in activities. They were assisted by volunteers and families, for special occasions. The co-ordinator completed life histories with people and wrote activities programmes for individuals. They also helped and supported care staff to understand the importance of providing and participating in activities as part of their work. They belonged to a nationally recognised group who advised and provided items for activities, particularly for those people living with dementia. They had obtained age appropriate puzzles and simple reading books to provide activities that people enjoyed. Staff were provided with cards to remind them what to say and how to involve people with dementia. These included how to talk to people to keep them interested and what type of activities people would enjoy.

People told us they loved participating in some of the organised activities. Families commented, "There are trips out, special events and a varied range of activities to suit different abilities - e.g. cooking, cards, singing, gardening, arts and crafts, and quizzes. All these help to provide interest and focus to the daily lives of Residents." "It was Great to see [name] enjoying herself too - I doubt she'd ever done that sort of thing before moving to Woodlands. Marvellous stuff - many thanks." "Last night [name] asked me to write to you with her feedback on the trip to the seaside, [name] really enjoyed the trip, especially the fish and Chips, and found all the staff friendly and helpful. A lovely day." "He really enjoys the different activities and trips out, especially to the pub." The home had their own minibus to enable them to access the community easily.

The activities programme was designed to acknowledge individual and cultural special occasions. A person told us, "They help you celebrate special occasions like birthdays and Christmas. The service additionally, celebrated St George's Day, the Queens' birthday and other religious events. I really enjoy that and it gives me something to look forward to and creates a bit of excitement in our lives." A family member commented, "Thank you all SO much at Woodlands for giving [name] a lovely morning start to her [number] birthday last week. There was the most impressive iced cake, complete with candles, beautifully made by [name]. Staff and patients sang a hearty happy birthday to [name] and gave her a pretty card. A helium birthday balloon also appeared from somewhere! Arriving later in the day I found a very happy [name] and then returning again late afternoon, with brother and sister-in-law, the Woodlands birthday atmosphere continued!" Another wrote, "It was wonderful to see all the different Christmas activities and events the staff at Woodlands put on for [name] and the other residents. Over the last six months [name] has benefited and enjoyed all the care and support the staff have offered him. [Name] feels happy and cared for, he enjoys all the food and drinks and trips to the pub."

The service had a robust complaints procedure and people knew how and who to complain to. A person told us the service was very responsive and took action, immediately, if there were any issues. The service had received two complaints and 16 complements in 2016. Complaints were recorded, investigated and appropriate action was taken. Complaints were included in the monthly quality assurance audit.



## Is the service well-led?

### Our findings

The service was extraordinarily well led by an experienced and skilled registered manager who was fully supported by an extremely proactive general manager and involved provider. The registered manager had been in post since October 2013 although working at the service for the past 17 years. People benefitted from living in such a well led service because it afforded them up-to-date and good quality care, an enjoyable lifestyle and an ability to be involved in the running of the service. People told us that Woodlands, "Is a great place to live." A professional commented, "I am more than happy with the care at Woodlands." Another said, "The staff are always polite and professional" and, "The staff are efficient and helpful, both on the phone and in person, and know their residents well." A staff member told us that Woodlands was a, "Good, proactive home with degree level training and uses the best and most up-to-date care models for individuals." Other staff told us the home gave excellent care to people. Several relatives described the care their family member received as outstanding and brilliant. One comment from a relative which clearly described the feelings of others said, "I am writing on behalf of my family to send you the deepest thanks for the exceptional care that you all gave [name] during his residence at Woodlands. Your calm family environment is underpinned by the highest level of best practice care with such obvious love and understanding all round. I have often been taken aback by the smallest details in your care that make such a difference..."

People, staff and other professionals described the registered manager as open, approachable and very committed to the people in her care. A relative told us the registered manager had developed, "A terrific relationship with my [family member] and other residents." One person told us, "The manager is wonderful, she always looks out for us." This comment was reflected by other people. Staff told us they felt valued, supported and encouraged. They said the service was extremely good at developing and utilising staff skills and interests for the benefit of people in their care. Examples of this were the appointment of a dementia specialist, dementia champions and a resident liaison manager. This improved the care offered to people living with dementia and increased people's ability to express their views about the quality of care provided.

People, staff and others were given many and varied opportunities to express their views which were listened to and taken into account. The service had a resident's committee who put forward people's ideas and views, held monthly resident meetings and provided a resident's liaison manager. They produced a three monthly newsletter for people, staff and their friends and families and held annual resident and family meetings. People living with dementia were invited to meetings and the residents liaison manager and/or their key workers helped those people express their views. They often gained people's views by use of communication cards, knowledge of individual's communication systems and one to one time with them. It was clear that people, staff and visitors to the home were confident to talk to the registered manager at any time. People told me, "Her door is always open." They explained that the constant opportunities to express themselves added to their feeling of safety and well-being and helped them feel they could control aspects of their lifestyle. Regular minuted staff meetings were held and staff members told us they were confident and comfortable to raise any issues, ideas or concerns they had. They echoed people's views about the availability of the registered manager and the management team. People, staff and families and friends of people knew the provider and how to contact her. They said that she was a regular visitor to the home and



was approachable and available.

The service was exceptionally committed to providing high quality care to people who live in the home. The quality of the care offered was monitored and assessed by a variety of methods. These included an annual questionnaire sent to people, families and friends. The responses were collated by the registered manager, general manager and provider. People and families were unusually, offered opportunities to meet with the provider to discuss the care provided and the meetings were recorded. Any issues noted were actioned, if possible. Changes had been made as a result of listening to people, these included providing a camera in a bird box so that people interested in nature could observe baby birds hatching and fledging. Increased religious meetings and studies and providing photographs of people with their key workers to assist them to remember and identify who they were.

The registered manager completed monthly quality returns which included audits of complaints, safeguarding, falls and infections. The general manager met with the registered manager every month to discuss the monthly reports and discuss any necessary action plans. The general manager also met with the provider every month to keep them up-to-date with any issues or actions. The general manager completed themed mini audits of the service throughout the month which focussed on specific aspects of the care. These included areas such as nutrition, hydration and building maintenance. The provider completed a full inspection of the service every six months and produced a report for discussion at staff and management meetings. Additional audits were completed such as call bell response times, hospital admissions and medication administration.

A number of improvements and changes had been made as a result of listening to staff and the quality assurance processes. These included bridging the gap between training and care delivery by the introduction of specialists and champions and a project on better hydration to reduce falls, hospital admissions and infections was initiated as a result of audits.

The service had completed a project with Health education Wessex which was about better hydration. As a result they had produced a new hydration policy and flow charts for early recognition of chest and other infections and how to deal with them. The policy and flow charts were being shared with other providers as a model for best practice. The service had placed attractive 'hydration stations' all around the home, to encourage and give people the best opportunity to drink between tea and coffee breaks. They included the provision of fresh fruit, juice and squash. Falls, infections and hospital admissions had reduced by an average of two per month. The general manager told us this was expected to fall further.

The service exceptionally sought involvement with community and university projects and research to benefit the people in their care. They signed up to a data base that could be accessed by universities wishing to undertake research and involve practitioners in new care models. One project undertaken with Surrey University resulted in staff being provided with teaching sessions in the form of discussion groups on ethical topics. Staff feedback noted that the training helped them in giving better end of life care and dealing with difficult situations. A further piece of research they are participating in involves researching recruitment and selection in adult social care. This research is looking at what aspects to look for in candidates at the recruitment and selection phase. The aim of this study is to develop a set of items that will form a performance measure that supervisors and managers can use to assess care worker performance. The reason for this research study is that there is currently no general measure available for managers and supervisors to use to assess care worker performance.

The provider recognised that people were constantly concerned that their financial situation may mean that they were unable to afford to pay their fees. She had consequently set up a charity that people were able to

access to ensure they would not have to move from their home. People could access the charity and apply for payments to secure their ongoing care.

Good quality care was supported by very high quality records, relating to people who lived in the service. People's records were extremely detailed, accurate and up-to-date and daily notes were written to a high standard. People's records gave staff information to enable them to meet people's needs safely and in the way they preferred. Records relating to other aspects of the running of the service were well - kept and up-to-date. The Care Quality Commission received notifications as required.